Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Αŀ	or the	2023 calendar year, or tax year beginning and	enaing						
	Check if opplicable	C Name of organization SMOKIES LIFE		D Employer id	entificati	ion number			
	Addres	S E/E/A CDEAM CNOWN MOUNDATING ACCOCTAMES	N						
X	Name Change			62-057	76032				
	Initial return Final		Room/suite	E Telephone nu 865-43	umber				
	return/ termin				0-73	18,373,986.			
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code GATLINBURG, TN 37738							
	return Applic			H(a) Is this a group return for subordinates? Yes X No					
	tion pendin	SAME AS C ABOVE							
1 7		empt status: $\overline{\mathbf{X}}$ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) of the status in	or 527	7 ` ´	H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions				
	Nebsit		<u> </u>	H(c) Group exe					
_		organization: X Corporation Trust Association Other	I Vaar			tate of legal domicile: TN			
		Summary	L TEAT	or formation. ± 2 -	5 5 W	tate of legal doffficite.			
	_	Briefly describe the organization's mission or most significant activities: ${ t TO}$ ${ t SI}$	JPPORT	THE GREA	T SM	OKY			
Se		MOUNTAINS NATIONAL PARK.	0110111						
nan	l	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its n	et assets				
Ver	_				3	18			
ဗွ	1	Number of independent voting members of the governing body (Part VI, line 1b)				18			
ళ		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			5	139			
ij		Total number of volunteers (estimate if necessary)			6	5			
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.			
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	0.			
		, ,		Prior Year	•	Current Year			
•	8	Contributions and grants (Part VIII, line 1h)		1,462,64	14.	2,132,898.			
Revenue	9	Program service revenue (Part VIII, line 2g)			0.	0.			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		120,95	56.	327,045.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,662,04	16.	7,386,354.			
	I	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,245,64	16.	9,846,297.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,275,22	21.	1,473,470.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.			
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,874,53	36.	4,296,354.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.			
g	b	Total fundraising expenses (Part IX, column (D), line 25)	0.						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,906,31		2,111,792.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,056,07		7,881,616.			
		Revenue less expenses. Subtract line 18 from line 12		1,189,57		1,964,681.			
200			Ве	ginning of Current		End of Year			
Net Assets or	20	Total assets (Part X, line 16)		11,534,64		13,964,030.			
t As	21	Total liabilities (Part X, line 26)		554,23		685,350.			
캺	22	Net assets or fund balances. Subtract line 21 from line 20		10,980,41	11.	13,278,680.			
	art II	Signature Block							
		ties of perjury, I declare that I have examined this return, including accompanying schedules			-	owledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	has any knowledge.					
		Signature of officer		I Date					
Sig				Date					
Her	е	LAUREL REMATORE, CHIEF EXECUTIVE OFFICER Type or print name and title							
			Т	Date Ch	eck	PTIN			
Da!a		Print/Type preparer's name Preparer's signature		if					
Paid		DEBORAH O. ERNSBERGER Obouh O. Embergh, C.P.A.			f-employed	P00364912 1517792			
	Only	Firm's name PYA, P. C. Firm's address 2220 SUTHERLAND AVE.		Firm's EI	N OZ-	1311134			
use	Only	Firm's address 2220 SUTHERLAND AVE. KNOXVILLE, TN 37919		Dhana	865	673-0844			
N 4 =	, +lo - 1 ⁻			I Phone no	J. 0 0 5 –	77			
ıvıay	tne II	S discuss this return with the preparer shown above? See instructions				X Yes No			

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Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE SMOKIES LIFE SUPPORTS THE PERPETUAL PRESERVATION OF THE GREAT
	SMOKY MOUNTAINS NATIONAL PARK AND THE NATIONAL PARK SYSTEM BY
	PROMOTING GREATER PUBLIC UNDERSTANDING AND APPRECIATION THROUGH
	EDUCATION, INTERPRETATION, AND RESEARCH.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$6,074,786. including grants of \$1,473,470.) (Revenue \$7,386,354.)
	SINCE INCEPTION, THE PURPOSE OF THE SMOKIES LIFE IS TO SUPPORT THE
	PRESERVATION OF THE GREAT SMOKY MOUNTAINS NATIONAL PARK. THROUGH SALES,
	LABOR, DONATIONS, AND VOLUNTEER EFFORTS, SMOKIES LIFE PROVIDES THE
	NATIONAL PARK SERVICE WITH ADDITIONAL TOOLS FOR FULFILLING ITS MISSION.
	SMOKIES LIFE IS A NONPROFIT ORGANIZATION AUTHORIZED BY CONGRESS TO
	SUPPORT THE PARK'S EDUCATIONAL, SCIENTIFIC, AND HISTORICAL PROGRAMS.
	OUR MISSION IS TO ENHANCE PUBLIC ENJOYMENT AND UNDERSTANDING OF THE
	GREAT SMOKY MOUNTAINS NATIONAL PARK.
	TO ACCOMPLISH THIS GOAL SMOKIES LIFE PARTICIPATES IN A VARIETY OF
	ANNUAL ACTIVITIES THAT INCLUDE: DISTRIBUTION AND PUBLICATION OF
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 6,074,786.
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Par	990 (2023) F/K/A GREAT SMOKY MOUNTAINS ASSOCIATION 62-0576 TIV Checklist of Required Schedules (continued)	034	Р	age 4
	TTT One of the quire a continue a)		Vaa	Na
22	Did the erganization report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			1
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	Х	
24.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	- 21	
244	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			7.7
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	l		37
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		Х	
Pai	Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	Ь
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			1.15
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 5			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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(gambling) winnings to prize winners?

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a	9								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> X</u>						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			<u> X</u>						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	, , , , , , , , , , , , , , , , , , , ,	7e		Х						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization device the organization division to a present of the organization device.									
f	3 7 7 7 7 7 7 7 1									
g										
h										
8	,									
_	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.	9a								
_	a Did the sponsoring organization make any taxable distributions under section 4966?									
10	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?									
а	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders									
	Gross income from other sources. (Do not net amounts due or paid to other sources against									
_	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_						
excess parachute payment(s) during the year?										
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

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62-0576032

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6	X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
12a	, , , , , , , , , , , , , , , , , , ,									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37							
	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X	37						
14	Did the organization have a written document retention and destruction policy?	14		X						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v							
_	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	Λ							
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		Х						
	taxable entity during the year?	16a		Λ						
р	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	4Ch								
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b								
17 18	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlyd	availal							
18		Orliy)	avalldi	ЛE						
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)									
19	Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	nial .							
19	statements available to the public during the tax year.	miaii	nai							
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
20	ZAK LANCASTER - 423-248-8872									
	P.O. BOX 130 GATLINBURG TN 37738									

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) LAUREL REMATORE	40.00			Ι,,				145 007	_	17 006
CHIEF EXECUTIVE OFFICER	1 00			Х				145,827.	0.	17,096.
(2) MITCH CRISP	1.00	v							_	0
CHAIR (3) GEOFF CANTRELL	1.00	Х						0.	0.	0.
VICE CHAIR	1.00	Х						0.	0.	0.
(4) JAN HOUSTON-HICKMAN	1.00	<u> </u>							0.1	
SECRETARY		Х						0.	0.	0.
(5) LISA DAVIS	1.00									
TREASURER		Х						0.	0.	0.
(6) JAMIE BALLINGER	1.00									
DIRECTOR		Х						0.	0.	0.
(7) LAURA JONES	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JERRY DEWEESE	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JANET MCCUE	1.00									
DIRECTOR		Х						0.	0.	0.
(10) ED MCALISTER	1.00									
DIRECTOR		Х						0.	0.	0.
(11) ROYCE PEVY	1.00									
DIRECTOR		Х						0.	0.	0.
(12) LAURIE MCNAIR	1.00									
DIRECTOR		Х						0.	0.	0.
(13) TOM TAYLOR	1.00	1								_
DIRECTOR		Х						0.	0.	0.
(14) JILL THOMPSON	1.00	l								
DIRECTOR		Х						0.	0.	0.
(15) BRIAN RAILSBACK	1.00	ļ								
DIRECTOR	1 00	Х			_			0.	0.	0.
(16) GAYNELL LAWSON	1.00									_
DIRECTOR	1 00	Х				-		0.	0.	0.
(17) DAN PIERCE	1.00	٦,							_	^
DIRECTOR		X		l	<u> </u>		<u> </u>	0.	0.	990 (2022)

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Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hi	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			_ (0				(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Est	imate	∍d
	hours per	box	, unle	ss per	son i	is both	an	compensation	compensation	n	am	ount	of
	week		officer and a director/trustee)				tee)	from	from related		(other	
	(list any	ector						the	organizations		comp		
	hours for	or di	e e			ated		organization	(W-2/1099-MIS	C/		m th	
	related organizations	stee	truste		a	bens		(W-2/1099-MISC/	1099-NEC)		_	ınizat	
	below	ıal trı	onal		ploye	E CO		1099-NEC)				relat	
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former				orga	nizati	ons
/10\ DIII MIDNED	1.00	드	드	10	- X	王ə	2			\dashv			
(18) BILL TURNER	1.00	3,7								_			^
DIRECTOR		Х						0.		0.			0.
										\neg			
		1											
						T				\neg			
		-											
			\vdash							-			
			\vdash							-			
di Ostania	<u> </u>							145,827.		0.	1 7	7 0	96.
1b Subtotal								0.		0.	1/	, 0	
c Total from continuation sheets to Part VI										0.	1 -	, 0	0.
d Total (add lines 1b and 1c)								145,827.			Ι/	, 0	96.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				4
compensation from the organization											Т	.,	1
										1		Yes	No
3 Did the organization list any former officer,	•	,	,	•	,	,	_		•				
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su	•							•	•				
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4	X	
5 Did any person listed on line 1a receive or a	ccrue comper	ısati	on fr	om	any	unre	elate	ed organization or individ	lual for services				
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch r	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	s tr	nat received more than \$	100,000 of comp	ensat	tion fro	m	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax ye	ear.				
(A)								(B)			(C)	
Name and business	address	NO	ONE	C				Description of s	ervices	С	ompen	satio	n
							_						
							\dashv						
							\dashv						
				_									
2 Total number of independent contractors (in		ot lin	nited	to t	_		ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zation				()							
											Form 9	990 (2023)

Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line in this Part VIII									
				(A)	(B)	(C)	(D)			
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under			
					iunction revenue	business revenue	sections 512 - 514			
SΩ	1 :	Federated campaigns 1a								
Contributions, Gifts, Grants and Other Similar Amounts	.,	Membership dues 1b	1,913,175.							
င်္ခ ဗြ		Fundraising events 1c								
fts,	Ì	d Related organizations 1d								
ig je	Ì									
Sir	,	3 \ / 								
utio	1	All other contributions, gifts, grants, and	210 723							
들됨		similar amounts not included above 1f	219,723.							
d d	9	Noncash contributions included in lines 1a-1f		2 122 000						
Og		Total. Add lines 1a-1f		2,132,898.						
			Business Code							
Se	2 8	1								
ē Zi	ŀ	·								
Program Service Revenue	•	·								
eve	•	d								
Б	•									
₫	1	All other program service revenue								
	9	Total. Add lines 2a-2f								
	3	Investment income (including dividends, interes	st, and							
		other similar amounts)		327,045.			327,045.			
	4	Income from investment of tax-exempt bond pr								
	5	Royalties								
		(i) Real	(ii) Personal							
	6 :	a Gross rents 6a								
		Less: rental expenses 6b								
		Rental income or (loss) 6c								
		Net rental income or (loss)								
		Gross amount from sales of (i) Securities	(ii) Other							
	, ,	Control of the contro	(ii) Othici							
		assets other than inventory 7a								
0	•	Less: cost or other basis								
ther Revenue		and sales expenses								
ève		Gain or (loss) 7c								
Æ.		Net gain or (loss)								
je	8 8	Gross income from fundraising events (not								
Ö		including \$ of								
		contributions reported on line 1c). See								
		Part IV, line 18								
	ŀ	Less: direct expenses 8b								
	•	Net income or (loss) from fundraising events								
	9 a	Gross income from gaming activities. See								
		Part IV, line 199a								
	ŀ	Less: direct expenses 9b								
	(Net income or (loss) from gaming activities								
	10 a	Gross sales of inventory, less returns								
		and allowances 10a	15,914,043.							
	ı		8,527,689.							
		Net income or (loss) from sales of inventory		7,386,354.	7,386,354.					
\neg		,,	Business Code							
Snc	11 a	1								
Miscellaneous Revenue										
e la										
Sce		d All other revenue								
Σ		Total. Add lines 11a-11d								
	12	Total revenue. See instructions		9,846,297.	7,386,354.	0.	327,045.			
	14	I ULAI I EVEILUE. OEE III SUULUUI S		1 -, 5 - 5 , 2 5 / 6	1 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

332009 12-21-23

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons		his Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	1 472 470	1 472 470		
	and domestic governments. See Part IV, line 21	1,4/3,4/0.	1,473,470.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	145,827.		145,827.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,326,870.	2,495,389.	831,481.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	103,818.	77,871.	25,947.	
9	Other employee benefits	384,417.	288,340.	96,077.	
10	Payroll taxes	335,422.	251,590.	83,832.	
11	Fees for services (nonemployees):				
а	Management	175,106.	172,265.	2,841.	
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	30,764.		30,764.	
13	Office expenses				
14	Information technology	312,803.	192,849.	119,954.	
15	Royalties				
16	Occupancy	24,167.	11,110.	13,057.	
17	Travel	100,459.	74,235.	26,224.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	4.5			
22	Depreciation, depletion, and amortization	107,651.	110 15:	107,651.	
23	Insurance	126,967.	118,164.	8,803.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	DANIE GUADGEG	459,899.	339,846.	120,053.	
b	MEMBERSHIP BENEFITS	301,172.	301,172.	-	
C	TELEPHONE EXPENSE	98,824.	45,431.	53,393.	
d	SUPPLIES	57,133.	8,571.	48,562.	
е	All other expenses	316,847.	224,483.	92,364.	
25	Total functional expenses. Add lines 1 through 24e	7,881,616.	6,074,786.	1,806,830.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			9,747,575.	1	11,043,988.
	2	Savings and temporary cash investments			121,937.	2	464,907.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			20,492.	4	20,751.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial co	ntributor, or 35%			
		controlled entity or family member of any of t	hese person	ıs		5	
	6	Loans and other receivables from other disqu	alified perso				
		under section 4958(f)(1)), and persons describ	oed in sectio	on 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1,309,142.	8	2,055,447.
As	9	B			96,494.	9	141,541.
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	3,580,810.			
	b	Less: accumulated depreciation	239,005.	10c	237,396.		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			11,534,645.	16	13,964,030.
	17	Accounts payable and accrued expenses		554,234.	17	685,350.	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV of	Schedule D		21	
S	22	Loans and other payables to any current or for	ormer officer	r, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial co	ntributor, or 35%			
iabi		controlled entity or family member of any of t	hese person	ıs		22	
	23	Secured mortgages and notes payable to uni		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24). (Complete Part X			
		of Schedule D				25	605.050
	26				554,234.	26	685,350.
"		Organizations that follow FASB ASC 958, or	heck here	X			
Š		and complete lines 27, 28, 32, and 33.			0 011 000		11 510 540
<u>a</u>	27	Net assets without donor restrictions			9,211,883.	27	11,519,542.
Ä	28	Net assets with donor restrictions			1,768,528.	28	1,759,138.
Ĕ		Organizations that do not follow FASB ASC	C 958, chec	k here			
F		and complete lines 29 through 33.					
ţs c	29	Capital stock or trust principal, or current fun		29			
sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			10 000 411	31	12 070 600
Š	32	Total net assets or fund balances	10,980,411.	32	13,278,680.		
	33	Total liabilities and net assets/fund balances			11,534,645.	33	13,964,030.

Form	990 (2023) F/K/A GREAT SMOKY MOUNTAINS ASSOCIATION	62-	-0576	032	Pag	ge 12	
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
			0	0.4	<i>c</i> 2	0.7	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,84			
2	Total expenses (must equal Part IX, column (A), line 25)	2		,88			
3	Revenue less expenses. Subtract line 2 from line 1	3		,96			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10	,98			
5	Net unrealized gains (losses) on investments	5		34	2,9	71.	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8			9,3		
9							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	1					
	column (B))	10	<u> 13</u>	,27	8,6	80.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
h	Were the organization's financial statements audited by an independent accountant?			2b		х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	consolidated basis, or both:	basis,					
	Separate basis Consolidated basis Both consolidated and separate basis						
_	<u> </u>	oudi+					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			_			
	review, or compilation of its financial statements and selection of an independent accountant?			2c			
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	eanle O).				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					l	

Uniform Guidance, 2 C.F.R. Part 200, Subpart F? **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. SMOKIES LIFE

F/K/A GREAT SMOKY MOUNTAINS ASSOCIATION

Employer identification number

62-0576032 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **X** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) GREAT SMOKY 53-0197094 6 1,473,470 MOUNTAINS NATIONAL Х 473 0. F/K/A GREAT SMOKY MOUNTAINS ASSOCIATION 62-0576032 Page 2

Part II	Suppor	rt Schedule for Or	ganizations	Described in Sections	170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4		,	, ,		, ,	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	•
	First 5 years. If the Form 990 is for the	•				01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
14	Public support percentage for 2023 (I	ine 6, column (f), c	divided by line 11, o	column (f))		14	%
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2023. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2022. If the	organization did no	ot check a box on I	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	ganization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ıblicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	ganization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s
						Calaaduda A	(Form 990) 2023

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Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(2) = = 1	(-7	(5) = 5 = 5	χ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(-, : -	(-,	(-)	(-,	(-,	(-,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					+	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		1	1	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	· —
<u> </u>	check this box and stop here	a Cummant Da					
	ction C. Computation of Publi					T .= T	
	Public support percentage for 2023 (I	, ,,,	•	column (f))		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					16	%
	•			ing 10 galuma (f)		17	0/
	Investment income percentage for 20					17	%
	Investment income percentage from						7 is not
198	a 33 1/3% support tests - 2023. If the					- 4.5	
k	more than 33 1/3%, check this box as 33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 7

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Schedule A (Form 990) 2023

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	Yes	No
	77	
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1 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11b alone (together with persons described on lines 11b and 11b alone) to person organization? b A family member of a person described on line 11 a above? c A 39% controlled entity of a person described on line 11 a above? c A 39% controlled entity of a person described on line 11 a above? c A 39% controlled entity of a person described on line 11 a above? 1 Dot the overning body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations officers, directors, or trustees at all times during the tax year? 1 Dot the overning body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations have the power to regularly appoint or elect at least a majority of the organizations and controlled the supported organization had more sharn one supported organization observably the properties of powers to appoint and remove officers, directors, or threates were allocated among the organization sharp the supported organization of the supported organization and remove officers, directors, or threates were allocated among the organization sharp the supported organization of the first thin own or a supported organization of the supported organization of the first thin own or a supported organization of the supported organization of the supported organization of the first thin own organization of the supported organization of the supported organization of the supported org	Pa	rt IV Supporting Organizations _(continued)			
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how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
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that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
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one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	b	•			
Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 			2b		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3	·			
trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	_		3a		
	h	·			
or its supported organizations: If fest describe in the file fole played by the organization in this redard.	_	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

332025 12-21-23 Schedule A (Form 990) 2023

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	izations	- CONTROL Page C
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
<u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally intograto	d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

F/K/A GREAT SMOKY MOUNTAINS ASSOCIATION 62-0576032 Page 7

nctionally Integrated 509(a)(3) Supporting Orga			2-05/6032 Page 7
	(α)(ο) σαρμοι σ σ . 9 σ	····=•····· (COIIIIII)	<u>ieu)</u>	Current Year
organizations to accomplish exer	mpt purposes		1	
			2	
•	s of supported organizations	S	3	
empt-use assets			4	
(prior IRS approval required - pro	ovide details in Part VI)		5	
e in Part VI). See instructions.			6	
Add lines 1 through 6.			7	
pported organizations to which th	ne organization is responsive	•		
See instructions.			8	
23 from Section C, line 6			9	
ne 9 amount			10	
ons (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
23 from Section C, line 6				
or years prior to 2023 (reason-				
in in Part VI). See instructions.				
ver, if any, to 2023				
)				
ns of prior years				
le amount				
pplied (see instructions)				
g, 3h, and 3i from line 3f.				
Section D,				
\$				
ns of prior years				
•				
llt greater than zero, explain in				
rover to 2024. Add lines 3j				
	d organizations to accomplish exerctivity that directly furthers exemplincome from activity aid to accomplish exempt purpose tempt-use assets is (prior IRS approval required - provide in Part VI). See instructions. Add lines 1 through 6. Imported organizations to which the See instructions. It is a mount from Section C, line 6 for years prior to 2023 (reasontin in Part VI). See instructions. It is a mount from Part VI). See instructions. It is a mount from Part VI). See instructions. It is a mount from Part VI). See instructions. It is a mount from Part VI). See instructions. It is a mount from Part VI). See instructions. It is a mount from Part VI). See instructions. It is a mount from Part VI). See instructions. It is a mount from Part VI). See instructions. It is a mount from Part VI). See instructions. It is a mount from Part VI). See instructions. It is a mount from Part VI). See instructions. It is a mount from Part VI). See instructions. It is a mount from Part VI). See instructions. It is a mount from Part VI). See instructions. It is a mount from Part VI). See instructions. It is a mount from Part VI). See instructions. It is a mount from Part VI). See instructions. It is a mount from Part VI). See instructions. It is a mount from Part VI). See instructions.	d organizations to accomplish exempt purposes ctivity that directly furthers exempt purposes of supported income from activity aid to accomplish exempt purposes of supported organization empt-use assets (prior IRS approval required - provide details in Part VI) are in Part VI). See instructions. Add lines 1 through 6. Imported organization to which the organization is responsive See instructions. Be in Part VI). See instructions to which the organization is responsive See instructions. Composition (1) (i) Excess Distributions Composition (2) (ii) Excess Distributions Composition (2) (iii) Excess Distributions Composition (2)	d organizations to accomplish exempt purposes ctivity that directly furthers exempt purposes of supported income from activity aid to accomplish exempt purposes of supported organizations exempt use assets s (prior IRS approval required - provide details in Part VI) se in Part VI). See instructions. Add lines 1 through 6. In piported organizations to which the organization is responsive see instructions. It is from Section C, line 6 In 9 amount It is part VI). See instructions It is part VI). See instructions. It is part VI). See instructions. It is part VI). See instructions. It is part VI). See instructions It is part VI). See instruc	ctivity that directly furthers exempt purposes of supported income from activity 2 aid to accomplish exempt purposes of supported organizations 3 acempt-use assets 4 for port VI). See instructions. 6 in Part VI). See instructions. 6 Add lines 1 through 6. 7 pupported organizations to which the organization is responsive See instructions. 8 a 123 from Section C, line 6 9 an e 9 amount (i) Carcess Distributions (ii) Underdistributions Pre-2023 123 from Section C, line 6 10 or years prior to 2023 (reasonin Part VI). See instructions. 124 from Yu). See instructions. 125 from Section C, line 6 15 from Section C, line 6 16 from Section C, line 6 17 from Section C, line 6 18 from Section C, line 6 19 from Section C, line 6 19 from Section C, line 6 19 from Section C, line 6 10 from Section C, line 6 11 from Section C, line 6 12 from Section C, line 6 13 from Section C, line 6 14 from Section C, line 6 15 from Section C, line 6 16 from Section C, line 6 17 from Section C, line 6 18 from Section C, line 6 19 from Section C, line 6 10 from Section C, line 6 10 from Section C, line 6 11 from Section C, line 6 12 from Section C, line 6 13 from Section C, line 6 14 from Section C, line 6 15 from Section C, line 6 16 from Section C, line 6 17 from Section C, line 6 18 from Section C, line 6 19 from Section C, line 6 10 from Sectio

Schedule A (Form 990) 2023

SMOKIES LIFE

62-0576032 Page 8 F/K/A GREAT SMOKY MOUNTAINS ASSOCIATION Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

000000110011001), (0), or (0) organiza	dono. Complete i art iii.					
Name of organization	n SMOKIES	LIFE		Ei	mployer iden	tification nur	mber
	F/K/A G	REAT SMOKY MOUNT	TAINS ASSOCIA	TION	62-0	0576032	
Part I-A Con		janization is exempt und					
2 Political campa	ign activity expendit	zation's direct and indirect politi ures ign activities					
Part I-B Con	nplete if the org	janization is exempt und	der section 501(c)(3).			
1 Enter the amou	int of any excise tax	incurred by the organization un	der section 4955		\$		
2 Enter the amou	int of any excise tax	incurred by organization manage					
		n 4955 tax, did it file Form 4720				Yes	No
4a Was a correction	on made?					Yes	No
b If "Yes," describ	be in Part IV.						
Part I-C Con	nplete if the org	janization is exempt und	der section 501(c),	except section 50	1(c)(3).		
1 Enter the amou	int directly expended	d by the filing organization for se	ection 527 exempt funct	ion activities	\$		
	0 0	ization's funds contributed to o	•				
					\$		
•	•	s. Add lines 1 and 2. Enter here	•				
							_
		1120-POL for this year?				Yes	No
made payments contributions re	s. For each organiza eceived that were pr	mployer identification number (I tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	id from the filing organiz a separate political orga	ation's funds. Also enter anization, such as a sepa	the amount	of political	
(a) N	lame	(b) Address	(c) EIN	(d) Amount paid froi filing organization's funds. If none, enter	contribu 0 prom deliver politic	nount of politi itions received ptly and direc red to a separ cal organizatio one, enter -0	d and otly rate on.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023

F/K/A GREAT SMOKY MOUNTAINS ASSOCIATION 62-0576032 Page 2

Part II-A Comple	ete if the organization	n is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
section	501(h)).					
A Check if th	ne filing organization belor	gs to an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
exp	enses, and share of exces	ss lobbying e	expenditures).			
B Check if th	ne filing organization chec	ked box A an	d "limited control" pro	visions apply.		
(Th	Limits on Lob ne term "expenditures" n		(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying exp	enditures to influence pub	lic opinion (g	rassroots lobbying)			
b Total lobbying exp	enditures to influence a le	gislative bod	y (direct lobbying)			
c Total lobbying exp	enditures (add lines 1a an	d 1b)				
d Other exempt purp	oose expenditures					
e Total exempt purpo	ose expenditures (add line	s 1c and 1d				
f Lobbying nontaxal	ole amount. Enter the amo	unt from the	following table in both	columns.		
If the amount on line	e 1e, column (a) or (b) is:	The lob	bying nontaxable amo	ount is:		
not over \$500,000,	,	20% of t	he amount on line 1e.			
over \$500,000 but	not over \$1,000,000,	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
over \$1,000,000 bu	ut not over \$1,500,000,	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
over \$1,500,000 bu	ut not over \$17,000,000,	\$225,00	0 plus 5% of the exces	s over \$1,500,000.		
over \$17,000,000,		\$1,000,0	000.			
g Grassroots nontax	able amount (enter 25% o	f line 1f)				
h Subtract line 1g fro	om line 1a. If zero or less,	enter -0				
i Subtract line 1f fro	m line 1c. If zero or less, e	nter -0				
j If there is an amou	nt other than zero on eith	er line 1h or l	ine 1i, did the organiza	tion file Form 4720	_	
reporting section 4	911 tax for this year?				<u>_</u>	Yes No
(Some o		a section 50 e the separa	ate instructions for lin	nave to complete all o es 2a through 2f.)	of the five columns be	elow.
	Lob	bying Exper	nditures During 4-Yea	r Averaging Period		
Calendar ye (or fiscal year begi	1 (a)	2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxab	ole amount					
b Lobbying ceiling ar (150% of line 2a, co						
c Total lobbying exp	enditures					
d Grassroots nontax						
e Grassroots ceiling (150% of line 2d, c						
f Grassroots lobbyin	ig expenditures					

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of the	e lobbying activity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:		37		
a	Volunteers?	x	X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
	Media advertisements? Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities?		X		
j	Total. Add lines 1c through 1i				0.
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- FO1/a\//	-\		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(:	o), or sec	tion	
	30 1(c)(0).			Yes	No
4	Mars substantially all (000) as mars) dues respired pendeductible by marshare?		4	162	110
1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization make only inflouse lobbying expenditures of \$2,000 of less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		• •		3, is
	answered "Yes."		. ,	·	•
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
_	expenditures next year? Taxable amount of lobbying and political expenditures. See instructions		4		
	t IV Supplemental Information		5		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	liot\: Dort II	A lines 1 s	nd 2 (000	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.	iisi), rait ii-	A, IIIIes I a	10 2 (See	
	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
	, , , , , , , , , , , , , , , , , , , ,				
THE	CHIEF EXECUTIVE OFFICER AND CERTAIN BOARD MEMBERS	OF THE	SMOK	IES	
LIE	E SPENT AN IMMATERIAL AMOUNT OF TIME, DEFINED AS LE	SS THA	N 8 H	OURS	
FOE	R CALENDAR YEAR 2023, ENCOURAGING ELECTED OFFICIALS	TO SUE	PORT		
SPI	CIFIC LEGISLATION THAT WOULD BENEFIT THE GREAT SMOK	Y MOUN	TAINS		
NAT	CIONAL PARK.				
			Schedu	le C (Form	990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

SMOKIES LIFE

F/K/A GREAT SMOKY MOUNTAINS ASSOCIATION

Employer identification number 62-0576032

1 Total number at end of year 2 Aggregate value of parts from (during year) 3 Aggregate value of parts from (during year) 4 Aggregate value of parts from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermetable private benefit? Part III Conservation Essements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(9) or conservation assements held by the organization (check all that apply). Proservation of land for public use (for example, recreation or education) Preservation of a conservation and part of public use (for example, recreation or education) Preservation of a conservation assement and part of the preservation of poen space 2 Complete inse 2s through 2d if the organization held a qualified conservation in the form of a conservation easements 2 Total number of conservation easements and a certified historic structure included on line 2a 2 2c 3 Total number of conservation easements included on line 2 a 2c 2c 4 Number of conservation easements modified in line 2 acquired after July 25, 2006, and not on a historic structure instead in the National Register Number of states where property subject to conservation easement is holded? Number of states where property subject to conservation easements included on line 2 a 2c 2c 3 and	Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Funds or Ac	counts. Complete if the
Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of and of year 5 Did the organization in form all donors and donor advisors in writing that the assets held in donor advised funds are the organization is properly, subject to the organization's exclusive legal control? 6 Did the organization inform all grantess, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimisable phrase benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (chock all that apply). 1 Preservation of part or public use (for example, recreation or education) Preservation of a historically important land area Protection or fatural habitat 1 Protection of natural habitat 1 Protection of natural habitat 2 Protection of natural habitat 3 Protection of natural habitat 3 Protection of natural habitat 4 Protection of natural habitat 5 Protection of natural habitat 5 Protection of natural habitat 6 Protection of natural habitat 7 Amount of conservation easements 8 Organization have a supervalence of conservation of a conservation easements 9 Organization have a write organization held a qualified conservation contribution in the form of a conservation easements 9 Organization have a write organization held a qualified conservation contribution in the form of a conservation easements 9 Organization easements on a certified historic structure included on line 2a 1 Number of conservation easements on a certified historic structure included on line 2a 2		organization answered Tes OffForm 990, Factiv, iii	1		b) Funds and other accounts
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and section 170(h)(4)(B)(ii)?	8	Does each conservation easement reported on line 2d above	satisfy the requirements of sec	tion 170(h)(4)(B)(i)	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$					
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a Revenue included on Form 990, Part VIII, line 1	2			or tinancial gain, p	provide
	_				¢

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2023

3115___1

	t III Organizations Maintaining Co	llections of Ar	t, Histo	orical Tre	asures, o	r Other	Simila	r Assets	(contin	ued)	ugo —
3	Using the organization's acquisition, accession	n, and other records	s, check	any of the f	following that	t make si	gnificant ι	use of its			
	collection items (check all that apply).										
а	Public exhibition	d	ı 🔲 i	Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's coll	lections and explair	how the	ey further th	ne organizatio	on's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, his	storical treas	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be main	ntained as part of th	ne organ	ization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	ements Comple	te if the	organizatior	answered "	Yes" on F	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodial	n, or other intermed	diary for	contribution	s or other as	sets not i	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII ar										
									Amount		
С	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on For								Yes		No
	If "Yes," explain the arrangement in Part XIII. C										
Par	t V Endowment Funds Complete if t	he organization ans	wered "	Yes" on For	m 990, Part	IV, line 10).				
		(a) Current year		rior year	(c) Two yea			ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	nt year end balance	e (line 1g	ı, column (a))) held as:						
а	Board designated or quasi-endowment	•	%		•						
b	Permanent endowment	%									
С	Term endowment %										
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.									
За	Are there endowment funds not in the possess	sion of the organiza	tion that	t are held ar	nd administer	red for the	е				
	organization by:	_								Yes	No
									3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the o										
Par	t VI Land, Buildings, and Equipme	ent									
	Complete if the organization answered	"Yes" on Form 990	, Part IV	, line 11a. S	See Form 990	, Part X, I	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ad	cumulate	ed	(d) Book	valu	<u>—</u>
		basis (investn	nent)	basis	(other)	dep	oreciation				
1a	Land										
	Buildings			36	0,339.	3	36,4	50.	23	3,8	89.
С	Leasehold improvements				4,471.		43,2				78.
d	Equipment				7,402.		87,5		119	, 8:	25.
е	Other				8,598.		76,09				04.
	. Add lines 1a through 1e. (Column (d) must eq		X. line 10								96.
										_	

		r smoky mounta:	INS ASSOCIATION	62-0576032 Page 3
Part VII				
	Complete if the organization answered "Yes	1		
(a) Descri	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	t or end-of-year market value
(1) Financ	cial derivatives			
(2) Closely	y held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(h) must squal Form 000 Port V line 10 cal (P))			
Part VII	(b) must equal Form 990, Part X, line 12, col. (B)) Investments - Program Related.			
	Complete if the organization answered "Yes			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	t or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	(h)			
Part IX	(b) must equal Form 990, Part X, line 13, col. (B)) Other Assets			
1 0111111	Complete if the organization answered "Yes	" on Form 990 Part IV line	11d See Form 990 Part X line 15	
) Description		(b) Book value
(1)	,	,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, line 15, c	ol. (B))		
Part X	Other Liabilities	"	11 11 0 E 000 B 1V	
	Complete if the organization answered "Yes	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X,	
1.	(a) Description of liability			(b) Book value
	ederal income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	lump (b) must accept Form 000. Port V line 25.	. ((D))		

Schedule D (Form 990) 2023

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Pa	rt XI Reconciliation of Revenue per Audited Financial S	tatements With Revenue	e per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	,	4b		
С				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line	12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial	•	es per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV		T . I	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1		
a				
b	• • • • • • • • • • • • • • • • • • • •			
C				
d	,			
e				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40		
a				
b c			45	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. lin			
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. linrt XIII Supplemental Information	e 18.)	5	(I.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. liner XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	e 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	ζΙ,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. linrt XIII Supplemental Information	e 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	(1,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. liner XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	e 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	(Ι,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. liner XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	e 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	ΚΙ,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. liner XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	e 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	(Ι,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. liner XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	e 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	(Ι,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. liner XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	e 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	(I,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. liner XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	e 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	(Ι,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. liner XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	e 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	KI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. liner XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	e 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	KI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. liner XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	e 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	KI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. liner XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	e 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	(1,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. liner XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	e 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	(1,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. liner XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	e 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	(Ι,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. liner XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	e 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	KI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. liner XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	e 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	KI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. liner XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	e 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	(1,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. liner XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	e 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	(1,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. liner XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	e 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	(I,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. liner XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	e 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	ζ(),
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. liner XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	e 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	KI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. liner XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	e 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	(1,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. liner XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	e 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	(1,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. liner XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are	e 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	KI,

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

SMOKIES LIFE

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

F/K/A GRE	62-0576032							
Part I General Information on Grants and Assistance								
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection		
criteria used to award the grants or assi	Yes X No							
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	States.				
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
recipient that received more than	T		· ·		(f) Mathad of	T	T	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
							TO SUPPORT THE MANY	
GREAT SMOKY MOUNTAINS NATIONAL							EDUCATIONAL, SCIENTIFIC,	
PARK - 107 PARK HEADQUARTERS ROAD							AND INTERPRETIVE PROGRAMS	
- GATLINBURG, TN 37738	53-0197094	FEDERAL	1,473,470.	0.			OF THE NATIONAL PARK.	
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	-	•						

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Schedule I (Form 990) 2023

Part III	Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV	Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART	I, LINE 2:					
SMOKI	ES LIFE RECORDS THE DISTRIBUT	IONS MADE	TO THE GF	REAT SMOKY	MOUNTAINS	
NATIO	NAL PARK WITHIN ITS GENERAL LI	EDGER.				

Schedule I (Form 990) 2023

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

SMOKIES LIFE

Part I Questions Regarding Compensation

F/K/A GREAT SMOKY MOUNTAINS ASSOCIATION

Employer identification number 62-0576032

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 (1958-6/c)?	a	1	l

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LAUREL REMATORE	(i)	145,827.	0.	0.	8,924.	8,172.	162,923.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i) (ii)							
	(II)				l	l	I .	

Schedule J (Form 990) 2023	F/K/A GREAT SMOKY MOUNTAINS ASSOCIATION	62-0576032 Page
Part III Supplemental Informatio	on	
	n, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. A	Also complete this part for any additional information.
, .		, ,

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SMOKIES LIFE

F/K/A GREAT SMOKY MOUNTAINS ASSOCIATION

Employer identification number 62-0576032

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EDUCATIONAL BOOKS AND GUIDES, FUNDING VISITOR CENTER EXHIBITS AND

ARTIFACT COLLECTIONS, SPONSORING FREE HISTORIC DEMONSTRATIONS AND

FESTIVALS, FUNDING THE PARK'S LIBRARY, AND HELPING FUND THE

ENVIRONMENTAL EDUCATION PROGRAM AT THE INSTITUTE AT TREMONT.

PUBLICATIONS, IN-PERSON AND ONLINE SALES, AND MEMBERSHIP DUES SUSTAIN

THESE OPERATIONS.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERSHIP IS OPEN, UPON WRITTEN APPLICATION, TO ANY PERSON, OR OTHER
ENTITY, SUCH AS A FAMILY, CORPORATION, ETC., INTERESTED IN FURTHERING THE
AIMS OF THE ORGANIZATION AND UPON PAYMENT OF A MEMBERSHIP FEE AS DETERMINED
BY THE BOARD OF DIRECTORS. ANNUAL MEMBERSHIP SHALL BE 12 MONTHS FOLLOWING
RECEIPT OF THE MEMBERSHIP FEE AND IS NOT TRANSFERABLE. LIFE MEMBERSHIP,
WHICH IS OPEN TO INDIVIDUALS AND FAMILIES, SHALL BEGIN UPON THE RECEIPT OF
THE APPROPRIATE MEMBERSHIP FEE, SHALL BE FOR THE LIFETIME OF THE INDIVIDUAL
OR LAST LIVING MEMBER'S LIFE, AND IS NOT TRANSFERABLE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER AND THE FINANCE

COMMITTEE OF THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL

REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

EMPLOYEES SHALL AVOID ANY SITUATION THAT MAY INVOLVE A CONFLICT BETWEEN

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization SMOKIES LIFE F/K/A GREAT SMOKY MOUNTAINS ASSOCIATION 62-0576032

THEIR PERSONAL INTERESTS AND THE INTERESTS OF SMOKIES LIFE. IN DEALING

WITH CURRENT OR POTENTIAL CUSTOMERS, SUPPLIERS, CONTRACTORS AND

COMPETITORS, EMPLOYEES SHALL ACT IN THE BEST INTEREST OF SMOKIES LIFE TO

THE EXCLUSION OF PERSONAL ADVANTAGE. EACH SHALL MAKE PROMPT AND FULL

DISCLOSURE IN WRITING TO MANAGEMENT OF ANY SITUATION WHICH MAY INVOLVE A

CONFLICT OF INTEREST. IN THE CASE OF THE CHIEF EXECUTIVE OFFICER,

FORM 990, PART VI, SECTION B, LINE 15:

DISCLOSURE MUST BE MADE TO THE BOARD OF DIRECTORS.

COMMITTEE WHO REPORT A RECOMMENDATION TO THE FULL BOARD FOR ACTION. THE

COMMITTEE TYPICALLY RECEIVES INFORMATION COMPILED BY THE BOARD CHAIR AND

THE CHAIR OF THE HUMAN RESOURCES COMMITTEE. THIS INFORMATION MAY INCLUDE

HISTORICAL COMPENSATION LEVELS, COMPENSATION OF COMPARABLE POSITIONS AT

COMPARABLE ORGANIZATIONS, COMPENSATION TRENDS WITHIN THE GEOGRAPHIC AREA,

AND OTHER INFORMATION THAT IS CONSIDERED RELEVANT IN THE CURRENT

CIRCUMSTANCES. THE ENTIRE BOARD COMPLETES A PERFORMANCE EVALUATION AGAINST

ESTABLISHED GOALS AND OBJECTIVES AND THIS EVALUATION IS CONSIDERED BY THE

HUMAN RESOURCES COMMITTEE IN ARRIVING AT THEIR RECOMMENDATIONS FOR

COMPENSATION. AT ITS DISCRETION THE BOARD AWARDS PERFORMANCE BASED PAY

INCREASES TO THE CEO THAT ARE CONSISTENT WITH THE PERFORMANCE BASED RAISE

POOL ESTABLISHED FOR THE ORGANIZATION'S WORKFORCE IN EACH YEAR'S OPERATING

BUDGET.

FORM 990, PART VI, SECTION C, LINE 19:

SMOKIES LIFE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization SMOKIES LIFE F/K/A GREAT SMOKY MOUNTAINS ASSOCIATION	Employer identification number 62-0576032
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
OTHER ADJUSTMENT	-9,383.