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SCANNET FEB 0 7 2013

Form **990-EZ** Department of the Treasury

Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under settion 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit frust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 1990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-11£0

Open to Public inspection

			AUG	31,	2012
В	Check if applicat	C Name of organization	Į) Employe	r identification number
	Addr	ess change THE EAST TENNESSEE SCHOOL BAND &			
	Nam	e change ORCHESTRA ASSOCIATION % PETER HODGES		62-	1294515
	☐Initia	Number and street (or P.O box, if mail is not delivered to street address) Room/si	uite E	Telephor	ne number
	Term	inated 108 ALPINE CIRCLE		423	639-1962
] Ame	City or town, state or country, and ZIP + 4	F	Group Ex	kemption
	Applic	ation pending GREENEVILLE, TN 37743		Number	>
G	Accou	nting Method X Cash		H Check	X if the organization is not
		e: ▶ PETEHODGES2002@YAHOO.COM	_		to attach Schedule B
			527		00, 990-EZ, or 990-PF)
	Check				
	\$50.00	O A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instr	-		
		n, be sure to file a complete return		,	
		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II	1.	-
		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		_	s 97,091.
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in	nstruc		
		Check if the organization used Schedule O to respond to any question in this Part I			\overline{X}
_	1	Contributions, gifts, grants, and similar amounts received	<u></u>	1	
	2	Program service revenue including government fees and contracts	•	2	89,487.
	3	Membership dues and assessments		3	4,770.
	4	Investment income	•	4	
	5a	Gross amount from sale of assets other than inventory 5a		<u> </u>	
	Ь	Less cost or other basis and sales expenses 5b			
!	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
4	a	Gross income from gaming (attach Schedule G if greater than			
nge	"	\$15,000)			
Revenue	Ь				
ď	"	from fundraising events reported on line 1) (attach Schedule G if the sum of such			
		gross income and contributions exceeds \$15,000) 6b			
	C	Less direct expenses from gaming and fundraising events 6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances 7a	•		
	b	Less cost of goods sold			
	"	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		70	
	8	Other revenue (describe in Schedule O) SEE SCHEDULE (o	8	2,834.
	g	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	97,091.
	10	Grants and similar amounts paid (list in Schedule 0) SEE SCHEDULE	o -	10	1,800.
	111	Benefits paid to or for members		11	6,620.
s	12	Salaries other compensation and employee benefits		12	6,363.
Expenses	13	Professional fees and other payments to independent contractors 22.13		13	40,657.
pe	14	Occupancy, rent, utilities, and maintenance \\\ \(\) \\ \\ \ \ \ \ \ \ \ \ \ \ \ \		14	693.
ũ	15	Printing, publications, postage, and shipping (5)		15	3,994.
	16	Other expenses (describe in Schedule O)	0	16	35,116.
	17	Total expenses. Add lines 10 through 16		▶ 17	95,243.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	1,848.
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))			<u> </u>
Ass		(must agree with end-of-year figure reported on prior year's return)		19	45,151.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0.
Z	21	Net assets or fund balances at end of year Combine lines 18 through 20		▶ 21	46,999.
LH.	A For	Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2011)

Form 990-EZ (2011)

Form **990-EZ** (2011)

Part II Balance Sheets. (see the instructions for Part II.) Check if the organization used Schedule O to respond to any question in this Part II X (A) Beginning of year (B) End of year 38,981. 22 41,494. Cash, savings, and investments 23 Land and buildings 23 6,170.245,505. SEE SCHEDULE O Other assets (describe in Schedule O) 45,151.25 46,999. 25 Total assets 0. 26 Total liabilities (describe in Schedule O) 45,151.27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Part III Statement of Program Service Accomplishments (see the instructions for Part III.) Expenses (Required for section Check if the organization used Schedule O to respond to any question in this Part III 501(c)(3) and 501(c)(4) What is the organization's primary exempt purpose?PROMOTE INSTRUMENTAL MUSIC organizations and section 4947(a)(1) trusts, optional Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise for others) manner, describe the services provided, the number of persons benefited, and other relevant information for each program title SEE ATTACHED STATEMENT 72,293. 28a (Grants \$) If this amount includes foreign grants, check here 29 (Grants \$ 29a) If this amount includes foreign grants, check here 30 (Grants \$ 30a) If this amount includes foreign grants, check here 31 Other program services (describe in Schedule O) 31 a) If this amount includes foreign grants, check here 72,293 Total program service expenses (add lines 28a through 31a) ▶ 32 Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (b) Title and average hours (d) Health benefits, (e) Estimated (C) Reportable contributions to per week devoted to amount of other (a) Name and address W-2/1099-MISC) compensation position (if not paid, enter -0-) compensation SEE ATTACHED STATEMENT 0.00 5,830 0. 0.

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

62-1294515

instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each 33 Х activity in Schedule O . . . Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended X 34 documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported X 35a on lines 2, 6a, and 7a, among others)? N/A 35b b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax X 35c requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes." Х 36 complete applicable parts of Schedule N 0. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions X b Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made X 38a in a prior year and still outstanding at the end of the tax year covered by this return? 38h b If "Yes," complete Schedule L, Part II and enter the total amount involved ... 39 Section 501(c)(7) organizations Enter 39a N/A a Initiation fees and capital contributions included on line 9 N/A 39b b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under 0 . , section 4912 - _____ O • ; section 4955 ► b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? X 40b If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers 0. or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed **NONE** Telephone no \triangleright (423)639-1962 42a The organization's books are in care of ▶ PETER HODGES ZIP+4 ► 37743 Located at ▶ 108 ALPINE CIRCLE, GREENEVILLE, b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b Х account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42c X c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Х 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead 44b of Form 990-EZ 44c c Did the organization receive any payments for indoor tanning services during the year? if "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Form 990-EZ (2011)

Form 990-EZ (2011)

_	_		_	_	_	_	_	_	_	
_	า	_	7	7	a	1	_	7	F	
u	L	_	1	Z.	7	4		_	J	

Page 4

Form 990-EZ (2011)

		and the second built at a few and			Yes No
	rganization engage, directly or indirectly, in political campaign complete Schedule C. Part I	activities on Dehalf of or in opposition	n to candidates for p		46 X
Part VI	Section 501(c)(3) organizations and section	on 4947(a)(1) nonexempt	charitable tru		
	organizations and section 4947(a)(1) nonexempt charit			-	
	for lines 50 and 51. Check if the organization used Sch	nedule O to respond to any quest	tion in this Part VI	<u>.</u>	<u></u>
				-	Yes No
	rganization engage in lobbying activities or have a section 501		ar? If "Yes," complet	e Sch. C, Part II	47 X
	ganization a school as described in section 170(b)(1)(A)(ii)? If			· -	48 X
	organization make any transfers to an exempt non-charitable rel	lated organization?	-	-	19a X
	was the related organization a section 527 organization? e this table for the organization's five highest compensated emi				19b
	e this table for the organization is live highest compensated employees to the organization. If there is none,		s, trustees and key er	inployees) who ead	in received more
than \$10	(a) Name and address of each employee	(b) Title and average hours	(C) Reportable	(d) Health benefits,	(e) Estimated
	paid more than \$100,000	per week devoted to	compensation (Forms W-2/1099-MISC)	contributions to employee benefit	amount of other
	NONE	position		plans, and deferred compensation	compensation
			}	1	
				 	
			ļ	ļ	
				ł	
f Total nur	mber of other employees paid over \$100,000	>	·	1	
	e this table for the organization's five highest compensated inde	ependent contractors who each recei	ved more than \$100	,000 of compensat	ion from the
	tion If there is none, enter "None" NONE				
(a) Name an	d address of each independent contractor paid more than \$100	0,000 (b) Type o	f service	(c) C	ompensation
				Ì	
					
					
				i	
d Total nur	mber of other independent contractors each receiving over \$10	. 000,00	. ▶		
52 Did the o	organization complete Schedule A? Note: All section 501(c)(3)	organizations and 4947(a)(1) nonexe	empt		
charitable	e trusts must attach a completed Schedule A	ing schedules and statements, and to the be	est of my knowledge and	belief it is true com	Yes No
Declaration of pre	of perjury, I declars that he've examined this return, including accompanyl eparer (other that officer is based on all information of which are parer has	any knowledge			> / =
Sign	Signature of officer	-		Date	
Here	, ()	ecutive Secretary	Treasund	3 4.	
	Type or print name and title	ecurive secration	- II EUSU TE	ν	
	Print/Type preparer's name Preparer's sign	nature Date	Check	if PTIN	
Paid	4:1	2 2 1	self- emplo	yed Door	64006
Preparer	Whitney A. Ball Shuther	ut 4. Ball 1-11-1	3	P009	64896
Use Only	Firm's name ADAMS & PLUCKER, CE	A'S PLLP	Firm's EIN	▶ 62-097	0323
-	Firm's address ▶ P.O. BOX 1117		Phone no	400 60	
	GREENEVILLE, TN 37	7744			
May the IBS di	iscuss this return with the preparer shown above? See instruct	tions		▶ X] Yes 🔲 No

Form 990-EZ (2011)

SCHEDULE A

(Form 990 or 990-EZ)

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.

Open to P

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE EAST TENNESSEE SCHOOL BAND &

Employer identification number 62-1294515

			RA ASSOCIATI						62	2-1294515
Part f	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this par	t.) See ins	tructions.		
The organ	ization is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)			
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)).		
2 🗔	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)						
з 🗀	A hospital or	a cooperative hospi	tal service organization (described	ın section	170(b)(1)	(A)(iii).			
4 🔲	A medical res	search organization (operated in conjunction	with a hos	pıtal desci	ıbed ın se	ction 170	(b)(1)(A)(ii	ii). Enter t	he hospital's name,
	city, and stat	e:								
5 🗔	_		benefit of a college or un	niversity o	wned or op	erated by	a governi	mental uni	t describe	ed in
,		(b)(1)(A)(iv). (Comple				470014				
6		_	ent or governmental uni					•		
7 —			eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	oublic described in
	_	b)(1)(A)(vi). (Comple		(0 1.4-	D . 4 II .					
* 🖳	-		ection 170(b)(1)(A)(vi).				14			
9 X	_	= = = = = = = = = = = = = = = = = = =	eives: (1) more than 33							
			nctions - subject to certa							
			exable income (less sect	lion 511 ta	x) trom bu	sinesses a	icquirea b	y the orga	inization a	mer June 30, 1975.
40		509(a)(2). (Complete			a aafahii C	·*:-	- E00/a)//	•		
10			perated exclusively to te							
11			perated exclusively for the							
			itions described in section organization and complete in the c				.). See se (Jeoc none	aj(S). One	CK THE DOX THAT
				Typ			enrated		4	Type III • Other
e 🗀			t the organization is not			-	_	r more disc	cualified r	••
•			han one or more publicly							
f			ten determination from t						3(4)(1) 01 3	section sostaliz).
•		rganization, check th				po 1, 13po	., 0, 1, p	-		
g		•	rganization accepted ar	 ny aift or ce	ontribution	from any	of the follo	owing per	sons?	
3			rectly controls, either al							Yes No
	· ·		upported organization?					.,		11g(i)
	_		described in (i) above?			• •	•			11g(ii)
	•	•	person described in (i)		e?		•		•	11g(iii)
h		•	about the supported or	• •			•			
				•	, ,					
(i) Name	of supported	(iı) EIN	(iii) Type of	(iv) is the c	rganization	(v) Did you	notify the	(vi) Is	the	(vii) Amount of
	anization	[(,,, _,,,	organization	in col (i) lis	sted in your	organızat	ion in col.	Torganizatio	ed in the	support
			(described on lines 1-9 above or IRC section	governing document?		(i) of your support?		(i) organized in the		
			(see instructions))	Yes	No	Yes	No	Yes	No	
							}	ł	1 1	
										
				ļ				L		
					!]	
								 	 	
								1		
				 	 		ļ	<u> </u>	 	
		ļ								

	ert II Support Schedule for	Organization:	s Described in	Sections 170	(b)(1)(A)(iv) an	id 170(b)(1)(A)(v	/i)
L	(Complete only if you checke						
	fails to qualify under the tests	listed below, plea	ase complete Part	III.)			
Sec	ction A. Public Support						***
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				<u></u>		
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				1.	1	
	or expended on its behalf					<u> </u>	
3	The value of services or facilities				İ		
	furnished by a governmental unit to						
	the organization without charge				ļ	<u> </u>	
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)	·		<u></u>			
	Public support. Subtract line 5 from line 4	<u> </u>			1	L	
	ction B. Total Support	 		1	T	1	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(1) Total
	Amounts from line 4	 	 		 		
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties				1	1	
	and income from similar sources Net income from unrelated business		 	 	 		
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital			-			
	assets (Explain in Part IV.)			ľ			
11	Total support. Add lines 7 through 10					,	
12	Gross receipts from related activities,	etc. (see instruct	ions)	<u></u>	<u> </u>	12	
13	First five years. If the Form 990 is for	•	•	rd, fourth, or fifth t	tax vear as a section		
	organization, check this box and stor	•				, ,, ,	▶□
Se	ction C. Computation of Publ		ercentage				
14	Public support percentage for 2011 (line 6, column (f) c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2010					15	%
16a	33 1/3% support test - 2011. If the			on line 13, and line	14 is 33 1/3% or	more, check this bo	ox and
	stop here. The organization qualifies						▶□
t	33 1/3% support test - 2010. If the				d line 15 is 33 1/39	% or more, check th	nis box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	t - 2011. If the or	ganization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		▶□
t	10% -facts-and-circumstances tes					17a, and line 15 is	10% or

more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the

organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2011 ORCHESTRA ASSOCIATION % PETER HODGES 62-1294515 Páge 3

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

(Complete only if you checked the box on line 9 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.)

Sec	ction A. Public Support	elow, please com	piete Part II.j				
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3.7	177	
•	membership fees received. (Do not				1		
	include any "unusual grants.")		<u> </u>	82,498.	90,508.	94,257.	267,263.
2	Gross receipts from admissions,						
~	merchandise sold or services per-)			
	formed, or facilities furnished in						
	any activity that is related to the		}	3,239.	2,836.	2,648.	8,723.
	organization's tax-exempt purpose		<u> </u>	3,237.	2,030.	2,040.	0,123.
3	Gross receipts from activities that		1		1		
	are not an unrelated trade or bus-						
	iness under section 513		 	 			
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		ļ 	<u> </u>			
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5		<u> </u>	85,737.	93,344.	96,905.	275,986.
7 8	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			<u> </u>			0.
t	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			<u> </u>			0.
	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)						275,986.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	•		85,737.	93,344.	96,905.	275,986.
	Gross income from interest,						
	dividends, payments received on	ĺ		1			
	securities loans, rents, royalties and income from similar sources	İ		490.	290.	186.	966.
	Unrelated business taxable income		 	 			
•	(less section 511 taxes) from businesses			1	ł		
	acquired after June 30, 1975	1					
	Add lines 10a and 10b		 	490.	290.	186.	966.
	Net income from unrelated business						
•	activities not included in line 10b,						
	whether or not the business is	ļ					
12	regularly carried on Other income. Do not include gain		 	 			
'-	or loss from the sale of capital	Ì	1	1	ł		
40	assets (Explain in Part IV.)			86,227.	93,634.	97,091.	276,952.
	Total support (Add lines 9, 10c, 11, and 12)	L					·
14	•	r the organization	's first, second, thi	rd, fourth, or fifth tax	x year as a section	1 501(c)(3) organiz	zation, ► X
	check this box and stop here	is Cumment De					
	ction C. Computation of Publ			(0)		45	
_	Public support percentage for 2011 (-	column (I))	ŀ	15	%
16	Public support percentage from 2010					16	%
	ction D. Computation of Inve						
17	•			ne 13, column (t))		17	%
18	Investment income percentage from			•		18	%
19	33 1/3% support tests - 2011. If the						17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organizatıon qua	lifies as a publicly st	upported organiza	ition	
t	33 1/3% support tests - 2010. If the	_					
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anization qualifies a	s a publicly suppo	rted organization	▶
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check the	s box and see ins	tructions	>

SCHEDULE O (Form 990 or 990-EZ)

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Form 990 or 990-EZ or to provide any additional information. Department of the Treasury

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE EAST TENNESSEE SCHOOL BAND & ORCHESTRA ASSOCIATION % PETER HODGES

Employer identification number 62-1294515

	<u> </u>	
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:		
DESCRIPTION OF OTHER REVENUE:		AMOUNT:
INTEREST	······································	186
COMMISSIONS ON T-SHIRT SALES		2,648
TOTAL TO FORM 990-EZ, LINE 8		2,834
FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIA	TES:	
AFFILIATE NAME: TMEA		
PURPOSE OF PAYMENT: MEMBERSHIP		
AMOUNT OF PAYMENT:		1,800.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
TRAVEL, LODGING, MEALS		14,296
INSURANCE		500.
HOST HONORARIUMS		2,300.
HOSPITALITY		4,713
AWARDS		7,344.
MISCELLANEOUS		5,963.
TOTAL TO FORM 990-EZ, LINE 16		35,116
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVENTORY OF AWARDS	6,170.	5,505.

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

2011 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE EAST TENNESSEE SCHOOL BAND & ORCHESTRA ASSOCIATION % PETER HODGES

Employer identification number 62-1294515

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

	East Te	unnessee School Band and Orchestra	and Orches	stra Association	
	Supportin	ting Information Form 990EZ, Part III	990EZ, Part		
		Fiscal Year 2011-12			
Event		Date(s)	# Served	General Expenses Description	Description
All State East Band & Orchestra Clinic	ra Clinic	February 2-4, 2012	520	\$16,945.00	Music Workshop for High School Students
All State Band & Orchestra Clinic	25	April 11-14, 2012	06	\$6,620 00	Music Workshop for High School Students
Lower Area Junior Band Clinic		Dec 2-3, 2011	295	\$3,541.00	Music Workshop for Middle School Students
Middle Area Junior Band Clinic	O	Dec 2-3, 2011	297	\$2,933 00	Music Workshop for Middle School Students
Upper Area Junior Band Clinic		Feb 10-11, 2012	303	\$2,934.00	Music Workshop for Middle School Students
Lower Junior Orchestra Clinic		Feb 23-24, 2012	105	\$1,723.00	Orchestra Workshop for Middle School
Middle Junior Orchesta Clinic		Nov 18-19, 2011	140	\$2,145.00	Orchestra Workshop for Middle School
Upper Junior Orchestra Clinic		Feb 10-11, 2012	70	\$1,189.00	Orchestra Workshop for Middle School
All State East Jazz Clinic		Jan 27-28, 2012	77	\$3,057.00	Jazz Workshop for High School Students
Lower Concert Band Festival		March 15-16, 2012	2320	\$10,201 00	Music Festival
Middle Concert Band Festival		March 28039, 2012	2409	\$9,793.00	Music Festival
Upper Concert Band Festival		March 22-23, 2012	1536	\$7,337.00	Music Festival
Lower Solo and Ensemble Festival	stival	March 24, 2012	219	\$570.00	Individual Music Performance Festival
Middle Solo and Ensemble Festival	stival	Feb 6, 7, 9, 2012	380	\$950.00	Individual Music Performance Festival
Upper Solo and Ensemble Festival	stival	March 03, 2012	950	\$2,355.00	Individual Music Performance Festival
		TOTALS	9711	\$72,293.00	

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East Tennessee School Band and Orchestra Association Board of Directors Supporting Information Form 990EZ, Part IV, Fiscal Year 2010-2012

Officer	Time (Hours) Per Week	Compensation	Benefits
President Steve Taylor South-DoyleHigh School 2020 Tipton Station Rd Knoxville, TN 37920	1	\$100/year	0
President-Elect Jim Burton Cleveland High Sachool 850 Raider Drive Cleveland, TN 37312	1	\$100/year	0
Past President Joel Denton Ooltewah High School 6123 Mountain View Road Ooltewah, TN 37363	1	\$100/year	0
Secretary Megan Christian Bearden High School 8352 Kingston Pike Knoxville, TN 37919	1	\$100/year	0
Band Chairman George Hayden Maryville Intermediate School 835 Montgomery Ave Maryville, TN 37803	2	\$100/year	0
Orchestra Chairman Nichole Pitts Hixson Middle & High School 5401 School Drive Hixson, TN 37343	1	\$100/year	0
Jazz Chairman Mike Thomas Morristown West High School 1 Trojan Trail Morristown, TN 37813	1	\$100/year	0
College Representative Christian Zembower East Tennessee State University PO Box 70661 Johnson City, TN 37614	1	\$100/year	0

East Tennessee School Band and Orchestra Association Board of Directors Supporting Information Form 990EZ, Part IV, Fiscal Year 2010-2012

Area Representatives

Mathew Williams West Greene High School 275 West Greene Drive Mosheim, TN 37818	1	\$100/уеаг	0
Matt McCurry Carter High School 210 Carter School Road Strawberry Plains, TN 37871	1	\$100/year	0
Perry Vandergriff East Ridge High School 4320 Bennett Road Chattanooga, TN 37412	1	\$100/year	0
College Student Representative Drew Buckner University of Tennessee, Knoxville	.5	\$100/year	0
Honorary Life Member Representative Walter McDaniel 1141 Treymour Way Knoxville, TN 37922	.5	\$100/year	0
Executive Secretary-Treasurer Peter M. Hodges 108 Alpine Circle Greeneville, TN 37743	10	\$4630/year \\ 5,830	0
Webmaster David A. Price Tusculum College PO Box 5040 Greeneville, TN 37743	2	\$1200/year	0