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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

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

Open to Public Inspection

A F	or the 2	012 calendar year, or tax year beginning and	ending							
Вс	neck if	C Name of organization		D Employer identifica	tion number					
ap	plicable	FOUNDATION FOR THE ADVANCEMENT & SUPP	ORT							
	Address	OF THE TENNESSEE WALKING SHOW HORSE,	INC							
	Name change	Doing Business As		27-0318308						
	Initial Ireturn	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite							
	Termin-	P.O. BOX 259	noonvanie	,	34-5804					
<u> </u>	ated Amended									
<u> </u>	Iretum Applica-	City, town, or post office, state, and ZIP code		G Gross receipts \$	627,852.					
L	tion	SHELBYVILLE, TN 37162		H(a) Is this a group retu						
	F Name and address of principal officer:BRUCE VAUGHAN for affiliates?									
	PO BOX 420, VALLEY CITY, OH 44280 H(b) Are all affiliates included? Yes No									
<u>1 Ta</u>	ax-exem	pt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1)	or 527	If "No," attach a lis	t. (see instructions)					
JW	/ebsite:	▶ WWW.FASTWALKINGSHOWHORSE.ORG		H(c) Group exemption	number >					
		ganization: X Corporation	L Year	of formation: 2009 M S						
	_	Summary	12.00							
		nefly describe the organization's mission or most significant activities: ADVA	MCEMEN	TO AND CITEDOD	יי ספ יישפ					
Activities & Governance					I OF IIIE					
盲				R INDUSTRY						
뒿		neck this box if the organization discontinued its operations or dispo	sed of mare	1 1						
Š				3	<u> 15</u>					
8		umber of independent voting members of the governing body (Part VI, line 1b)			15					
es	5 To	otal number of individuals employed in calendar year 2012 (Part V, line 2a) \dots		5	0					
- 	6 To	otal number of volunteers (estimate if necessary)	. .		50					
<u> </u>	7a To	otal unrelated business revenue from Part VIII, column (C), line 12			0.					
•		et unrelated business taxable income from Form 990-T, line 34			0.					
				Prior Year	Current Year					
	8 C	ontnbutions and grants (Part VIII, line 1h)	<u> </u>	0.	610,562.					
ž		rogram service revenue (Part VIII, line 2g)		0.	0.					
Revenue	i			0.	0.					
æ		40 Con		0.	<25,231.>					
		ther revenue (Part VIII, column (A), lines 5, bd, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	· · · }-	0.	585,331.					
_		rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	471,100.					
			··	0.	0.					
	14 B	enefits paid to or for members (Part IXF dom (A), hite (A) D	· ·	0.	7,442.					
Ses	15 S	alanes, other compensation, employee benefits (Part-IX, column (A), lines 5-10)	' ·· ··							
Expenses		rofessional fundraising fees (PartiX, column (A), line 11e)	·· · <u>·</u> ···	0.	0.					
. S		170	<u> </u>							
ш		ther expenses (Part IX, column (A), lines 11a-110, 11f-24e)		0.	<u>85,481.</u>					
	18 T	otal expenses. Add lines 13-17 (must/equal Part-IX, column (A), line 25)		0.	564,023.					
	19 R	evenue less expenses. Subtract line 18 from line 12		0.	21,308.					
ssets or Balances		-1	Be	eginning of Current Year	End of Year					
Ses	20 T	otal assets (Part X, line 16)		66,590	90,153.					
& & & & & & & & & & & & & & & & & & &	21 T	otal llabilities (Part X, line 26)		0.	2,255.					
萝		et assets or fund balances. Subtract line 21 from line 20		66,590.	87,898.					
		Signature Block								
		ies of perjury, I declare that I have examined this return, including accompanying schedul	les and states	nents, and to the hest of my	knowledge and helief it is					
		and complete. Declaration of preparer (other than officer) is based on all information of v			tatoricago una conot, a lo					
1100	, 6011 666,	and complete. Designationary preparer (only again only) is based on an information of v	villen prepare	inas any knowledge.	- 1/17					
٠.		Signature disefficer		Date	$-\alpha \mathcal{O}/\Delta$					
Sign ' ' ' ' '										
Her	re	KATHY ZEIS, TREASURER								
		Type or print name and title	$ \rho$	Dete Check 3	OTIN					
		Print/Type preparer's name Preparer's signature	$\angle\!$	/ In La	~ i					
Pau	d <u>}</u>	JOHN A. LILE		8-8-13 Self-employer						
Pre	parer	Firm's name WINNETT ASSOCIATES PLLC		Firm's EIN	62-0808829					
Use	Only	Firm's address P. O. BOX 745			— —					
	1	SHELBYVILLE, TN 37162		Phone no. 93	31-684-7142					
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No					
		12 I HA For Panerwork Reduction Act Notice see the senarate instruct	tione		Form 990 (2012)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1.090 (2012) OF THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 Page 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 Page 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 Page 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 Page 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 Page 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 Page 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 Page 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 Page 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 Page 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 Page 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 Page 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 Page 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 Page 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 Page 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 Page 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 Page 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 Page 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 Page 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 PAGE 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 PAGE 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 PAGE 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 PAGE 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 PAGE 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 PAGE 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 PAGE 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 PAGE 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 PAGE 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 PAGE 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 PAGE 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 PAGE 2 THE TENNESSEE WALKING SHOW HORSE, INC. 27-0318308 PAGE 2 THE TENNESSEE PAGE 2 THE TENNESS
· Pal	
	Check if Schedule O contains a response to any question in this Part III
1	Bnefly describe the organization's mission:
	TO ENGAGE IN FUNDRAISING INITIATIVES TO PROVIDE FINANCIAL SUPPORT FOR
	THE ADVANCEMENT AND SUPPORT OF THE TENNESSEE WALKING SHOW HORSE IN THE
	AREAS OF EDUCATION, EQUINE WELFARE AND PROTECTION, THE PROMOTION AND
	PRESERVATION OF TENNESSEE WALKING HORSE SHOWS AND EXHIBITIONS,
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?
	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 \$ 204,677. including grants of \$ 204,677.) (Revenue \$)
	PROVIDED LEGAL SUPPORT FOR S.H.O.W. AND OTHER PLAINTIFFS IN DISPUTE
	WITH USDA OVER RULES GOVERNING ENFORCEMENT OF THE HORSE PROTECTION ACT.
	HILL OUDIT CVIII HOUSE COVERNING BUT CHOSENIA OF THE HOUSE INCIDENT MOTOR
	140.000
4b	(Code:) (Expenses \$ 140,000. Including grants of \$ 140,000.) (Revenue \$)
	PROVIDED FUNDS TO WALKING HORSE INDUSTRY GROUPS TO CONDUCT PUBLIC
	RELATIONS CAMPAIGN HIGHLIGHTING POSITIVE STEPS TAKEN TO IMPROVE THE
	HEALTH AND SAFETY OF PERFORMANCE SHOW HORSES.
4c	(Code:) (Expenses \$ 104,459 · including grants of \$ 61,660 ·) (Revenue \$)
	PROVIDED GRANTS TO TWSHOW TO PERFORM "SWAB TESTS" ON HORSE'S FEET AT
	SHOWS TO DETECT CAUSTIC CHEMICALS THAT IRRITATE AND HARM HORSES. THE
	SWABS MUST BE PROCESSED AT A QUALIFIED LABORATORY TO DETERMINE IF
	PARTICULAR CHEMICALS ARE PRESENT.
4d	
	(Exponses \$ 91,142. including grants of \$ 64,763.) (Revenue \$)
<u>4e</u>	Total program service expenses ► 540,278.
23200	Form 990 (2012)

OF THE TENNESSEE WALKING SHOW HORSE, INC

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If *Yes,* complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to ß X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V ... If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, <u>11a</u> b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X 11d Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Schedule D. Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 X or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 X located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. X 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G, Part III X 20a

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

Form 990 (2012)

OF THE TENNESSEE WALKING SHOW HORSE, INC 27-0318308 Page 4

	990 (2012) OF THE TENNESSEE WALKING SHOW HORSE, INC 27-0318	<u> 308</u>	P	age 4
Pa	t IV Checklist of Required Schedules (continued)			
		<u> </u>	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ĺ
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No", go to line 25	24a		X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit 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			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete			
	Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV	: :: ==	<u>:</u>	, · .
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash 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 301.7701-37 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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	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?		l	—
~	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	55	 	 ^
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	"		 *
-	Note. All Form 990 filers are required to complete Schedule O	38	x	1
	THE PARTY OF THE P	<u></u>		

FOUNDATION FOR THE ADVANCEMENT & SUPPORT

Form 990 (2012) OF THE TENNESSEE WALKING SHOW HORSE, INC 27-0318308 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V

The statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V

Yes No

1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	± –		. :
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		;- 	
C	, , , , , , , , , , , , , , , , , , ,			[: ···
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
				Ē
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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:		7.52	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	L		_ =
5a	The state of the s	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	if "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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		X
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).	7.		- "
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?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			-
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	. :	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	~		
^	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		1	
a	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	*	
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			-
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			- ;
			7.7.5	
	Gross income from members or shareholders		4	1.
_		-	:-	-
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	100		
	TENCE W. A. M.	12a		<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		***	~ · ·
	In the expension Consend to have a self-of booth to the transfer of the self-of the self-o	40-		<u> </u>
a		13a		-
ь	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
U		: .		
_	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand			7.5
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14a		<u> X</u>
	1991 The training at out 120 to report these payments (ii IVD. Drovide an explanation in Schedille ()	14h		

Form 990 (2012)

FOUNDATION FOR THE ADVANCEMENT & SUPPORT OF THE TENNESSEE WALKING SHOW HORSE, INC 27-0318308 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 in Schedule O. See instructions. \mathbf{x} Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No 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 in Schedule O. 15 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X X X Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? Яh Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes_ No X 10a 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ... 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe ın Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official Х X 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

þ	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
	exempt status with respect to such arrangements?
ec	ction C. Disclosure
17	List the states with which a copy of this Form 990 is required to be filed ►TN
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

ROAD, DOUGLASVILLE,

232008 12-10-12 30135

OF THE TENNESSEE WALKING SHOW HORSE, INC Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

(A) Name and Title	(B) Average hours per week	officer and a director/trustee)				than d is both	າຍກໍ	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	ladividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) HEATHER BEARD	1.00	x						0.	0.	0.
DIRECTOR (2) BRENDA CARLON DIRECTOR	1.00	X						0.	0.	0.
(3) DEBORAH WILLIAMS	1.00									
DIRECTOR	1 00	X			-			0.	0.	0.
(4) JO ANNE DEMPSEY	1.00	x	l					0.	0.	0.
DIRECTOR (5) JEFFREY HOWARD	1.00	1				I^-				
DIRECTOR		X	_		_			0.	0.	0.
(6) HENRY HULAN III	1.00	x						0.	0.	0.
DIRECTOR	1.00	^	╁					<u>.</u>	0.	0.
(7) KAREN INMAN DIRECTOR	1.00	X						0.	0.	0.
(8) KASEY KESSELRING DIRECTOR	1.00	х						0.	0.	0.
(9) DAVID LANDRUM DIRECTOR	1.00	x						0.	0.	0.
(10) LEE WALL MCGARTLAND DIRECTOR	1.00	x						0.	0.	0.
(11) TERRI MOSELEY DIRECTOR	1.00	x						0.	0.	0.
(12) MOLLY A. WALTERS DIRECTOR	1.00	X		!				0.	0.	0.
(13) BRUCE VAUGHAN PRESIDENT	2.00	-		х				0.	0.	0.
(14) MIKE DAVIS	2.00									
VICE PRESIDENT	20.00	-	╀	X	+	╀	-	0.	0.	0.
(15) KATHY 2EIS SECRETARY/TRBAURER	20.00	_	-	x	-	-	-	0.	0.	0.
		1	_	igspace	L	\perp	Ļ.			1
		1								

Form 990 (2012)

								OW HORSE, IN		318:	308_	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hig	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)		(C) Position					(D)	(E)			=)
Name and title	Average hours per		not c	heck r	more	than (Reportable	Reportable compensation		Estimated amount of	
	week	box, unless person is both an officer and a director/trustee					compensation from	from related		amount or other		
	(list any	혏						the	organizations	- 1	compe	
	hours for related	or dir	, m			ate	İ	organization	(W-2/1099-MIS	· ·		
	organizations	ruste	ts a		22	E DCE		(W-2/1099-MISC)			_	zation elated
	below	Individual bustee or director	institutional trustee	<u>.</u>	(old m	estco	뒫					zations
	line)	ള	fa st	Officer	Keye	Highest compressated employee	损					
										[
												_
			<u> </u>								_	
			<u> </u>						 			
			_	Н				-				
1b Sub-total	<u></u>		<u> </u>	Ll		▶		0.		0.		0.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)	<u> </u>	<u></u>	_,,,,			▶		0.		0,		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	DOVE	e) wt	no r	eceived more than \$10	0,000 of reportabl	le		
compensation from the organization				-							Tv.	0 es No
3 Did the organization list any former officer,	director, or tre	uste	e. ke	ev en	nplo	vee.	or	highest compensated e	emplovee on	ſ		
line 1a? If "Yes," complete Schedule J for s											3	x_
4 For any individual listed on line 1a, is the su	•	le c	qmc	ensa	ation	and	d ot	her compensation from	the organization	[
and related organizations greater than \$15											4	X
5 Did any person listed on line 1a receive or a	•				•		elat	ted organization or indiv	ridual for services			x
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiete Scheaul	<u>e J 1</u>	or s	ucn	pers	ion_					5	
1 Complete this table for your five highest co										pens	ation fro	m
the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	<u>rthir</u>		year.		<u> </u>	
(A) Name and business	address	NT/	ומכ				- 1	(B) Description of	services	С	(C) ompens	ation
		TA	2141				\dashv					 ,
							_					
							_					
	· <u>-</u> -						-					
												
										 _		
2 Total number of independent contractors (not li	mite	d to		se li: O	stec	d above) who received i	nore than	-		
\$100,000 of compensation from the organi	ZaliUII					<u></u>			1		Earn 00	2012

OF THE TENNESSEE WALKING SHOW HORSE, INC

		Check if Schedule O conta	and a response	The second secon	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512, 513, or 514
1 a	 a	Federated campaigns	1a					
ь	ا د	Membership dues	1b					
c	ا د	Fundraising events	1c					के स्मिन्न हो।
c	i	Related organizations	1d			Pro Contractions		
e		Government grants (contributi	k 1					a Parti
f		All other contributions, gifts, grant	s, and		-11-	- 1		
		similar amounts not included abov		610,562.				
c	3 6	Noncash contributions included in lines			선생님 나왔			
_	_		** ************************************		610,562.	Maria - Takaja	v i finali	27 T. F. 20
				Business Code				
2 a	3							
Ŀ								
-								
`.	, 1							
	 -							
f	 F	All other program service reve	nue					
						F. 84	1-1-	
3		Investment income (including					-	
·		other similar amounts)				ļ		
4		Income from investment of ta						
5		Royalties						
5		noyalies	(i) Real	(ii) Personal	Profesion Aprella	10000000000000000000000000000000000000		
Α.	_	Conse vente	Wilea	(ii) i cisona				
6 2	_	Gross rents						
		Less: rental expenses	<u> </u>					
		Rental income or (loss)	L	<u> </u>	<u></u>			1 -
		Net rental income or (loss)	(i) Secunties	(ii) Other	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			POWE IN
7 8		Gross amount from sales of	(i) Securities	iii) Outer		1974	经连续 的 马	
		assets other than inventory		 	1.5% L. %	I will to the		
'	-	Less: cost or other basis	1			I shipping		
		and sales expenses		 			e gwyr i dae	
		Gain or (loss)		<u> </u>	1		1 1 1 1	
ŀ		Net gain or (loss)			Programme Teach	वसम्बद्धाः स्टब्स		F-23-172 12-15
8		Gross income from fundraisin	_					레이템 Light II
		including \$	of		11, 21, 3 11			
		contributions reported on line		17 000				
		Part IV, line 18		17,290.	¥1 1		- `	} -
		Less: direct expenses		42,521.	-05 021		- `	<25,23
		Net income or (loss) from fund		<u></u>	<25,231.	· P		<u> </u>
9	а	Gross income from gaming ad		1				<u>.</u>
		Part IV, line 19			- []			
		Less: direct expenses			Tana and a second		- 16 mai 1 1 1 1	1 1 - 1
		Net income or (loss) from gan	-	. <u> </u>	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		<u> </u>	- J. HERER 4
10	а	Gross sales of inventory, less				TROPO (환경)		1. 5
		and allowances						1
1		~		·	- · · · · · · · · · · · · · · · · · · ·		7	1
	C	Net income or (loss) from sale		<u></u>		 	 	.
		Miscellaneous Revenu	ie	Business Code	-		1	l
11	а				 	 	 	+
	b				 	 	 	
	C			<u> </u>				1
1	đ	All other revenue			ļ	24 9 7		
1				🕨		_ · · · · ·		. 15-

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon				<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	459,940.	459,940.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	11,160.	11,160.		
3	Grants and other assistance to governments,	İ			
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	7,442.		7,442.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				<u> </u>
b	Legal				
С		5,243.		5,243.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		ilight, ilitali situ.	_	
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,			•	
40	column (A) amount, list line 11g expenses on Sch 0.)	2,851.		2,851.	
12	Advertising and promotion	1,922.		1,922.	
13 14	Office expenses Information technology	1,7220		1,722.	
15	Royalties				
16	Occupancy				
17	Travel				
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				
22	Depreciation, depletion, and amortization				
23	Insurance	500.		500.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SWABBING AND TESTING	42,799.	42,799.		
b	CONFERENCES AND TRAININ	26,379.	26,379.		
c	117 66 77 7 2 2 2 7 7 7 7 7 7 7 7 7 7 7 7	4,173.		4,173.	
d	BANK FEES	1,314.		1,314.	
e	All other expenses	300.		300.	
25	Total functional expenses. Add lines 1 through 24e	564,023.	540,278.	23,745.	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 (ollowing SOP 98-2 (ASC 958-720)			<u> </u>	Form 990 (2012)

Form 990 (2012)

27-0318308 Page 11 OF THE TENNESSEE WALKING SHOW HORSE, INC Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) Beginning of year End of year 66,590 90,153. Cash - non-interest-bearing Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instr). Complete Part II of Sch L Notes and loans receivable, net 7 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Other assets. See Part IV, line 11 15 15 66,590 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here > complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 31,444 27 35,146. Temporarily restricted net assets 28 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 66,590. 87,898. 33 33

90,153. Form 990 (2012)

Total liabilities and net assets/fund balances

66,590

Form	990 (2012) OF THE TENNESSEE WALKING SHOW HORSE, INC	27-031	8308 Page 12
Pai	Reconciliation of Net Assets		
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	585,331.
2	Total expenses (must equal Part IX, column (A), line 25)	2	564,023.
3	Revenue less expenses. Subtract line 2 from line 1	3	21,308.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	66,590.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	i	
	column (B))	10	<u>87,898.</u>
Pa	rt XIII Financial Statements and Reporting		
	Check if Schedule O contains a response to any question in this Part XII		<u></u>
			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 in Schedule	O.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	
	separate basis, consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?		2b X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	
	consolidated basis, or both:		
	X Separate basis Consolidated basis Both consolidated and separate basis		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	Harris III
	review, or compilation of its financial statements and selection of an independent accountant?		2c X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	[
	Act and OMB Circular A-133?		3a X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b
			Form 990 (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. ➤ See separate instructions.

2012

Open to Public

			e, see the Instructions f					Cabadul	- A /E	m 990 or 990-EZ) 201	
Total		<u> </u>		1 .			2.5	1			
		.·,		- `							
				İ				1			
				ļ			1				
·											
							1				
				163				1			
			(see instructions))	Yes	No	Yes	No	Yes	No No		
	e of supported panization	(ii) EIN		(iv) is the o in col. (i) ils igoverning		organizat	i notify the ion in col. support?	l organizatio	(vii) Is the organization in col. (vii) Amount of r (i) organized in the U.S.?		
			· · · · · · · · · · · · · · · · · · ·						45 T		
h			about the supported org						••••	-	
			person described in (i) o								
			n described in (i) above?							11g(ii)	
			irectly controls, either all upported organization?								
g	Since August	17, 2006, has the d	organization accepted an Irectly controls, either ald	y gift or co	ontribution	trom any	or the folk	owing pers	ii) helow	Yes No	
		ganization, check th									
f			ten determination from t	he IRS tha	ıt it is a Ty	pe I, Type	II, or Type	• III		_	
	foundation m	anagers and other t	han one or more publicty	supporte	d organiza	tions desc	ribed in s	ection 509	(a)(1) or	section 509(a)(2).	
e 🔲	By checking t	his box, I certify tha	t the organization is not	controlled	directly or	indirectly	by one or	more disc	qualified	persons other than	
	a Type I			pe III - Fur			d	Туре	e III - Nor	n-functionally integrated	
			organization and comple				,. 000 aeu		-1101. 0.10	The series	
11	An organization	on organized and or	perated exclusively for that ations described in section	e benent 0 on 500/a)/1	n, to perio Tar sectio	n 509(a)(2). See sec	tion 509/s	1(3). Che	eck the box that	
10	An organization	on organized and or	perated exclusively to tes	a baseft s	c satety S	ee sectio	n 509(a)(4 ections of	orto cama	out the	numoses of one or	
		509(a)(2), (Complete			0		- FDD/-V/				
			axable income (less secti	on 511 ta	<) from bus	sinesses a	cquired by	y the organ	nization a	after June 30, 1975.	
	activities relat	ed to its exempt fur	nctions - subject to certai	in exception	ons, and (2) no more	than 33 1.	/3% of its	support	from gross investment	
9 🗀	An organization	on that normally rec	eives: (1) more than 33 1.	/3% of its	support fr	om contrib	outions, m	embership	fees, ar	d gross receipts from	
8 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi). (
ليمعي .	-)(1)(A)(vi). (Comple				-			·		
7 🖼			eives a substantial part o					r from the	general p	oublic described in	
6 🗀	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
5 📖	-		benefit of a college or un	iversity ow	nea or op	erated by	a governn	nentai unit	describe	90 III	
 -	city, and state								موالي م م م الم		
4 🗀	A medical res	earch organization o	pperated in conjunction v	vith a hosp	otal descri	bed in sec	tion 170(b)(1)(A) (iii)). Enter ti	he hospital's name,	
3 🗔	A hospital or a	cooperative hospit	tal service organization d	escribed i							
2 🗀			0(b)(1)(A)(ii). (Attach Sch				-7(-7(- 7(-7-				
1 Gan			pecause it is: (For lines 1 s, or association of churc								
								detions.			
Part I	Poscon f		TENNESSEE WAI							7-0318308	
	the organization		ION FOR THE							7 0210200	

232021 12-04-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012 OF THE TENNESSEE WALKING SHOW HORSE, INC27-0318308 Page 2
Partill Support Schedule for Organizations 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	tion A. Public Support										
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
1	Gifts, grants, contributions, and				'						
	membership fees received. (Do not					_					
	include any "unusual grants.")		60,799.	117,577.	142,884.	610,562.	931,822.				
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					Ï	:				
	the organization without charge										
4	Total. Add lines 1 through 3		60,799.	117,577.	142,884.	610,562.	931,822.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included				entre de la companya de la companya de la companya de la companya de la companya de la companya de la companya	建筑 是1.1					
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)						190,027.				
6	Public support. Subtract line 5 from line 4.				1 -2 4 5 -2 5		741,795.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
7	Amounts from line 4		60,799.	117,577.	142,884.	610,562.	931,822.				
8	Gross income from interest,		i			ļ					
	dividends, payments received on	ţ			ļ						
	securities loans, rents, royalties										
	and income from similar sources										
9	Net income from unrelated business						1				
	activities, whether or not the		1								
	business is regularly carned on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part IV.)										
11	Total support. Add lines 7 through 10				-1-75		931,822.				
12	Gross receipts from related activities					12					
13	First five years. If the Form 990 is for	or the organization	s first, second, this	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	_				
	organization, check this box and sto	p here	 	<u> </u>			<u>,</u>				
Se	ction C. Computation of Pub					· · · · · · · · · · · · · · · · · · ·					
14	Public support percentage for 2012					14	79.61 %				
	Public support percentage from 201					15	%				
16a	a 33 1/3% support test - 2012. If the										
	stop here. The organization qualifies										
i	33 1/3% support test - 2011. If the						his box				
	and stop here. The organization qua						▶∟				
17:	a 10% -facts-and-circumstances tes										
	and if the organization meets the "fa										
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization										
ı	b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 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-cil						. —				
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17							
	Schedule A (Form 990 or 990-EZ) 2012										

Schedule A (Form 990 or 990 EZ) 2012 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

Se	ction A. Public Support	iow, piedse com	piete r art II.)				<u> </u>
		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2005	(1) 2009	(0) 2010	(4)2011	161 2012	ty rotal
7	membership fees received. (Do not					1	
	include any "unusual grants.")		1			1	
_						 	
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose		ļ		ļ		
3	Gross receipts from activities that						
	are not an unrelated trade or bus-				1		
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		ļ				
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				İ		
	Amounts included on lines 1, 2, and						
1 6	3 received from disqualified persons						
L	Amounts included on lines 2 and 3 received		 				
Ľ	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			- 1, - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 	Taranta da da da da da da da da da da da da da		
	Public support [Subtracting /Crom ung 6]			Tuje sau ideli letti istikeli t	. *	- 120mm - 120mm - 120mm - 120mm - 120mm - 120mm - 120mm - 120mm - 120mm - 120mm - 120mm - 120mm - 120mm - 120mm	
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 📂	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6				ļ <u>-</u>		
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources		<u> </u>				
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					ļ	
	Add lines 10a and 10b						
	Net income from unrelated business			,,,			
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain		·				
	or loss from the sale of capital					1	
	assets (Explain in Part IV.) · · · · ·		<u> </u>		 	+	
	Total support. (Add lines 9, 10c, 11, and 12.)				· · · · · · · · · · · · · · · · · · ·	F01/a\/3\ annonin	
14	First five years. If the Form 990 is for	tne organization	's tirst, second, thii	a, tourth, or unth	tax year as a secu	on out (c)(o) organiz	ation,
	check this box and stop here			<u></u>	· ····· ··· ··· ··· ···	· · · · · · · · · · · · · · · · · · ·	
	ction C. Computation of Publi					, , , , , , , , , , , , , , , , , , , 	
	Public support percentage for 2012 (li			column (f))		15	%
	Public support percentage from 2011					16	<u>%</u>
	ction D. Computation of Inves						
17	Investment income percentage for 20	12 (line 10c, colu	ımn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2012. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar						▶□
1	b 33 1/3% support tests - 2011. If the	•			-		and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
ZU	riivate touridation, ii the organization	, ala not citech	LUCA OTT HIS 14, 18	a, or rad, Greck		hadula A (Form 00	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. QMB No 1545-0047
2012
Open to Public Inspection

Name of the organization

FOUNDATION FOR THE ADVANCEMENT & SUPPORT OF THE TENNESSEE WALKING SHOW HORSE, INC

Employer Identification number 27 – 0318308

Par		d Funds or Other Similar Fund	s or Accounts Complete if the
r.ai			3 Of Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised fortus	(b) Fullus and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advi	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Par	t-II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
-	day of the tax year.		
	day of the tax your.		Held at the End of the Tax Year
_	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic stri		1 1
			······
a	Number of conservation easements included in (c) acquired a		i i
_	listed in the National Register		
3	_	eased, extinguished, or terminated by ti	le diganization during the tax
	year	noment is legated	
4	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per		:
5	violations, and enforcement of the conservation easements it	holds?	
	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing consensation easements	during the year
6 7	Amount of expenses incurred in monitoring, inspecting, and		
	Does each conservation easement reported on line 2(d) above		
8			
_	and section 170(h)(4)(B)(ii)?		
9			
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describe	s trie organization s accounting to
Par	conservation easements t III Organizations Maintaining Collections or	f Art Historical Treasures or	Other Similar Assets
Fai	Complete if the organization answered "Yes" to Form		other elimina 735cw.
		··	amont and belongs about wades of art
ıa	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
ь	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	lublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		» \$
2	If the organization received or held works of art, historical tre		ial gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		
Ь	Assets included in Form 990, Part X		· \$

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

Schedule D (Form 990) 2012

		TENNESSEE								
Pai	t-III Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other recor	ds, check	any of the	following th	nat are a s	ignificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	•	ı ⊨ı	oan or exc	hange prog	rams				
b	Scholarly research	•	• 📙 0	ther						
C	Preservation for future generations									
4	Provide a description of the organization's co							ose in Parl	: XIII	
5	During the year, did the organization solicit o								_	
	to be sold to raise funds rather than to be ma							L	Yes	No_
Pa	t IV Escrow and Custodial Arran		ete if the c	organizatio	on answered	i "Yes" to	Form 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi		•						_	
	on Form 990, Part X?							L	Yes	∐ No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	ble:						
									Amount	
C	Beginning balance			·· ··· ··· ···			1c			
d	Additions during the year						1d			
е	Distributions during the year					• • • • • • • • • • • • • • • • • • • •	1e			
f	Ending balance	········· · · · · · · · · · · · · · ·					1 f		_	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					L	Yes	<u></u> No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete it		nswered "	Yes" to Fo	rm 990, Par	t IV, line	10.			
		(a) Current year	(b) Pri	or year	(c) Two ye	ars back	(d) Three y	ears back	(e) Four y	ears back
	Beginning of year balance									
Ь	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses				<u> </u>					
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1g,	column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
C	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c shou	rid equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	and administ	tered for t	the organi	zation	_	
	by:								\	es No
	(i) unrelated organizations	···· ·· ······ · ·							3a(i)	
									3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedu	ile R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	t Vi Land, Buildings, and Equipm			ne 10						
	Description of property	(a) Cost or o basis (invest			t or other (other)	\ ***.	ccumulate preciation	l l	(d) Book	value
1a	Land					•	• -			
	Buildings									
С	Leasehold improvements									
	Equipment				· · · · · · · · · · · · · · · · · · ·	1	··			
	Other		· · · · · · · · · · · · · · · · · · ·		······································					
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pan	X, columi	n (B), line	10(c).)		************			0.

(a) Description of security or category (including name of security)	Form 990, Part X, line 12 (b) Book value	(c) Method of valuation: Cost or end-of-year market value
) Financial derivatives		
Closely-held equity interests		
Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(1)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII investments - Program Related. See	Form 990, Part X, line 1	
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
	·	
(B) (9)		
		
(10) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		The state of the control of the state of the
(1)	escription	(b) Book value
(2)		
(3)		
(4)		
(5)		
 		
(6)		
(6) (7)		
(6) (7) (8)		
(6) (7) (8) (9)		
(6) (7) (8) (9) (10)		
(6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	
(6) (7) (8) (9) (10) ptal. (Column (b) must equal Form 990, Part X, col. (B) line Part X* Other Liabilities. See Form 990, Part X, line	15.)	(h) Post value
(6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, line (a) Description of liability	15.)	(b) Book value
(6) (7) (8) (9) (10) ptal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, III (a) Description of liability (1) Federal income taxes	15.)	(b) Book value
(6) (7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col. (B) line (a) Description of liability (1) Federal income taxes (2)	15.)	(b) Book value
(6) (7) (8) (9) (10) ptal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, III (a) Description of liability (1) Federal income taxes	15.)	(b) Book value
(6) (7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col. (B) line (a) Description of liability (1) Federal income taxes (2)	15.)ne 25.	(b) Book value
(6) (7) (8) (9) (10) Part X: Other Liabilities. See Form 990, Part X, Inc. (a) Description of liability (1) Federal income taxes (2) (3)	15.)ne 25.	(b) Book value
(6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, III (a) Description of liability (1) Federal income taxes (2) (3) (4)	15.)	(b) Book value
(6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, III (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	15.) ne 25.	(b) Book value
(6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X. Other Liabilities. See Form 990, Part X, In (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	15.) ne 25.	(b) Book value
(6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X: Other Liabilities. See Form 990, Part X, lin (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.)ne 25.	(b) Book value
(6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, lin (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	15.)	(b) Book value
(6) (7) (8) (9) (10) Intal. (Column (b) must equal Form 990, Part X, col. (B) line Part X* Other Liabilities. See Form 990, Part X, lin (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	15.)	(b) Book value

232053 12-10-12

	dule D (Form 990) 2012 OF THE TENNESSEE WALKING SH	IOW HO	RSE, INC Revenue per	27-03 Return	18308	Page 4
1	Total revenue, gains, and other support per audited financial statements			11	627,	852.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		••••••	- 5.4.		
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities					
c	Recovenes of prior year grants					
d	Other (Describe in Part XIII.)		42,521			
	Add lines 2a through 2d				42	521.
3	Subtract line 2e from line 1					331.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			7	505,	331.
•	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)			⊣ .:		
						Λ
	Add lines 4a and 4b				FOE	331.
Da.	t-XII Reconciliation of Expenses per Audited Financial Stateme		Evponence no	5 Dotum	505,	<u> 221°</u>
					606	EAA
1	Total expenses and losses per audited financial statements			1	606,	<u>544.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	i i				
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b		_ :		
C	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	42,521	•		
е	Add lines 2a through 2d	···· ·· ··· ··		2e	42,	<u>521.</u>
3	Subtract line 2e from line 1			3	564,	023.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			7.3. 7		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	,,			
c	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	564,	023.
Par	t XIII Supplemental Information					<u> </u>
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, a 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p				Part V, line	4; Part
PAF	T XI, LINE 2D - OTHER ADJUSTMENTS:					
NET	FUNDRAISING IS PRESENTED ON FORM 990				42,	521.
PAF	T XII, LINE 2D - OTHER ADJUSTMENTS:					
<u>NET</u>	FUNDRAISING IS PRESENTED ON FORM 990		· · · · · · · · · · · · · · · · · · ·		42,	<u>521.</u>
		-		Schedule	D (Form 9	90) 2012

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Open To Public Inspection

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization FOUNDATION FOR THE ADVANCEMENT & SUPPORT Employer identification number OF THE TENNESSEE WALKING SHOW HORSE, INC 27-0318308 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. ☐ Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? . No __ Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundralser have custody or control of contributions (v) Amount paid to (or retained by) (vi) Amount paid (i) Name and address of individual (iv) Gross receipts (II) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col. (i) Yes 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2012

232081 01-07-13

Schedule G (Form 990 or 990-EZ) 2012 OF THE TENNESSEE WALKING SHOW HORSE, INC 27-0318308 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

_		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	events with gross recei	ots greater than \$5,000.
			SHOWCASE HORSESHOWS		NONE	(add col. (a) through
Ð			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	17,290.			17,290.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	17,290.			17,290.
	4	Cash prizes	14,855.			14,855.
s	5	Noncash prizes				
xpense	6	Rent/facility costs				ļ
Direct Expenses	7	Food and beverages	5,749.			5,749.
۵	8	Entertainment				
	9	Other direct expenses	21,917.		· •	21,917.
	10	Direct expense summary. Add lines 4 through			>	(42,521)
	11		n (d), and line 10		.	<25,231.>
Pa	ırt l	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	· · · · · · · · · · · · · · · · · · ·	·		,
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
æ						
_	1	Gross revenue			· · · ·	
Ses	2	Cash pnzes			***************************************	
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No	
	7	Direct expense summary. Add lines 2 through	h 5 ın column (d)		>	()
	g	Net gaming income summary. Combine line 1	1 column d and line 7		.	
	<u> </u>	gamming who was a second many to omormous many	i domini di dila mia i	······································		<u>. </u>
9	Ent	ter the state(s) in which the organization opera	ites gaming activities:			
a	ılst	the organization licensed to operate gaming ac	ctivities in each of these s	states?		Yes No
		No," explain:				
				·		
						
		ere any of the organization's gaming licenses re			/ear?	LYes LNo
•	16	Yes," explain:				
	_	1-07-13				rm 990 or 990-EZ) 2012

FOUNDATION FOR THE ADVANCEMENT & SUPPORT	
Schedule G (Form 990 or 990-EZ) 2012 OF THE TENNESSEE WALKING SHOW HORSE, IN	
 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed 	Lifes Lino
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	
Name ►	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives garning revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the ar	nount
of gaming revenue retained by the third party > \$	
c if "Yes," enter name and address of the third party.	
Name ▶	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of services provided >	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe	nt in the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, or	
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional	information (see instructions).
232083 01-07-13 Schedi	ule G (Form 990 or 990-EZ) 2012

SCHEDULE 1 (Form 990)

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

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

Open to Public

OMB No. 1545-0047

Schedule I (Form 990) (2012) Employer Identification number 2 27-0318308 REST FOR CHEMICAL SORING EGAL SUPPORT AND PUBLIC SWABBING INITIATIVE TO (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any OF HORSES ELATIONS Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) o (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. FOUNDATION FOR THE ADVANCEMENT & SUPPORT OF THE TENNESSEE WALKING SHOW HORSE, INC recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 61,660 344,677 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501C3 Enter total number of other organizations listed in the line 1 table criteria used to award the grants or assistance? General Information on Grants and Assistance (P) EIN 1 (a) Name and address of organization UNIVERSITY DRIVE, #500 - FORT TENNESSEE WALKING SHOW HORSE ORGANIZATION, LLC - 1300 S or government SHELBYVILLE, IN 37160 Name of the organization 1110 EVANS STREET WORTH TX 76107 Department of the Treasury Internal Revenue Service Parti Part II S.H.O.W.

27-0318308

Schedule I (Form 999) (2012)

OF THE TENNESSEE WALKING SHOW HORSE, INC

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(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 non-cash assistance
COLLEGE SCHOLABSHIPS	.	11 160	0		
Part IV Supplemental Information, Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the information	required in Part I,	line 2, Part III, colum	n (b), and any other additional inf	ormation.
SCHEDULE I, PART I, LINE 2: GRANTS	ARE	D BASED ON	CRITERIA	PAID BASED ON CRITERIA ESTABLISHED	
BY THE BOARD AND MONITORED BY THE	BOARD OR	AN AD	HOC COMMITTEE	DESIGNATED	
BY THE BOARD.			:		

Schedule I (Form 990) (2012)

232102 12-18-12

SCHEDULE 0

(Form 990 or 990-EZ)

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 990-EZ.

2012
Open to Public

OMB No 1545-0047

Name of the organization

FOUNDATION FOR THE ADVANCEMENT & SUPPORT OF THE TENNESSEE WALKING SHOW HORSE, INC.

Employer identification number 27-0318308

OF THE TENNESSEE WALKING SHOW HORSE, INC 27-0318308
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PARTICIPANTS; GRANTS TO ORGANIZATIONS THAT ENFORCE THE HORSE PROTECTION
ACT FOR INSPECTION EQUIPMENT, TRAINING, ETC; LEGAL SUPPORT FOR
INDUSTRY PARTICIPANTS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PRESERVATION OF THE BREED AND SCIENTIFIC RESEARCH AND DEVELOPMENT.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
15 YOUNG ADULTS WERE PROVIDED COLLEGE SCHOLARSHIPS: GENERAL
SCHOLARSHIPS ARE AVAILABLE TO MEMBERS OF THE TENNESSEE WALKING HORSE
ASSOCIATION. THE NUMBER OF SCHOLARSHIPS AWARDED IS BASED ON THE
BALANCE OF THE SCHOLARSHIP FUND. SCHOLARSHIPS ARE AWARDED BASED ON
ACADEMIC PERFORMANCE(30%), NEED(30%), EQUINE INVOLVEMENT(30%), AND
EXTRACURRICULAR ACTIVITIES (10%). DR. HARVEY CARLON, DVM SCHOLARSHIPS
ARE AWARDED TO STUDENTS ACCEPTED AT A SCHOOL OF VETERINARY SCIENCE.
ALSO, CONFERENCES AND TRAINING SEMINARS WERE CONDUCTING TO TRAIN
INSPECTORS WHO EXAMINE SHOW HORSES FOR SIGNS OF SORING. OTHER PROGRAMS
INCLUDED SPONSORSHIPS OF LOCAL HORSE SHOWS AND GRANTS TO LABS
PERFORMING SWABBING ANALYSIS FOR INDICATIONS OF SORING.
EXPENSES \$ 91,142. INCLUDING GRANTS OF \$ 64,763. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PROVIDED TO EACH
OFFICER VIA E-MAIL IN ADVANCE OF THE DUE DATE WITH A REQUEST FOR COMMENTS
OR REVISIONS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization FOUNDATION FOR THE ADVANCEMENT & SUPPORT	Employer identification number
OF THE TENNESSEE WALKING SHOW HORSE, INC	27-0318308
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION N	MAKES ALL
DOCUMENTS AVAILABLE ON REQUEST AND DOES NOT HAVE A CONFLI	CT OF INTEREST
POLICY.	
•	
	<u> </u>

AUDITED FINANCIAL STATEMENTS

FOUNDATION FOR THE ADVANCEMENT AND SUPPORT OF THE TENNESSEE WALKING SHOW HORSE, INC.

(A NOT-FOR-PROFIT CORPORATION)
December 31, 2012



Certified Public Accountants and Consultants

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Certified Public Accountants and Consultants

514 Elm Street, P. O. Box 745 Shelbyville, Tennessee 37162

INDEPENDENT AUDITORS' REPORT

Board of Directors
Foundation for the Advancement and Support
of the Tennessee Walking Show Horse, Inc.
Shelbyville, Tennessee

We have audited the accompanying financial statements of the Foundation for the Advancement and Support of the Tennessee Walking Show Horse, Inc (a not-for-profit corporation), which comprise the statement of financial position as of December 31, 2012, and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Foundation for the Advancement and Support of the Tennessee Walking Show Horse, Inc. as of December 31, 2012, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Winnett Associates, P.L.L.C.

July 25, 2013

STATEMENT OF FINANCIAL POSITION FOUNDATION FOR THE ADVANCEMENT AND SUPPORT OF THE TENNESSEE WALKING SHOW HORSE, INC.

December 31, 2012

	<u>ASSETS</u>		
CURRENT ASSETS Cash	TOTAL ASSETS		\$ 90,153
	LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES Accrued payroll Payroll taxes	TOTAL LIABILITIES		\$ 301 1,954 2,255
NET ASSETS Unrestricted Temporarily restricted	\$ TOTAL LIABILITIES AND NET ASSETS	54,449 33,449	\$ 87,898 90,153

The accompanying notes are an integral part of this financial statement.

STATEMENT OF ACTIVITIES FOUNDATION FOR THE ADVANCEMENT AND SUPPORT OF THE TENNESSEE WALKING SHOW HORSE, INC.

Year ended December 31, 2012

		UNRESTRICTED		TEMPORARILY RESTRICTED		TOTAL	
SUPPORT AND REVENUE	:	UNK	ESTRICTED	KESIK	CIED		IUIAL
Support:							
Contributions		\$	583,725	\$	26,837	\$	610,562
	TOTAL SUPPORT		583,725		26,837		610,562
Revenue:							
Special events			17,290		-		17,290
-	TOTAL REVENUE		17,290		-		17,290
NET ASSETS RELEASED F	ROM RESTRICTIONS:						
Contributions - released from restrictions			35,146		(35,146)		
TOTAL SUPPORT AND REVENUE			636,161		(8,309)		627,852
TOTAL EXPENSES AND L Expenses: Program services:	OSSES						
Grants to other organizations			471,100		_		471,100
Conferences and training			26,379		_		26,379
Swabbing and testing program			42,799		-		42,799
Supporting services -	management and gene	ral:					
Payroll			7,442		-		7,442
Insurance			500		-		500
Advertising			2,851		-		2,851
Bank Fees			1,314		-		1,314
Supplies			1,279 643		-		1,279
Postage Professional services			5,243		-		643 5,243
Business licenses	us .		300		_		3,243
Miscellaneous			4,173				4,173
Supporting services -	fund raising:		.,				.,.,.
Horse show expens			42,521		-		42,521
-	TOTAL EXPENSES		606,544		-		606,544
CHANGES IN NET ASSETS	5		29,617		(8,309)		21,308
NET ASSETS AT BEGINNING OF YEAR			24,832		41,758		66,590
NET ASSETS AT END OF	YEAR	\$	54,449	\$	33,449	\$	87,898

The accompanying notes are an integral part of this financial statement.

STATEMENT OF CASH FLOWS

FOUNDATION FOR THE ADVANCEMENT AND SUPPORT OF THE TENNESSEE WALKING SHOW HORSE, INC.

Year ended December 31, 2012

CASH FLOWS FROM OPERATING ACTIVITIES:				
Increase in net assets			\$	21,308
Adjustments to reconcile increase in net assets				
to cash used by operating activities:				
Increase (decrease) in operating liabilities:				
Accrued wages	\$	301		
Accrued payroll taxes		1,954		
NET ADJUSTMENTS				2,255
NET CASH PROVIDED BY OPERATING ACTIVITIES				23,563
NET INCREASE IN CASH AND CASH EQUIVALENTS				23,563
BEGINNING CASH AND CASH EQUIVALENTS				66,590
ENDING CASH AND CASH EQUIVALENTS			\$	90,153

NOTES TO FINANCIAL STATEMENTS

FOUNDATION FOR THE ADVANCEMENT AND SUPPORT OF THE TENNESSEE WALKING SHOW HORSE, INC.

December 31, 2012

NOTE A - FOUNDATION FOR THE ADVANCEMENT AND SUPPORT OF THE TENNESSEE WALKING SHOW HORSE, INC.

The Foundation for the Advancement and Support of the Tennessee Walking Show Horse, Inc. (the Organization) was incorporated on June 5, 2009, as a Tennessee not-for-profit corporation whose primary purpose is to provide support for the advancement and support of the Tennessee Walking Show Horse in the areas of education, equine welfare, the promotion and preservation of the breed, and scientific research and development.

The Organization is funded principally with contributions from the public.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(1) Accounting Method

The financial statements of the Organization are prepared on the accrual basis of accounting. Under this method, revenues are recognized when they are earned, and expenses are recognized when they are incurred.

Contributions are recognized when a donor makes a promise to give to the Organization that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in temporarily (or permanently, when applicable) restricted assets. When a restriction expires, restricted net assets are reclassified to unrestricted net assets. The Organization has not implied time restrictions on gifts of long-lived assets.

(2) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

(3) Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization considers highly liquid investments with an initial maturity of three months or less which are neither designated nor restricted for long-term purposes to be cash equivalents.

(4) Subsequent Events

Subsequent events have been evaluated through July 25, 2013, which is the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

FOUNDATION FOR THE ADVANCEMENT AND SUPPORT OF THE TENNESSEE WALKING SHOW HORSE, INC.

December 31, 2012

NOTE C - RESTRICTIONS ON NET ASSETS

Of the temporarily restricted net assets at December 31, 2012, \$8,612 is expendable to support horse show development outside of Kentucky and Tennessee, and \$24,837 is expendable to fund legal action or research in support of the industry.

NOTE D - TAX-EXEMPT STATUS

The Organization is exempt from federal income tax under Section 501(c) (3) of the U. S. Internal Revenue Code, is not a private foundation and does not conduct any unrelated business activities. Gifts to the Organization are tax deductible as charitable contributions.