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## Short Form 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)

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 990 (see instructions). 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.

Open to Public Inspection

OMB No 1545-1150

2012

Department of the Treasury

		The organization may have to use a copy of this return to satisfy state reporting requirement		- 24 - 00 - 40		
_			Decembe			
_	heck if ap		mployer id	lentification number		
=	Address c	- East Tellinessee Masonily Association, Inc		1 1014801		
_	Name cha nitial retur		E Telephone number			
=	Terminate	P. O Box 53271	86	55-246-3734		
_	Amended	return City or town, state or country, and ZIP + 4	Group Exe	•		
	Application	n pending Knoxvile, TN 37950	Number I	<b>-</b>		
			ck 🕨 🗹	If the organization is <b>not</b>		
				ach Schedule B		
JT	ax-exen	npt status (check only one) — ☐ 501(c)(3)	ກ 990, 99	0-EZ, or 990-PF)		
K	Check 🕨	if the organization is not a section 509(a)(3) supporting organization or a section 527 organization ar	d its gros	s receipts are normally		
r	ot more	e than \$50,000  A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be	required	(see instructions). But if		
		nization chooses to file a return, be sure to file a complete return.				
		5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Pai	t II,			
		olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u>▶</u> \$	<u> </u>		
P	art i	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst				
		Check if the organization used Schedule O to respond to any question in this Part I.	<u> </u>	<u> </u>		
	1	Contributions, gifts, grants, and similar amounts received	. 1	0		
	2	Program service revenue including government fees and contracts	2	0		
	3	Membership dues and assessments	3	9000		
	4	Investment income	. 4	0		
	5a	Gross amount from sale of assets other than inventory	0			
	b	Less: cost or other basis and sales expenses	0			
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	0		
	6	Gaming and fundraising events				
4.	a	Gross income from gaming (attach Schedule G if greater than				
Revenue	1	\$15,000)		•		
Ϋ́	b	Gross income from fundraising events (not including \$ 0 of contributions				
æ		from fundraising events reported on line 1) (attach Schedule G if the	- 1			
	1	sum of such gross income and contributions exceeds \$15,000) 6b	0			
	C	Less: direct expenses from gaming and fundraising events 6c	0			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	ct			
	ļ	line 6c)	• 6d	0		
	7a	Gross sales of inventory, less returns and allowances	0			
	b	Less. cost of goods sold	0			
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	0		
	8	Other revenue (describe in Schedule O)	-8	3170		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		12170		
	10	Grants and similar amounts paid (list in Schedule O)	<u>.</u>	0		
	11	Benefits paid to or for members	13 16	0		
es	12		.   4>	0		
Expenses	13	Professional fees and other payments to independent contractors	13*	0		
	14	Occupancy, rent, utilities, and maintenance	.] 14	0		
	15	Printing, publications, postage, and snipping	<del> -1</del> 5-	2		
	16	Other expenses (describe in Schedule O)	. 16	8423		
	17	Total expenses. Add lines 10 through 16	17	8423		
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3747		
sse	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	1 1			
Net Assets		end-of-year figure reported on prior year's return)		30719		
ě	20	Other changes in net assets or fund balances (explain in Schedule O)	. 20	0		
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ ,21	34416		
For Panaguark Baduction Act Notice and the compute instructions						

Cat No 106421

Pai	rt II Balance Sheets (see the instructions	,				
	Check if the organization used Schedule					
00	Cook source and revealesants		<u> </u>		00	(B) End of year
22 23	Cash, savings, and investments		· · }-	30719	23	<u>34466</u> 0
24	Other assets (describe in Schedule O)		}-	<del></del>	24	0
25	Total assets		` ' ' . '	30719		34466
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column			30719	27	34466
Par		•		,		Expenses
	Check if the organization used Schedule	<del></del>	<del></del>		V	quired for section
		support masonry ind				(c)(3) and 501(c)(4) anizations and section
Desc	cribe the organization's program service accomplineasured by expenses. In a clear and concise m	shments for each of	its three largest pi	ogram services,		7(a)(1) trusts, optional
	ons benefited, and other relevant information for ea		s services provided	, the humber of	tor c	others)
28	Supplies and materials for masonry students in train	ing programs				
	9 students in program					
00		includes foreign gra			28a	3985
29	Seminars and hand on programs for contractors, Are vocational students, over 60 including students					
	vocational students, over 60 including students					
	(Grants \$ ) If this amount	ıncludes foreign gra	nts, check here .	> 🗇	29a	1820
30	providing students in training program the opportun					
	1 first year student 1 third year student and 1 instruc					
24		includes foreign gra	nts, check here .	<u> ▶                             </u>	30a	1295
31	Other program services (describe in Schedule O) (Grants \$ ) If this amount	31a	. 0			
20			ints, check here .		310	<u>'                                       </u>
ა∠	Total program service expenses (add lines 28a)	through 31a).			32	7100
Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Ke		one even if not comp	oensated (see the ins	32 struc	
		y Employees List each				
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	y Employees List each O to respond to ar (b) Average	y question in this (c) Reportable	Part IV	struc	etions for Part IV)
	t IV List of Officers, Directors, Trustees, and Ke	Employees List each O to respond to an	(c) Reportable compensation (Forms W-2/1099-MISC)	Part IV	struc ee (e)	etions for Part IV)
Par	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title	y Employees List each O to respond to an (b) Average hours per week	(c) Reportable compensation	Part IV	struc ee (e)	etions for Part IV)
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Par Dani Jerry	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title	y Employees List each O to respond to an  (b) Average hours per week devoted to position  President 8-10	(c) Reportable compensation (Forms W-2/1099-MISC)	Part IV	struc ee (e)	etions for Part IV)
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	е	
<u></u>	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			Ì
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
05-	change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			١,
	- · · · · · · · · · · · · · · · · · · ·	35a		\ <u>\</u>
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		<b>├</b> ✓
C	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	1	1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		-
	during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶   37a   0	-		-
b	Did the organization file Form 1120-POL for this year?	37ь		<b>/</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		<b>✓</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			1
39	Section 501(c)(7) organizations. Enter			Ì
a	Initiation fees and capital contributions included on line 9	1		1
b 40a	Gross receipts, included on line 9, for public use of club facilities	1		{
<del>10</del> 0	section 4911 ► ; section 4912 ► ; section 4955 ►		•	1
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit		}	1
<del></del>	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? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			l
	4955, and 4958	1		1
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			-
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		1	
	transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ Tennessee			<del></del>
42a	The organization's books are in care of ▶ Brantley Rivers Telephone no. ▶	365-37	6-108	0
	Located at ► 771 Gallaher Road Kingston TN ZIP + 4 ►		763	
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	<del></del>
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	<del> </del>	1
	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.	ļ	}	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	}	1
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		.	▶ 🗆
	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		}	,
<b>L</b>	completed instead of Form 990-EZ	44a	<u> </u>	1
ь	completed instead of Form 990-EZ	44b	l	1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			-
-	explanation in Schedule O	44d	}	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			1
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	1		}
	Form 990-EZ (see instructions)	45b		1

Form 990	)-EZ (20	012)						P	age 4
461-	Did th	ne organization engage, directly or inc	directly, in political ca	ampaign activities	on behalf	of or in opposition		Yes	No
Part V	1	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51 Check if the organization used Seb	only s must answer que	stions 47–49b ar	nd 52, and	d complete the ta	46 bles f	or line	es
		Check if the organization used Sch	ledule O to respond	to any question	n this Pan	<u> </u>	<u> </u>	<u></u>	<del></del>
47	Did to year?	he organization engage in lobbying and the organization engage in lobbying and the organization of the org		section 501(h) elec			47	Yes	No
49a	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization?						48 49a		
50	If "Yes," was the related organization a section 527 organization?						49b truste nter "N	es an lone."	d key
	(a)	Name and title of each employee paid more than \$100,000			Estimate ther cor				
			<del></del>		_				
51	Com	number of other employees paid over plete this table for the organization's ,000 of compensation from the organ	s five highest compe	ensated independence, enter "None."	ent contra	ctors who each re	ceived	more	than
(a) Name and address of each independent contractor paid more than \$100,00			d more than \$100,000	(b) Type of	(c) Cor	(c) Compensation			
									<u> </u>
		number of other independent contra	•		. •				
	none	he organization complete Schedule A xempt charitable trusts must attach a	completed Schedul	e A	<del>. : . : .</del>	<b>.</b> ▶	] Yes		
Under pe	enalties rect, an	of perjury, I declare that I have examined this red complete. Declaration of preparer (other than	eturn, including accompant officer) is based on all info	ying schedules and statemation of which prepa	tements, and irer has any ki	to the best of my knowl nowledge	edge and	d belief,	rt is
Sign Here		Signature of officer  Shawn Gallant Board of Directors, (Acting President as of 5-1-13)  Type or print name and title  Print/Type preparer's name  Preparer's signature  Date					10		
							PTIN		
Paid Prepa		Print/Type preparer's name  Firm's name			Date	Check if self-employed			
Use C	nıy	19							
May the	e IRS	S discuss this return with the preparer shown above? See instructions							

990 EZ Short Form 2012 East Tennessee Masonry Association, Inc EIN: 71-1014801

Part I - #16

Insurance, Apprenticeship, Seminars, industry Sponsorships, and Golf Tournaments.

Part III #28-30

- 28. Apprenticeship Programs
- 29. Seminars and hands on programs for Contractors, Architects, and other industry such as High School vocational students, over 60 including students
- 30. Competition for students in training programs National Competition Events