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990-EZ

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)

2012

OMB No 1545-1150

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 950 (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

Department of the Treasury Internal Revenue Service

		00401	Fine organization may have to use a copy or this return to satisfy state reporting					- 12			
_		1	ar year, or tax year beginning MARCH 1 , 2012, and end	ing							
B Check if applicable			C Name of organization				D Employer identification number				
Address change			TENNESSEE ASSOCIATION OF FAIRS, INC	uto	£2-1202100 E Telephone number			 			
$\overline{}$	Initial retur	ne change Number and street (or P O box, if mail is not delivered to street address) Room/suite									
_	Terminated		123 CLARK MILL ROAD		<u> </u>		1-433-2268				
	Amended i	retum	City or town, state or country, and ZIP + 4		F Grou	•	•				
Ц.	Application	n pending	FAYETTEVILLE, TN 37334		.	nber 🕨					
		ing Method:	✓ Cash	Н			the organizati				
	Websit			1	•		ich Schedule f				
J T	ax-exem		eck only one) — ☐ 501(c)(3)				-EZ, or 990-PI				
	Check ▶		e organization is not a section 509(a)(3) supporting organization or a section 527 orga								
			A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcar	d) ma	ay be req	juired (s	ee instruction	s). But if			
	-		ses to file a return, be sure to file a complete return								
			b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total	asset	s (Part II,	_					
_		· · ·	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ	·		\$		128798			
Р	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see			ctions	for Part I)				
		Check if	the organization used Schedule O to respond to any question in this F	art I		<u> </u>	<u> </u>	<u>. </u>			
	1	Contribution	ons, gifts, grants, and similar amounts received			1		16605			
	2	Program se	ervice revenue including government fees and contracts			2		99127			
	3	Membersh	ip dues and assessments			3		12891			
	4	Investment	income			4		175			
	5a	Gross amo	unt from sale of assets other than inventory 5a								
	b	Less: cost	or other basis and sales expenses								
	С	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		•	5c					
	6	Gaming an	d fundraising events		;	82					
_	а	Gross inc	ome from gaming (attach Schedule G if greater than			14.00					
ž	1	\$15,000) .			·	1.53					
Revenue	b	Gross inco	me from fundraising events (not including \$of contrib	utio	ns'						
æ	1		aising events reported on line 1) (attach Schedule G if the			1.4.2.	-				
		sum of suc	th gross income and contributions exceeds \$15,000) 6b			***S**					
	С	Less: direc	t expenses from gaming and fundraising events 6c			* ***					
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and	d su	btract	- 5. C					
		line 6c) .				6d					
	7a	Gross sale	s of inventory, less returns and allowances			4.57	•				
	b	Less: cost	of goods sold								
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7с					
	8	Other reve	nue (describe in Schedule O)		<u>8</u> j						
a	9	Total reve	nue (describe in Schedule O)	.[. 🕨	9		128798			
?	10	Grants and	similar amounts paid (list in Schedule O)	. [4		10					
7	11	Benefits pa	aid to or for members	3.1 .		11					
ZS.	12	Salaries, of	ther compensation, and employee benefits APR 3.0 2013		12		7750				
AVEX ponses NV VV	13	Profession	al fees and other payments to independent contractors		13						
	14	Occupancy	y, rent, utilities, and maintenance L		14		824				
	15	Printing, po	nting, publications, postage, and shipping					4957			
2	16							118700			
, .	17	Total expe	. >	17		132231					
Net \$\section{\begin{align*}cmmodel} \text{Net & \text{Sisets} & \text{I} \end{align*}	18		enses. Add lines 10 through 16			18		-3433			
	19		or fund balances at beginning of year (from line 27, column (A)) (must	e with	100						
		end-of-yea	r figure reported on prior year's return)			19		53795			
	20	Other char	iges in net assets or fund balances (explain in Schedule O)			20					
Ž	21		or fund balances at end of year. Combine lines 18 through 20		. ▶	21		50362			
For			ion Act Notice, see the separate instructions. Cat No 1064	21			Form 990-E				

Pa	rt II Balance Sheets (see the instructions			David II		
	Check if the organization used Schedule	e O to respond to a	iny question in this	(A) Beginning of year	<u> </u>	(B) Enc of year
22	Cash, savings, and investments		<u> -</u>	53793		50362
23	Land and buildings		<u></u>	33783	23	50362
24	Other assets (describe in Schedule O)				24	
25	Total assets			53795	25	50362
26	Total liabilities (describe in Schedule O)		[26	
27	Net assets or fund balances (line 27 of column			53795	27	50362
Par	t III Statement of Program Service Accom			·		Expenses
	Check if the organization used Schedule	e O to respond to a	iny question in this	Part Id []		uired for section
	it is the organization's primary exempt purpose?					c)(3) and 501(c)(4) nizations and section
as n	cribe the organization's program service accompl neasured by expenses. In a clear and concise n ons benefited, and other relevant information for e	nanner, describe th	of its three largest posted by services provided	rogram services, , the number of	4947	(a)(1) trusts; optional thers)
28						
	(O	A				
29	(Grants \$) If this amount				28a	 -
29				•		,
	•					
	(Grants \$) If this amount	t includes foreian ar	ants, check here	🕨 🗍	29a	
30						<u> </u>
			ants, check here .		30a	l
31	Other program services (describe in Schedule O)					Ì
-00			ants, check here .		31a	
32					32	f D : 130
гаг	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule					
	Orieck if the organization used Schedule		(c) Reportable	(d) Health benefits.	` :`	<u></u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ benefit plans and defened compensation	0	Estimated amount of ther compensation
JAM	ES SPEARS	- President ,as				
<u>3755</u>	N. CAIRO BEND RD, LEBANON, TN 37087	required	1750		0	0
	Y PITCOCK	- Exec. Sec ,as		1	Ì	
	CLARK MILL ROAD, FAYETTEVILLE, TN 37334	required	5000		<u>이</u>	0
Volu	nteer Board Members			1		
		As required	0		<u>.</u>	0
					-	
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
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	Yes	No ./
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	50		
35a	change on Schedule O (see instructions)	34		✓
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b c	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, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c	,	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		1
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		✓
39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter:			
a b 40a	Initiation fees and capital contributions included on line 9			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	د کار د میکنده د سا	
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, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
41	List the states with which a copy of this return is filed ▶			
42a		931-43		8
b	Located at ► 123 Clark Mill Road, Fayetteville, TN 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)?	37: 42b	Yes	No
	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.			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
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		.	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	* 44a	Yes	No ✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	i (Start	1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		/
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1

		·····		<u> </u>	_		-	V-	
46	Did to	ne organization engage, directly or in ndidates for public office? If "Yes," o	ndirectly, in political complete Schedule C	ampaign activities , Part I	on behalf	of or in oppos	sition	Ye 46	s No
Part '		Section 501(c)(3) organizations			-		 .		
		All section 501(c)(3) organization 50 and 51	s must answer que	stions 47-49b ar	nd 52, and	d complete t	he tabl	es for li	nes
		Check if the organization used Sc	hedule O to respond	l to any question i	n this Par	t VI		<u> </u>	. 🗆
							_	Ye	s No
47		he organization engage in lobbying I If "Yes," complete Schedule C, Par		section 501(h) elec		-		47	
48		organization a school as described in			48				
49a	Did th	ne organization make any transfers t	o an exempt non-cha	ritable related orga	anızatıon?		. 4	49a	1
b		es," was the related organization a se						49b	
50	Comp	olete this table for the organization's oyees) who each received more than	s five highest compen	sated employees (other than	officers, dire	ctors, tr	ustees a	and key
	empi	byees) who each received more than	***************************************	Isadon from the or	 	ealth benefits,	ne, ente	er None	'.
	(a)	Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	tions to employed lans, and deferre empensation		mated am r compens	
							1		
				<u></u>					
					_				
				<u> </u>					
f 51	Comp	number of other employees paid ovo plete this table for the organization 000 of compensation from the orga	s five highest compe	ensated independe	ent contrac	tors who ead	_l ch recei	ved mo	re than
(a)	Name a	nd address of each independent contractor pa	id more than \$100,000	(b) Type of	service	•	(c) Compe	nsation	
					- ·				
							-		
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	.▶				
52		ne organization complete Schedule A kempt charitable trusts must attach a		· / · / ·	ons and 49	47(a)(1)	▶ □	Yes □	No
Under po	enalties	of perjury, I declare that I have examined this r	eturn, including accompany	ying schedules and state	ements, and t	to the best of my			
	<u> </u>	Coming Retroek	4.27.13						
Sign Here		Signature of officer							
nere	Emily Pitcock Executive Secretary Type or print mame and title								
Paid		Print/Type preparer's name	Preparer's signature	1 min	Date /	Check [/ if P	ΠN	
Prepa	arer	DAN L. HANCOCK CPA	4 m Maro	~ (VH)	4/17/1	3 self-emp		P00709	679
Use (Firm's name ► PUTMAN & HANCOC				Firm's EIN ▶	62	-14 <u>8523</u>	7
	-	Firm's address ▶ PO BOX 722, FAYETT	EVILLE, TN 37334			Phone no	931-	433-104	0
Mar H		discuss this return with the preparer						Vac 🗆	NI -

Supplemental Schedule Form 990 EZ Line 16 Other Expenses For the Year Ended February 28, 2013

<u>Description</u>		<u>Total</u>
Convention	\$	51,994
Merit Awards		42,501
Fairest of Fairs		3,449
Commerative Pins		2,024
Door Prizes & Entertainment		1,693
Accounting fees		1,000
Insurance		722
Dues		150
Reimbursements		15,147
Miscellaneous		20
Totals	<u>\$</u>	118,700