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50TH 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 private foundations)

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 5 C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 Gross income from gaming (attach Schedule G if greater than \$15,000) 6 C Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 C Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 C Gross sales of inventory, less returns and allowances 7 C Gross sprofit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C Gross sprofit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Total expenses (as an other payments to independent contractors 7 G Gross sales of inventory (Subtract line 7b from line 7a) 7 Total expenses of the same of th	A F	or the	2013 calenda	ar year, or tax year beginning	January1	, 2013,	and ending	Dec	ember	r 31 , 20	13		
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Po Box \$3271	Address change			East Tennessee Masonry Association Inc.					71 1014801				
Termonated   P	$\overline{}$		Number and street (or P O box, if mail is not delivered to street address)  Room/suite E Tele  P O Box 53271					E Telep	elephone number				
Anexpectation proteins   City or town, state or province, country, and zith or foreign postal code	=								86	5-246-3734			
Appetation pending   Minoxville, TN 37950   Number   Number   Clash   Accrual Other (specify)	一			City or town, state or province, country, a	nd ZIP or foreign postal code			F Grou	јр Ехе	mption			
Accounting Method:	=			Knoxville, TN 37950				Nun	nber 🕨	<b>&gt;</b>			
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X Form of organization	JТ	ax-exem	pt status (che	eck only one) — 501(c)(3) 501(c	) ( 6 ) ◀ (insert no ) ☐ 4	947(a)(1) oi	527	(Form 9	90, 990	0-EZ, or 990-PF)	)		
L Add lines 5b, 6c, and 7b, 1c line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ    Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)						_							
(Part II.   column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-E2.				<del></del>			more, or if to	otal assets					
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21 Net assets or fund balances at end of year. Combine lines 18 through 20	et	20		•	• •	-					0		
	_	21	Net assets	or fund balances at end of year.	Combine lines 18 throug	gh 20 .	<u> </u>	<u>.</u> •	21		29561		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2013)



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Form	990-EZ	(2013)

Page	2

E OIIII	990-12 (2010)					rage &
Pa	rt II Balance Sheets (see the instructions					
	Check if the organization used Schedule	e O to respond to ar	ny question in this			<u> </u>
		- <del></del>		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[	34466	22	29561
23	Land and buildings		[	0	23	0
24	Other assets (describe in Schedule O)		[	0	24	0
25	Total assets		[	34466	25	29561
26	Total liabilities (describe in Schedule O)		[		26	0
27	Net assets or fund balances (line 27 of column	n (B) must agree with	n line 21)	34466	27	29561
Par						Expenses
	Check if the organization used Schedule				(Req	uired for section
Wha	t is the organization's primary exempt purpose?	Support the masonry	industry through e	ducation		c)(3) and 501(c)(4)
as n	cribe the organization's program service accomplineasured by expenses. In a clear and concise nons benefited, and other relevant information for e	nanner, describe the			4947	nizations and section 7(a)(1) trusts, optional thers)
28	supported 6 masonry students in the program with r		materials	····	┢	1
	Provided students with masonry skill programs.				ł	1
	Provided Students With mason y Skill programs.					
	(Grants \$ ) If this amount	t includes foreign gra	ints check here	▶ □	28a	3905
29	<u> </u>					3909
25	supported industry related seminars				1	
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	(Grants \$ ) If this amount	t includes foreign gra	ints check here	▶ □	29a	1000
30					-	1000
•						
	(Grants \$ ) If this amount	t includes foreign gra	ents check here	▶ □	30a	
21	Other program services (describe in Schedule O)				300	<del> </del>
٥.		t includes foreign gra			31a	ļ
32	Total program service expenses (add lines 28a				32	4905
	t IV List of Officers, Directors, Trustees, and Ke					
· ai	Check if the organization used Schedule				113114	
	Check if the organization used concedit	1	(c) Reportable	(d) Health benefits,	<del>''</del>	<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISO (if not paid, enter -0-		0	Estimated amount of ther compensation
Shav	vn Gallant					
Pres	dent	5-6		o		
Bran	tley Rivers				Ţ	
Trea		2-3		ol		
Gord	on Heins					
Boar	d of Directors	2-3		o		
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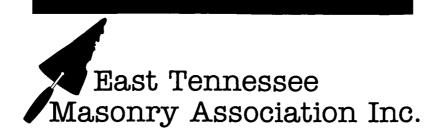
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	ne	<u></u>
ı aıt	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	mondono for that ty official mass organization according to the formation and any question mass organization		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			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the		1 1	
	change on Schedule O (see instructions)	34		✓
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)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✓
С	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	35c		1
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	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		<b>✓</b>
	If "Yes," complete Schedule L, Part II and enter the total amount involved	l		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Initiation fees and capital contributions included on line 9	ł		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			ļ
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? 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			- <u>`</u>
	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			
е	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 ▶ Tennessee			· •
42a	The organization's books are in care of ▶ Brantley Rivers Telephone no. ▶			
	Located at ▶ 771 Gallaher Road Kingston Tennessee ZIP + 4 ▶		763	
b	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)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ▶		1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		.	▶ 🗆
			Yes	No
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		1
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	—	1
C	Did the organization receive any payments for indoor tanning services during the year?	44c	-	✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an avalantion in Schodula O	00-		<b>-</b>
45 -	explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	+	<b>/</b>
45b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

orm 990-EZ	Z (2013)	<del></del>					_	Page 4
_							Yes	No
	d the organization engage, directly or in						ļ	ļ_,
	candidates for public office? If "Yes," of		, Part I		<u> </u>	46	<u> </u>	
Part VI	Section 501(c)(3) organizations	only	-1:- 47 401	1.50				
	All section 501(c)(3) organization	s must answer que	estions 47–49b ar	10 52, and	complete the	tables	or iin	es
	50 and 51.			note Bear	. //			
<u> </u>	Check if the organization used Scl	neaule O to respond	to any question i	n this Part	VI	<u></u>	14	. <u>       </u>
47 De	d the organization engage in lobbying	activities or have a	saction 501/b) aloc	tion in offe	et during the	tav [	Yes	No
yea	ar? If "Yes," complete Schedule C, Par	tll				47	<u> </u>	
<b>48</b> Is t	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
	d the organization make any transfers to			anization?		. 49a	ļ	
b If "	'Yes," was the related organization a se	ection 527 organization	on?			. 49b	1 -	
<b>50</b> Co	omplete this table for the organization's	five highest comper	sated employees (	other than	officers, directo	ors, truste	es ar	id key
em	nployees) who each received more than	\$100,000 of compe	nsation from the or			e, enter "l	None.	<u>,                                     </u>
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribut benefit pl	ealth benefits, lons to employee ans, and deferred mpensation	(e) Estimat other cor		
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f To	tal number of other employees paid ov	er \$100,000	. ▶		_			
	omplete this table for the organization			ent contrac	tors who each	received	l more	e thar
\$1	00,000 of compensation from the orga	anization. If there is n	one, enter "None."					
	(a) Name and business address of each independ	dent contractor	(b) Type of	service	(c)	Compensat	ion	
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d To	otal number of other independent contra	actors each receiving	Over \$100,000					
	d the organization complete Schedule				47(a)(1)			
	onexempt charitable trusts must attach					► □ Ye	s □	No
Under penal	tries of penury. I declare that I have examined this	return, including accompai	nving schedules and star	tements, and t	o the best of my kr			
true, correct	t, and complete Declaration of preparer (other tha	fromcer) is based on all in	which prepa	u er i i a e ariy Ki				
0:	Shaw Sallen				5-14.			
Sign	Signature of officer Date							
Here	Shawn Gallant , President							
	Type or print name and title	Drongerer's signature		Date	<del></del>	PTIN	-	
Paid	Print/Type preparer's name	Preparer's signature		DEG	Check L	ıf		
Prepare			<del> </del>	<u> </u>	self-emplo	امر		
Use On	y Firm's name ► Firm's EIN ►							

Firm's address 

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No



990 EZ Short Form 2013
East Tennessee Masonry Association, Inc
EIN: 71-1014801

Part I - #16

Apprenticeship, Seminars, industry Sponsorships, 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, Competition for students in training programs—National Competition Events....