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Form **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)

2016

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.

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Number and silvent (or PC) box, if mail is not delivered to street address) Room/vicule E Telephone number	_ ``		pplicable	C Name of organization				D Emplo	yer identificat	ion numbe	er	
Part	Address change			TENNESSEE ASSOCIATION OF FA	AIRS, INC				62-1202100			
Prat function/martal Association prioring Fare function makes or province, country, and 2iP or foreign postal code Fare function makes or province, country, and 2iP or foreign postal code Fare function makes or province, country, and 2iP or foreign postal code Fare function makes or func	닏	i	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite E Tele					none number			
Appreciation precing Port Province, country, and 28" of foreign postal code Number Port P	H	i		123 CLARK MILL RD		<u> </u>						
	┢		-	City or town, state or province, country,	and ZIP or foreign postal co	de		F Grou	oup Exemption			
Website:		;		FAYETTEVILLE, TN 37334				Num	umber 🕨			
Website: Value Tax-exempt status Check only one	G	Account	ting Method:	✓ Cash	pecify) ▶		н	Check •	If the or	ganization	ıs not	
Form of organization			-				_ _	equired	to attach Sch	iedule B		
Referred organization	J	Tax-exen	npt status (ch	eck only one) - 501(c)(3) 501(c) () ◀ (insert no)	4947(a)(1) or		Form 99	10, 990-EZ, or	990-PF)		
Add lines \$b, 6c, and 70 to 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									•			
Part I						\$200,000 or more,	or if total	assets				
Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received . 1 9,858 2 Program service revenue including government fees and contracts . 2 130,387 3 Membership dues and assessments . 3 9,570 4 Investment income . 4 221 5a Gross amount from sale of assets other than inventory . 5a									▶ \$		149836	
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	Ž	21		_	• •	•		· }			47.400	
	Fo						06401	. •				

Pa	rt II Balance Sheets (see the instructions	for Part II)				-
	Check if the organization used Schedule	e O to respond to a	ny question in this		<u></u>	
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			54,481		47,220
23	Land and buildings				23	
24 25	Other assets (describe in Schedule O)				24 25	47.40
26				54,481	26	47,420
27	Net assets or fund balances (line 27 of column		, , , , , , , , , , , , , , , , , , ,	54,481		47,420
	t III Statement of Program Service Accom	_ : :				77,420
	Check if the organization used Schedule	•		•		Expenses
Wha	t is the organization's primary exempt purpose?					uired for section c)(3) and 501(c)(4)
	cribe the organization's program service accompl				orga	nizations, optional for
	neasured by expenses. In a clear and concise n		e services provide	d, the number of	othe	rs)
	ons benefited, and other relevant information for e	ach program title.			-	1
28						
	(Grants \$) If this amount	t includes foreign gra	ants, check here .	▶ 🗍	28a	
29						
	(Grants \$) If this amount	t includes foreign gra	ants, check here .	▶ 🗆	29a	
30						
	(Grants \$) If this amount	t includes foreign are	nto chook horo		200	
31	Other program services (describe in Schedule O)	t includes foreign gra			30a	
٥.		t includes foreign gra			31a	
32	Total program service expenses (add lines 28a	through 31a)		· · · · >	32	
Par	t IV List of Officers, Directors, Trustees, and Ke	y Employees (list eacl	n one even if not com	pensated—see the ii	nstruc	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a	, - · _		<u> </u>	<u> </u>
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	benefit plans, and	0	ther compensation
	NDA DIEDOE WILLIAMS DESCREAT	· · · · · · · · · · · · · · · · · · ·	(if not paid, enter -0-)	deferred compensation	<u> </u>	
BKE	NDA PIERCE-WILLIAMS, PRESIDENT	-10	1.75			_
	Y PITCOCK- EXECUTIVE SECRETARY	10	1,75	J	<u> </u>	
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VOL	JNTEER BOARD MEMBERS		5,00		1	<u>`</u>
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Part	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	mistractions for Fair V) officer in the organization accurations and to any quotient in the		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 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)?	35a		1
L	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	-	\ <u> </u>
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	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	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	<u> </u>	✓
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	├	-
	If "Yes," complete Schedule L, Part II and enter the total amount involved	┥	ļ	
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9		İ	
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►	·		T
Ь	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: ► See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).		1	
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of 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		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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	451		
		45b	, !	√

Form 99	0-EZ (2	016)						F	eage 4		
46	Did t	he organization engage, directly or in						Yes	No		
Part \		Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	s only s must answer que	estions 47–49b and	d 52, and	complete th		or lin	es		
		Check if the organization used Sci	hedule O to respond	to any question in	this Part	<u>VI</u>	· · · ·	Yes	No		
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II						tax . 47	162	140		
48 49a		e organization a school as described in he organization make any transfers t		•		E	. 48 . 49a		-		
ь 50	If "Ye	f "Yes," was the related organization a section 527 organization?									
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	contracte contracte contracte		alth benefits, ons to employee ins, and deferred opensation		Estimated amount of their compensation			
					<u> </u> -			_	_		
					 						
f 51	Com	number of other employees paid ov plete this table for the organization, ,000 of compensation from the orga	s five highest comp	ensated independer	nt contract	ors who each	n received	more	than		
	(a)	Name and business address of each independ	dent contractor				(c) Compensation				
				-							
				-							
				-							
				-			<u>. </u>				
52	Did 1	number of other independent contra the organization complete Schedu pleted Schedule A	•			must attach	n a .▶∐ Yes		No		
Under pe true, corr	nalties ect, an	of perjury, I declare that I have examined this rd complete Declaration of preparer (other than	return, including accompan n officer) is based on all info	lying schedules and state ormation of which prepare	nents, and to r has any kno	the best of my kr wledge			ıt ıs		
Sign Here		Signature of stick Date Emily Pitcock Executive Secretary Type or print name and title									
Paid Prepa	arer	Print/Type preparer's name DAN L. HANCOCK, CPA	Preparer's signature	I CPM	Date /4/7	Check Self-employ	ــاســٰ	070967	79		
Use C	Only	Firm's name ➤ PUTMAN & HANCOC				Firm's EIN ▶	62-148	5237			

Firm's address ► PO BOX 722, FAYETTEVILLE, TN 37334

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

931-433-1040

► ✓ Yes □ No

Phone no