Form **990**

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77) ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For	the 2007 calen	dar year,	or tax year begin	ıning	, 200	7, and	ending]		<u>, , , , , , , , , , , , , , , , , , , </u>		
В	Check	k if applicable:		С						D Employ	er Identificatio	n Number	
	П	Address change	Please use IRS label			OF CRAFT A	ARTIS	TS		23-7	7309306	_	
	\prod_{N}	lame change	or print or type, See		DEN AVENUE					E Telepho	ne number		
		nitial return	specific	NASHVILLE,	TN 37212					615-	-385-19	04	
	Пт	ermination	Instruc- tions.							F Account	ting	Cash X	Accrual
	HA	Amended return									ner (specify)	· •	J
	\prod_{A}	Application pending	• Section	on 501(c)(3) orga	nizations and 49	47(a)(1) nonexem	pt	H and	are not applic			ations.	
	L	.,	charit	able trusts must	attach a comple	47(a)(1) nonexem ted Schedule A		H (a)	Is this a group	return for a	ffiliates?	Yes	X No
_			(Form	1 990 or 990-EZ).				H (b)	If 'Yes,' enter	number of at	filiates -		
G	Web	site: ► N/A						H (c)	Are all affiliat			Yes	No
J	Orga	anization type	_	ਓ	2 4				(If 'No,' attacl		•		
					3 ◄ (insert no.)			H (d)	Is this a sepa		-	\Box	X No
K						ng organization a s s not required, bu		1				Yes	A No
	orga	nization choos	es to file	a return, be sure	to file a complete	e return.	i ii tiie	M		,	umber ¹ ganization is 1		ıd
L	Gross	e receints: Add	lings 6h 8l	h 9h and 10h to	line 12 ► 337	289		141	to attach Sch				
	irt I					ssets or Fund	Balar	ices				<u></u>	
	*******				amounts received		Daiai	.000	1000 1110	111011101	10110.7		***************************************
	i		, , , ,	•		•• .	1a	J					
									50.	612.			
	1	•			•	,				9=0.			
						la)			32	562			
	e	Total (add lines	s S	83 17	74 noncash S	· u/· · · · · · · · · · · · · · · · · ·		•1		002.	1 e	83	174.
	2					contracts (from F					2		369.
	3	_									3		751.
	4	•									4		260.
	5		_								5		
	_							1				· · · · · · · · · · · · · · · · · · ·	
	~	b Less: rental expenses					6c						
_	7		-	•	►		, , , , , , , ,			<u> </u>	7		
#62#2P#						(A) Securities	Т		(B) Other				
Ě	8 a			es of assets othe			8 a						
ũ	h				enses		81:	+					
E .				e)			80						
		, , ,		•						CAMBOS	8 d		
						ount is from gam						······································	
			•										
								 					
						o from line 9a	1				9c		
						• • • • • • • • • • • • • • • • • • • •							
	С					line 10b from line 10a					0 c		
	11												735.
	12					and 11							289.
Ε	13					• • • • • • • • • • • • • • • • • • • •							563.
EXPENSES	14	•	-	•							- 	18,	480.
N	15											·····	
S E	16					• • • • • • • • • • • • • • • • • • • •							0.40
5	17											369,	
Ą	18	•	•	=		12							754.
N S	19					ne 73, column (A)						244,	
ASSETS	20					lanation)							947.
S	21	Net assets or	tund balaı	nces at end of ye	ear. Combine line	s 18, 19, and 20.			<u></u>	2	1	215,	2/9.

Page 2 Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instruct.)

E	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising			
221	a Grants paid from donor advised funds (attach sch) (cash \$	22a 22b							
23 24	Specific assistance to individuals (attach schedule)	23							
25:	(attach schedule)	24							
200	directors, key employees, etc. listed in Part V-A	25 a	0.	0.	0.	0.			
	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25 b	30,000:	27,000.	3,000.	0.			
	defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25 c	0.	0.	0.	0.			
26	Salaries and wages of employees not included on lines 25a, b, and c	26	69,336.	62,402.	6,934.				
27	Pension plan contributions not included on lines 25a, b, and c	27							
28	Employee benefits not included on lines 25a - 27	28							
29 30	Payroll taxes	29 30	8,191.	7,372.	819.				
31	Accounting fees	31 32	5,250:		5,250.				
32 33	Legal feesSupplies	33	5,989:	5,390.	599.				
34	Telephone		2,085:	1,877.	208.				
35	Postage and shipping	35	6,240.	5,928.	312.				
36	Occupancy	36	11,970:	10,773.		:			
37	Equipment rental and maintenance	37	1,606.	1,445.					
38	Printing and publications	38	21,666.	21,666.					
39 40	Travel Conferences, conventions, and meetings	39 40	6,232.	6,232.					
41	Interest	41							
42	Depreciation, depletion, etc (attach schedule)	42	2,481.	2,481.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
43	Other expenses not covered above (itemize): SEE STATEMENT 2	43 a	197,997.						
b		43 b							
C		43 c 43 d							
d		43 a 43 e							
e		43 e							
g		43 a							
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	369,043.	350,563.	18,480.	0.			
	Joint Costs. Check. ► if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ► Yes X No								
	f 'Yes,' enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services								
-	ndraising \$.		·	т	, and (iv) th	anovatou			

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves a	as the primary or sole source of information about a particular
organization. How the public perceives an organization in such cases may	be determined by the information presented on its return. Therefore
please make sure the return is complete and accurate and fully describes	, in Part III, the organization's programs and accomplishments.

noas	o mano salo tro rotam le	oompioto ana accarate ana i	, account of his and a second of his account of	1
What All or client zatio	is the organization's print ganizations must describes s served, publications issue ons and 4947(a)(1) nonex	nary exempt purpose?	EE STATEMENT 3 vements in a clear and concise manner. State the number of the action at the number of the state of the number of the state of the number of the state of the number of	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
а	THE ASSOCIATION TO BRING ARTIST	SPONSORS CRAFT FAI S AND CRAFTS PEOPLE	IRS, WORKSHOPS AND OTHER ACTIVITIES FROM AROUND THE STATE AND THE	
	NATION TOGETHER		INTEREST IN LOCAL ARTS.	
t-) If this amount includes foreign grants, check here •	350,563.
b				
) If this amount includes foreign grants, check here	
С				· ·
	***) If this amount includes foreign grants, check here	
d				
	(Grants and allocations	\$) If this amount includes foreign grants, check here ►	
е	, -	· · · · · · · · · · · · · · · · · · · ·		
	(Grants and allocations	\$ Evnences (should equal line) If this amount includes foreign grants, check here • 44, column (B), Program services)	► 350,563.
- 1	TOTAL OF FLOGRAM SERVICE	- LAPONSOS (SHOULD EQUAL INTO	7 +1, column (D), i rogiam scritteco).	,

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Note	: V	Where required, attached schedules and amounts within the description olumn should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing	13,111.	45	17,054.
	46	Savings and temporary cash investments	90,432.	46	92,847.
		Accounts receivable			
	b	Less: allowance for doubtful accounts	1,107.	47 c	
	48 a	Pledges receivable			
	b	Less: allowance for doubtful accounts		48 c	
İ	49	Grants receivable	20,618.	49	2,781.
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
۸	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
A S E T S	51 a	Other notes and loans receivable (attach schedule)			
Ś	b	Less: allowance for doubtful accounts		51 c	
		Inventories for sale or use		52	
		Prepaid expenses and deferred charges	10,489.	53	7,074.
		Investments – publicly-traded securities STMT . 4 ▶ Cost X FMV	85,000.	54a	86,631.
	b	Investments – other securities (attach sch) Cost FMV		54b	
	55 a	Investments – land, buildings, & equipment: basis. 55a			
	b	Less: accumulated depreciation (attach schedule)		55 c	
-	56	Investments – other (attach schedule)		56	.,
	57 a	Land, buildings, and equipment: basis			
ļ	b	Less: accumulated depreciation (attach schedule)	5,402.	57 c	19,921.
	58	Other assets, including program-related investments			
		(describe).	17,782.	58	
	59	Total assets (must equal line 74). Add lines 45 through 58	243,941.	59	226,308.
	60	Accounts payable and accrued expenses	-325.	60	5,835.
ĺ	61	Grants payable		61	
Ļ	62	Deferred revenue	180.	62	5,194.
B		Loans from officers, directors, trustees, and key employees (attach schedule)		63	
L		Tax-exempt bond liabilities (attach schedule)		64 a	
T I E S	b	Mortgages and other notes payable (attach schedule)		64 b	
Š		Other liabilities (describe).		65	
		Total liabilities. Add lines 60 through 65	-145.	66	11,029.
N	Orga	nizations that follow SFAS 117, check here ► X and complete lines 67			
P E		through 69 and lines 73 and 74.	200 000		005 000
		Unrestricted	220,630.	67	207,823.
ANSET-S		Temporarily restricted	23,456.	68	7,456.
š		Permanently restricted		69	
R	Orga	nizations that do not follow SFAS 117, check here ► and complete lines			
	70	70 through 74.		70	
ğ		Capital stock, trust principal, or current funds		70	
В	71 72	Paid-in or capital surplus, or land, building, and equipment fund		72	
ξĺ	72	-		12	
FUZD BALAZCES	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	244,086.	73	215,279.
ริ	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	243,941.	74	226,308.

P	art IV-A Reconciliation of Revenu instructions.)	e per Audited Financial	Statements wit	th Revenue per Retur	n (See the
	Total common saint and albert account with	ner audited financial stateme	.nto	a	321,054.
a	Total revenue, gains, and other support Amounts included on line a but not on F		ents	a	321,034.
b	1 Net unrealized gains on investments		b1	2,947.	
	2Donated services and use of facilities		 	2/51/-	
	3Recoveries of prior year grants				
	4Other (specify):		1 1		
			hal		
	Add lines b1 through b4			b	2,947.
С	Subtract line b from line a				318,107.
d	Amounts included on Part I, line 12, but				
-	1 Investment expenses not included on Pa		d1		
		·	1 1		
	ann amu c		امنا	19,182.	
	Add lines d1 and d2			d	19,182.
e	Total revenue (Part I, line 12). Add lines	s c and d		<u></u> <u>►</u> e	,
P	art IV-B Reconciliation of Expens	es per Audited Financia	al Statements w	ith Expenses per Ret	urn
а	Total expenses and losses per audited f	inancial statements		<u>a</u>	352,415.
b	Amounts included on line a but not on F		1 1		
	1 Donated services and use of facilities		*******		
	2Prior year adjustments reported on Part				
	3Losses reported on Part I, line 20				
	4Other (specify):				
			b4		
	Add lines b1 through b4				050 445
С	Subtract line b from line a			<u>c</u>	352,415.
d	Amounts included on Part I, line 17, but		1		s
	1 Investment expenses not included on Pa	art I, line 6b	d1		
				1.5.500	
	SEE STMT 7		d2		16 600
	Add lines d1 and d2				16,628.
е	Total expenses (Part I, line 17). Add line	es c and d		▶ e	
Pa	orkey employee at any time du	rs, Trustees, and Key En ring the year even if they wer	mployees (List e e not compensated	ach person who was an of .) <i>(See the instructions.)</i>	ficer, director, trustee,
		(B) Title and average hours per week devoted	(C) Compensatio (if not paid,	n (D) Contributions to employee benefit	(E) Expense account and other
	(A) Name and address	to position	enter -0-)	plans and deferred	allowances
				compensation plans	
SE	EE ATTACHED LISTING			0.	0.
		0			
			· · · · · · · · · · · · · · · · · · ·		
		·			
<u>-</u> –					
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Form **990** (2007)

Form 990 (2007) TENNESSEE ASSOCIATION	OF CRAFT ARTIS	STS	23-7309	306	P	age 6		
Part V-A Current Officers, Directors, Tru			d)		Yes	No		
75 a Enter the total number of officers, directors, and trustees p								
b Are any officers, directors, trustees, or key en listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throus identifies the individuals and explains the rela	nployees listed in Form nsated professional and ugh family or business i tionship(s)	990, Part V-A, or highed other independent correlationships? If 'Yes,' a	est compensated employ ntractors listed in Sched attach a statement that	yees lule 75 b		X		
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'								
d Does the organization have a written conflict of				75 d	X	A. (5)		
Part V-B Former Officers, Directors, Tru					1			
Benefits (If any former officer, direct during the year, list that person below the instructions.)	or, trustee, or key empland enter the amount of	loyee received compens f compensation or othe	sation or other benefits r benefits in the approp	(described oriate colun	below nn. See) e		
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	account	xpense and ot vances	her		
ANDREA HOLBROOK 1205-B LINDEN AVENUE NASHVILLE, TN 37212	0.	30,000.	0.			0.		

			v					
Part VI Other Information (See the insti	ructions.)				Yes	No		
76 Did the organization make a change in its acti	vities or methods of co	nducting activities?		70		v		
If 'Yes,' attach a detailed statement of each ch						X		
77 Were any changes made in the organizing or of If 'Yes,' attach a conformed copy of the change		ut not reported to the in				_^		
78a Did the organization have unrelated business		or more during the vea	ar covered by this return	n? 78 a	, garantas estares	Х		
b If 'Yes,' has it filed a tax return on Form 990-T					-			
79 Was there a liquidation, dissolution, termination	_							
year? If 'Yes,' attach a statement				79		X		
80 a Is the organization related (other than by asso membership, governing bodies, trustees, office	ciation with a statewide	e or nationwide organiza	ation) through common	80 a		X		
b If 'Yes.' enter the name of the organization	N/A							
81 a Enter direct and indirect political expenditures.	and ch	eck whether it is ex	kempt or nonexer	npt.				
b Did the organization file Form 1120-POL for th		`		81 b	engenesara pilo	Χ		

Form 990 (2007) TENNESSEE ASSOCIA	TION OF CR	AFT ARTISTS		23-7309	306 Page 8
Part VI Other Information (contin					Yes No
c At any time during the calendar year, of		on maintain an office	outside of the U	nited States?	91c X
If 'Yes,' enter the name of the foreign cou	ntry >				
92 Section 4947(a)(1) nonexempt charital	ole trusts filing Fo	orm 990 in lieu of Foi	<i>m 1041</i> – Check	here	
and enter the amount of tax-exempt in Part VII Analysis of Income-Produ				7 92	N/A
Fart VIII Allalysis of Income-Front		business income		ction 512, 513, or 514	10100000
Note: Enter gross amounts unless	(A)	(B)	(C)	(D)	(E) Related or exempt
otherwise indicated.	Business code	Amount	Exclusion code	Amount	function income
93 Program service revenue:					
a CRAFT FAIR			3	7,165.	
b JURY AND BOOTH FEES			3	205,204.	
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					30,751.
94 Membership dues and assessments.		. Management	1	6,260.	30,731.
95 Interest on savings & temporary cash invmnts96 Dividends & interest from securities.				0,200.	
97 Net rental income or (loss) from real estate: a debt-financed property	10				
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income		A. A			
			1		
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MARKETING		,	3	4,735.	
С	·				
d			,		
e					
Subtotal (add columns (B), (D), and (E))			10000	223,364.	30,751.
105 Total (add line 104, columns (B), (D)					254,115.
Note: Line 105 plus line 1e, Part I, should ed	qual the amount	on line 12, Part I.		20 11 1	/:\
Part VIII Relationship of Activities					
Line No. Explain how each activity for wh of the organization's exempt pur	ich income is rep	orted in column (E) o	of Part VII contri	buted importantly to the s).	e accomplishment
······································	COLLECTED 1	O PROMOTE THE	CRAFTS AN	D CRAFTS PEOPL	E OF
94 MEMBERSHIP DUES ARE (TENNESSEE.	COURCIED I	O INOPOLE III	CIUII ID III	D OTHER D PEOPLE	
TEMMESSEE:					

Part IX Information Regarding Ta	xable Subsid	iaries and Disrec	arded Entitie	s (See the instruct	tions.)
(A)	(B)	(0		(D)	(E)
Name, address, and EIN of corporation,	Percentage of	f Nature of	activities	Total	End-of-year
partnership, or disregarded entity	ownership inte	rest	activities	income	assets
N/A		%			
		%			
		용			<u></u>
	<u> </u>	8			
Part X Information Regarding Tr					
a Did the organization, during the year, receive any					
b Did the organization, during the year, p			n a personal ben	etit contract?	. Yes X No
Note: If 'Yes' to (b), file Form 8870 and I	orm 4/20 (see i	пьтисиопѕ).	<u> </u>	TEEA0108L 12/27/0	o7 Form 990 (2007)

Par	t XII Information Regarding Transfers To a organization is a controlling organization	nd From Controlled En	ntities. Complete only if the n 512(b)(13).	9.
				Yes No
106	Did the reporting organization make any transfers to 'Yes,' complete the schedule below for each controlle	a controlled entity as define	ed in section 512(b)(13) of the Co	de? If X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а				
b				
С				
	Totals			
		NOTE OF THE PROPERTY OF THE PR		Yes No
107	Did the reporting organization receive any transfers f 'Yes,' complete the schedule below for each controlled	rom a controlled entity as ded entity	efined in section 512(b)(13) of th	e Code? If X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а				
b				
С				
	Totals			
108	Did the organization have a binding written contract in annuities described in question 107 above?	n effect on August 17, 2006,	covering the interest, rents, roy	Yes No alties, and X
Pleas Sign Here	Under penalties of perury, I declare that I have examined this ret true, correct, and complete. Declaration of preparer (circle than of Signature of Mice) Signature of Mice) Type or print name and title.	Unn, including accompanying schedule ficer) is based on all information of w	Director	147008
Paid Pre- parer Use	Lyours if solf.	antera Date		reparer's SSN or PTIN (See end at Instruction ST 190
Only	address, and ZIP + 4 BRENTWOOD, TN 37027		Phone no. ► (61.	
ЗАА				Form 990 (2007)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2007

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Employer identification number Name of the organization 23-7309306 TENNESSEE ASSOCIATION OF CRAFT ARTISTS Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter 'None.') (d) Contributions to employee benefit plans and deferred (a) Name and address of each (b) Title and average (c) Compensation (e) Expense employee paid more than \$50,000 hours per week devoted to position account and other allowances compensation NONE Total number of other employees paid over \$50,000. Part II — A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services. Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving

over \$50,000 for other services

Sch	negule A (Form 990 or 990-EZ) 2007 TENNESSEE ASSOCIATION OF CRAFT ARTISTS 23-730930	6	F	age 2
Pa	rt III Statements About Activities (See instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)	i i		
	a Sale, exchange, or leasing of property?	2 a		X
	b Lending of money or other extension of credit?	2 b		Х
	c Furnishing of goods, services, or facilities?	2 c		Х
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d		Х
	e Transfer of any part of its income or assets?	2 e		Х
3	a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		Х
l	b Did the organization have a section 403(b) annuity plan for its employees?	3 b		Х
(c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3с		X
(d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3 d		X
4	a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a		Х
ı	b Did the organization make any taxable distributions under section 4966?	-4b	N	<u>/A</u>
(c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N,	/A
(d Enter the total number of donor advised funds owned at the end of the tax year			N/A

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year.....

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts.....

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. . . ▶

N/A

Page 3

Par	Tiv Reason for Non-Private Foundation Status (See Instructions.)									
cer	tify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)									
5	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).									
6	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)									
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).									
8	A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).									
9	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state									
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)									
11 a	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)									
11 b	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)									
12	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)									
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the									
	requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ► Type I Type III-Functionally Integrated Type III-Other									
	Provide the following information about the supported organizations. (See instructions.)									
•	(a) Name(s) of supported organization(s) (b) Employer identification number (EIN) Imployer identification organization (described in lines 5 through 12 above or IRC section) (c) Type of organization (described in lines 5 through 12 above or IRC section) (d) Is the supported organization listed in the supporting organization's governing documents? Yes No									
otal										
14	An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)									
AA	Schedule A (Form 990 or 990-EZ) 2007									

1	: You may use the worksheet in the					····
	ndar year (or fiscal year					(e)
begi	nning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	114,944.	118,222.	158,007.	98,613.	489,786.
	Membership fees received	20,840.	22,520.	22,648.	21,500.	87,508.
	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	195,859.	177,948.	183,712.	172,652.	730,171.
18	Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organzation after June 30, 1975.	6,730.	5,144.	2,450.	1,850.	16,174.
19	Net income from unrelated business activities not included in line 18					0.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					0.
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE . STMT . 8.	6,835.	7,846.	9,204.	5,152.	29,037.
23	Total of lines 15 through 22 :	345,208.	331,680.	376,021.	299,767.	1,352,676.
24	Line 23 minus line 17	149,349.	153,732.	192,309.	127,115.	622,505.
25	Enter 1% of line 23	3,452.	3,317.	3,760.	2,998.	10 450
t	Organizations described on lines Prepare a list for your records to show the supported organization) whose total gifts for return. Enter the total of all these excess a	name of and amount contr or 2003 through 2006 excee amounts	ded the amount shown in li	er than a governmental unit ne 26a. Do not file this lis	t with your	12,450.
	Total support for section 509(a)(1) test: Enter line 24,	column (e)	10	▶ 26c	622,505.
C	Add: Amounts from column (e) for	or lines: 18	16,174. 29,037.	19 26b	26d	45,211.
е	Public support (line 26c minus lin	e 26d total)			► 26e	······································
	Public support percentage (line 2					
27 a	Organizations described on line For amounts included in lines 15, name of, and total amounts recei such amounts for each year:	16, and 17 that were ved in each year from	n, each 'disqualified p	erson.' Do not file th i	is list with your retur	n. Enter the sum of
	(2006)					
	For any amount included in line 1 to show the name of, and amoun \$5,000. (Include in the list organiz After computing the difference be differences (the excess amounts)	tween the amount re-	ceived and the larger	amount described in	(1) or (2), enter the s	ium of these
	(2006)	(2005)	(2004)		_ (2003)	
c	Add: Amounts from column (e) fo	r lines: 15		16		
	17	20	d line 07h total	21	2/c	
a	Public support (line 27c total min	an line 27d total)	d line Z/b total		≥ 27a	
e f	Total support for section 509(a)(2)) test: Enter amount	from line 23. column	(e) ► 27f		F (68)
ď	(2006) Add: Amounts from column (e) fo 17 Add: Line 27a total Public support (line 27c total mini Total support percentage (line 2 Public support percentage (line 2 Pub	?7e (numerator) divid	ed by line 27f (denon	ninator))	► 27 a	8
h	Investment income percentage (I	ine 18, column (e) (nı	umerator) divided by	line 27f (denominato	or)) ▶ 27 h	8
	Unusual Grants: For an organizatist for your records to show, for enature of the grant. Do not file this	tion described in line	10, 11, or 12 that rec	eived any unusual gradate and amount of	ants during 2003 thro	ugh 2006, prepare a description of the

Page 5

Pa	To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	. 29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	. 30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	. 31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			B. V
	Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff?	. 32 a		13.43
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
	d Copies of all material used by the organization or on its behalf to solicit contributions?	. 32 d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
	a Students' rights or privileges?			
	b Admissions policies?	. 33 b		
	c Employment of faculty or administrative staff?	. 33 c		
1	d Scholarships or other financial assistance?	. 33 d		
	e Educational policies?	. 33 e		
•	f Use of facilities?	. 33f		
1	g Athletic programs?	. 33 g		<u> </u>
l	h Other extracurricular activities?	. 33 h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
		-		
34	a Does the organization receive any financial aid or assistance from a governmental agency?	. 34a		
ļ	b Has the organization's right to such aid ever been revoked or suspended?	. 34b		STATE OF THE PARTY
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation	. 35		

TENNESSEE ASSOCIATION OF CRAFT ARTIS 23-7309306 Schedule A (Form 990 or 990-EZ) 2007 Page 6 Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) N/A if the organization belongs to an affiliated group. if you checked 'a' and 'limited control' provisions apply. Check ► a Check ► b (a) Affiliated group **Limits on Lobbying Expenditures** To be completed totals for all electing (The term 'expenditures' means amounts paid or incurred.) organizations 36 Total lobbying expenditures to influence public opinion (grassroots lobbying)...... Total lobbying expenditures to influence a legislative body (direct lobbying)...... 37 Total lobbying expenditures (add lines 36 and 37)..... 38 38 Other exempt purpose expenditures..... 39 40 40 Total exempt purpose expenditures (add lines 38 and 39)...... 41 Lobbying nontaxable amount. Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is -Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 41 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000...... \$1,000,000....... 42 Grassroots nontaxable amount (enter 25% of line 41)..... 42 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36...... 43 44 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38...... Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4 -Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.) Lobbying Expenditures During 4 - Year Averaging Period Calendar year (a) (b) (c) (d) (e) (or fiscal year 2007 2006 2005 2004 Total beginning in) > Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)).. Total lobbying expenditures. Grassroots nontaxable amount. Grassroots ceiling amount (150% of line 48(e))... Grassroots lobbying expenditures (For reporting only by organizations that did not complete Part VI-A) (See instructions.) N/A

Part VI-B Lobbying Ac		

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h.).			
If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did	the reporting organization se Code (other than section	directly or i	indirectly engage in any of the followi	ing with any other organization describe ting to political organizations?	ed in secti	ion 50	1(c)
			to a noncharitable exempt organizati			Yes	No
	•	-	• =		51 a (i)		X
				, , , ,	a (ii)		Χ
٠,	er transactions:			•			
(i)	Sales or exchanges of ass	ets with a r	noncharitable exempt organization		b (i)		X
• • •			· -		b (ii)		Χ
					b (iii)		Х
(iv)	Reimbursement arrangeme	ents			b (iv)		X
(v)	Loans or loan guarantees.				b (v)		Х
(vi)	Performance of services of	r membersh	hip or fundraising solicitations		b (vi)		Χ
c Shar	ring of facilities, equipmen	t, mailing li	sts, other assets, or paid employees.		С		Χ
d If the the cany	e answer to any of the abo goods, other assets, or ser transaction or sharing arra	ve is 'Yes,' vices given ingement, s	' complete the following schedule. Co by the reporting organization. If the show in column (d) the value of the g	olumn (b) should always show the fair n organization received less than fair ma oods, other assets, or services received	narket val irket value d:	ue of in	
(a) Line no.	(b)		(c) noncharitable exempt organization	(d) Description of transfers, transactions, and			ts
N/2	Δ	······································				·,······	
14/1	7.1	***************************************					
 							
***************************************							,

						<u> </u>	
	e organization directly or in ribed in section 501(c) of t es,' complete the following	-	filiated with, or related to, one or mor ther than section 501(c)(3)) or in sec	re tax-exempt organizations stion 527?	► Ye	s X	No
	(a) Name of organization		(b) Type of organization	(c) Description of relation	ship		····
N/A	**************************************						
	<u></u>						
	• .						
 							
							
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2007

FEDERAL STATEMENTS

PAGE 1

CLIENT TACA

TENNESSEE ASSOCIATION OF CRAFT ARTISTS

23-7309306

6/30/08

03:09PM

STATEMENT 1 FORM 990, PART I, LINE 20 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

TOTAL \$ 2,947.

STATEMENT 2 FORM 990, PART II, LINE 43 OTHER EXPENSES

,	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	FUNDRAISING
ADVERTISING	34,942.	34,942.		
ARTIST FEES AWARDS	14,635. 11,542.	14,635.´ 11,542.`		
CONTRACT SERVICES	37,968.	37,968.		
FACILITIES EXPENSES INSURANCE	48,494. 10,594.	48,494. 10,594.		
MISCELLANEOUS	6,148.	6,148.		
SCHOLARSHIPS SCREENING AND JURY FEES	6,400. 7,101.	6,400.° 7,101.′		
SECURITY	17,600.	17,600/		
SPECIAL EVENTS	2,573. TOTAL \$ 197,997.	2,573: \$ 197,997.	\$ 0.	\$ 0.

STATEMENT 3 FORM 990 , PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROMOTE THE CRAFTS AND CRAFTS PEOPLE OF TENNESSEE.

STATEMENT 4 FORM 990, PART IV, LINE 54A INVESTMENTS - PUBLICLY TRADED SECURITIES

OTHER PUBLICLY TRADED SECURITIES			ATION 'HOD	 AMOUNT
		MARKET	VALUE	\$ 86,631.
·.			TOTAL	\$ 86,631.
P	UBLICLY TRAI	DED SEC	URITIES	\$ 86,631.

2007
CLIENT TACA
6/30/08
STATEMEN FORM 990,

FEDERAL STATEMENTS

PAGE 2

TENNESSEE ASSOCIATION OF CRAFT ARTISTS

23-7309306

03:09PM

STATEMENT 5
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	······································	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	TOTAL \$	38,621. 38,621.	\$ 18,700. \$ 18,700.	\$ 19,921. \$ 19,921.

STATEMENT 6 FORM 990, PART IV-A, LINE D(2) OTHER AMOUNTS

CHAPTER REVENUES	\$ 19,182.
TOTAL	\$ 19,182.

STATEMENT 7 FORM 990, PART IV-B, LINE D(2) OTHER AMOUNTS

CHAPTER EXPENSES	\$ 16,628.
TOTAL	\$ 16,628.

STATEMENT 8 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

MISCELLANEOUS \$ 6,835	. \$ 7,846.	\$ 9,204.	\$ 5,152.	\$ 29,037.
TOTAL \$ 6,835	\$ 7,846.	\$ 9,204.	\$ 5,152.	\$ 29,037.

6/30/2008 15:10

TN ASSOCIATION OF CRAFT ARTISTS

Federal ID #:

Asset Summary - Federal Tax Basis Period Ended 12/31/07 Company: CRA Page: 1

Num L	oc Property Description	Acquired	<u>T</u>	Method	Life	Cost/Basis	179 Exp/AFD	Add SDA	Prior Depr.	Current Depr.	Ending Depr.
Group #	I FURNITURE & FIXTURES										
1	1 FURNITURE & FIXTU	10/15/01	N	SL	5	6,047.97	0.00	0.00	6,047.97	0.00	6,047.97
Group#		G	roup # 1 To	tal	6,047.97	0.00	0.00	6,047.97	0.00	6,047.97	
1	1 COMPUTÉR SOFTWA		N	SL	3	269.00	0.00	0.00	269.00	0.00	269.00
2	1 COMPUTER PAGEMA 1 ADOBE PHOTOSHOP		N N	SL SL	3	523.00 600.00	0.00 0.00	0.00 0.00	523.00 600.00	0.00	523.00 600.00
4	1 PEACHTREE VR 7	08/01/99		SL	. 3	99.90	0.00	0.00	49.40	33.30	82.70
5 6	1 GIFTMAKER PRO SOF 1 WINDOWS SERVER 03	06/15/00 09/28/06	N N	SL SL	3	2,243.00 490.00	0.00	0.00 0.00	984.41 40.83	747.67 163.33	1,732.08 204.16
7	1 5 WORKSTATION LIC	09/28/06	N	SL	3	375.00	0.00	0.00	31.25	125.00	156.25
0 - 4	2 Managar Degion		Gı	roup # 2 Tot	tal	4,599.90	0.00	0.00	2,497.89	1,069.30	3,567.19
Group #	3 WEBSITE DESIGN										
1	1 WEBSITE DESIGN	12/20/05	N			17,000.00	0.00	0.00	0.00	0.00	0.00
			Gı	oup # 3 Tot	tal	17,000.00	0.00	0.00	0.00	0.00	0.00
Group # 4 EQUIPMENT											
1	1 COMPUTER EQUIPME		N	SL	3	6,736.22	0.00	0.00	6,736.22	0.00	6,736.22
2	1 EQUIPMENT 1 EPSON SCANNER	10/01/03 07/21/06	N N	SL SL	3	1,021.05 549.99	0.00 0.00	0.00 0.00	663,68 76,39	340.35 183.33	1,004.03 259.72
4	1 HP SERVER		N	SL	3	772.09	0.00	0.00	38.60	257.36	295.96
5	1 3 1G MEMORY CHIPS	09/28/06	N	SL	3	375.00	0.00	0.00	31,25	125.00	156.25
6	1 INTERNAL TAPE DRI	09/28/06	N	SL	3	700.00	0.00	0.00	58.33	233,33	291.66
7	1 APC UPS	09/28/06		SL	3	234.00	0.00	0.00	19.50	78.00	97.50
8	1 ACER 19" LCD MONIT		N	SL	3	195.00	0.00	0.00	16.25	65.00	81.25
9	1 2 HP 250 GB DRIVES	09/28/06	N	SL	3	390.00	0.00	0.00	32.50	130.00	162.50
		Group # 4 Total			al	10,973.35	0.00	0.00	7,672.72	1,412.37	9,085.09
				Grand Tot	al	38,621.22	0.00	0.00	16,218.58	2,481.67	18,700.25



Artist Gallery	Member Directory
Craft Fairs	Membership
Exhibitions	Education
Calendar	TACA Chapters
About Us	Resources
0,000,000	

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Site Map

TACA Staff

Ann Shaw, Executive Director

Hannah Cofer, Program Director

Katie Haile, Member Services & Marketing Director

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TACA, PO Box 120066, Nashville, TN 37212
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taca@tennesseecrafts.org

Governing Board

Officers and Members-at-Large are elected by the statewide membership to a two-year term. In addition, each active chapter elects two Chapter Representatives to serve on the TACA Governing Board.

President

Russell Harris, Nashville, TN

Vice-Presidents

Jim Hoobler, Nashville, TN Adele Seitzinger, Cookeville, TN Alfred Sharp, Woodbury, TN

Past President

Harry Hearne, Brasstown, NC

Secretary

William E. Mullins, Nashville, TN

Treasurer

Reneau Dubberley, Johnson City, TN

Members-at-Large (2007 & 2008)

Dale Baucum, Memphis, TN Tim Hintz, Smithville, TN Morganne Keel, Nashville, TN

Chapter Representatives

Craft Artists of Southern Tennessee (CAST) Jeanie Stephenson, Decherd, TN Linda Tripp, Tullahoma, TN

Cumberland Valley (CV-TACA) Martha Christian, Nashville, TN Ron Olson, Nashville, TN East Tennessee (E-TACA) (Currently Inactive)

Highland Rim Jeanne Brady, Smithville, TN Kimberly Winkle, Smithville, TN

Memphis Association of Craft Artists (MACA) Chris Dalrymple, Memphis, TN Pat Moody, Memphis, TN

State of Franklin Judith Clarkson, Limestone, TN Tim Roberts, Telford, TN

TACA West Lee Gaugh, Jackson, TN Carol McCrudden, Jackson, TN

[Edit][Versions][Attach]

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Fax 615-385-1909

Email Address

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