Department of the Treasury Internal Revenue Service

## 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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

07/01/12 06/30/13 2012
Open to Public Inspection

<u>A</u>	A For the 2012 calendar year, or tax year beginning $07/01/12$ , and ending $06/30/13$					
В	heck if applicable: C Name of organization			D Employ	yer identification number	
	Address change	dress change Sam Davis Memorial Association			•	
	Name change	nange Doing Business As		62-0534805		
$\Box$	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	one number	
님		1399 Sam Davis Road		615	5-459-2341	
	Terminated	erminated City, town or post office, state, and ZIP code				
	Amended return	Smyrna TN 37167		G Gross rece	eipts\$ 240,427	
П	Application pending	F Name and address of principal officer:				
ш		Madelyne Rush	H(a) Is this a group return for affiliates? Yes X No			
		1399 Sam Davis Road	H(b) Are all affiliates included? Yes No			
		Smyrna TN 37167	If "No," attach a list. (see instructions)			
<u></u>	Tax-exempt status:	X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527				
7	Website: 🕨 W	ww.samdavishome.org	H(c) Group ex	emption numb	er 🕨	
K	Form of organization:	X Corporation Trust Association Other ▶ L. Yea	r of formation: 1	930	м State of legal domicile: ТN	
Part I Summary						
	1 Briefly de	scribe the organization's mission or most significant activities:		***************************************		
ø		ervation of historic property				
ац						
ern						
Governance	2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.					
প্ত	3 Number	of voting members of the governing body (Part VI, line 1a)		ایا	14	
es		of independent voting members of the governing body (Part VI, line 1b)		4	14	
Activities &	5 Total nun	nber of individuals employed in calendar year 2012 (Part V, line 2a)		5	14	
Ċ	6 Total nun	nber of volunteers (estimate if necessary)			225	
_	7a Total unr	elated business revenue from Part VIII, column (C), line 12		_	0	
		ated business taxable income from Form 990-T, line 34		7b	0	
<u>a</u>	Prior		Prior Yea		Current Year	
	8 Contribut			6,244	86,812	
en	9 Program	service revenue (Part VIII, line 2g)	5	6,156	52,043	
Revenue	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		2	2	
_	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,012	82,803	
		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	168	8,414	221,660	
Expenses		nd similar amounts paid (Part IX, column (A), lines 1-3)	******		0	
		paid to or for members (Part IX, column (A), line 4)			0	
	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	109	9,256	102,542	
	16a Professio	inal fundraising fees (Part IX, column (A), line 11e)			0	
	<b>b</b> Total fund	draising expenses (Part IX, column (D), line 25) ▶ 0				
	I Culei exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	118	3,328	137,079	
	18 Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		7,584	239,621	
		less expenses. Subtract line 18 from line 12		9,170	-17,961	
Net Assets or	80 7 4 1	<del></del>	Beginning of Cur		End of Year	
	20 lotalass	ets (Part X, line 16)		4,294	1,256,063	
let /	21 lotalilab	ilities (Part X, line 26)		2,851	12,581	
F-5-2 F-5 T		ts or fund balances. Subtract line 21 from line 20	1,26.	1,443	1,243,482	
		gnature Block				
tr	inder penaities of j ue. correct. and co	perjury, I declare that I have examine Othis return, including accompanying schedules and statements complete. Declaration of preparer (other than officer) is based on all information of which preparer has	s, and to the be	est of my kno	owledge and belief, it is	
Sig	.n   🕽 🖫	ignature of officer		<u>    Z</u>	1-11-13	
He						
116	H H H	Preston Rowland Treasus	rer			
		preparer's name Preparer's signature	Data	1	DT;N	
Pai	1			Check	if PTIN	
	narer -	Tool D. Donker D.C.		/13 self-emp	ployed	
	e Only	Joel D. Parks, P.C. Fi 752 Jim Parker Dr		irm's EIN		
TO DEM PERSON OF THE PROPERTY				615 450 0040		
May the IRS discuss this return with the preparer shown above? (see instructions)				hone no.	615-459-8248	
For Paperwork Reduction Act Notice, see the separate instructions.						