# Extended to May 15, 2019

Form **990** 

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

732001 11-28-17

► Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	2017 calendar year, or tax year beginning J	JL 1, 2017 and	l ending J	UN 30, 2018		
В	Check if	C Name of organization			D Employer identifi	cation number	
ŧ	applicabl	×			. ,		
	Addre	Nashville in Harmony					
	Name chang	5			20-3	063200	
F	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone numbe		
F	Final	P O Box 159156	·	383-5760			
_	—return/ termin ated		G Gross receipts \$	106765.			
Г	Amend		zii oi ioloigii postal oodo		H(a) Is this a group re		
F	return Applic		nt Kimbro			? Yes X No	
_	Ition pendir				H(b) Are all subordinates in	····· — —	
	Ταν-ρν			or 527		list. (see instructions)	
		e: <b>www.</b> nashvilleinharmony		01 321	H(c) Group exemptio	` ,	
			sociation Other	I Voor		State of legal domicile: <b>TN</b>	
	art I	Summary	outdie United	<b>L</b> 1 cal	or iorination. ZOOJIN	A State of legal domicile. 11	
		Briefly describe the organization's mission or most	oignificant activities: IIcin	a mudi	a to build	community	
Se		and create social change.	significant activities. USIII	ig musi	C CO Dullu	Community	
Jan			Aires and the area continues are aliens		. the ac 0.50/ . of its mest as		
Governance		Check this box  if the organization discon				ssets.	
Ĝ		Number of voting members of the governing body (				9	
જ		Number of independent voting members of the gov				0	
Activities		Total number of individuals employed in calendar y					
⋛		Total number of volunteers (estimate if necessary)				150	
Ac		Total unrelated business revenue from Part VIII, col				0.	
	b	Net unrelated business taxable income from Form 9	990-T, line 34			0.	
Revenue					Prior Year	Current Year	
		Contributions and grants (Part VIII, line 1h)			48711.	69126.	
					71127.	33665.	
		nvestment income (Part VIII, column (A), lines 3, 4,		0.	0.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		1367.	2314.	
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		121205.	105105.	
		Grants and similar amounts paid (Part IX, column (A			0.	0.	
		Benefits paid to or for members (Part IX, column (A			0.		
es	15	Salaries, other compensation, employee benefits (F			0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		0.	0.	
ă	b	Total fundraising expenses (Part IX, column (D), line	25) 🕨	0.			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		126412.		
	18	Total expenses. Add lines 13-17 (must equal Part I)	K, column (A), line 25)		126412.	99319.	
	19	Revenue less expenses. Subtract line 18 from line	12		-5207.	5786.	
t Assets or				Ве	ginning of Current Year	End of Year	
set	20	Total assets (Part X, line 16)			12340.	18126.	
TAS PER	21	Total liabilities (Part X, line 26)			0.	0.	
ist ist ist ist ist ist ist ist ist ist		Net assets or fund balances. Subtract line 21 from	line 20		12340.	18126.	
P	art II	Signature Block					
Und	ler pena	lties of perjury, I declare that I have examined this return,	including accompanying schedul	es and statem	ents, and to the best of m	y knowledge and belief, it is	
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of w	hich preparer	has any knowledge.		
Sig	ın	Signature of officer			Date		
Hei	re						
		Type or print name and title					
		Print/Type preparer's name	Preparer's signature		Date Check	X PTIN	
Pai	d	Alice Crafts, CPA, LLC	Alice Crafts, C	PA, L1	2/16/18 self-employ	ed P00533370	
Pre	parer		A, LLC		Firm's EIN	20-3829763	
Use	Only	Firm's address P. O. Box 150329				<u> </u>	
_		Nashville, TN 372	215		Phone no.61	5-331-0500	
Ma	v the IF	RS discuss this return with the preparer shown abo			•	X Yes No	

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	Using music to build community and create social change.
	osing masic to barra community and create social change.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
	· · · · · · · · · · · · · · · · · · ·
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	Program accomplishments for the year included:
	riogram accomprisiments for the year included.
	Accepting an invitation to perform the National Anthem at the Music
	City Invitational Bowling Tournament.
	<u>,</u>
	Accepting an invitation from the composer of CODE BREAKER (James
	McCarthy) to send eight members to the UK to perform with his
	Hertfordshire Choir and London Orchestra Da Camera. The concert was
	held at St. Albans Cathedral in Europe.
	nera at bt. Arbans cathedral in Edrope.
	The Nashville in Harmony Youth Chorus, the Major Minors, had a premier
	performance in Winchester, TN. The Major Minors was also featured on
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Code:
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
70	(Code. ) (Expenses a minimum grants or a ) (nevertile a )
4d	Other program services (Describe in Schedule O.)
<del>-</del> u	
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ► 86815.

# Form 990 (2017) Nashville in Harmony Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

# Form 990 (2017) Nashville in Harmony Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>2</b> 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Х
00	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		20		х
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Λ
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		- 21
J <del>+</del>		34		Х
252	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	300		
<b>J</b> J	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

# Form 990 (2017) Nashville in Harmony Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
			_		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming				
	(gambling) winnings to prize winners?			1c		<u></u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		<u></u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		L	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	L	3b		<u></u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a				l
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	L	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		L	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne organization solic	cit			l
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	ions or gifts				l
	were not tax deductible?		<u>L</u>	6b		L
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the	payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required				l
	to file Form 8282?		<u>L</u>	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as require	d?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 109	)8-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		Х
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		🕒	9b		Х
10	Section 501(c)(7) organizations. Enter:	1 1				
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1 1				
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u> </u>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		F	40		
а	Is the organization licensed to issue qualified health plans in more than one state?		<u> </u>	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1401				
	organization is licensed to issue qualified health plans	13b	-+			
	Enter the amount of reserves on hand	13c	-+	-		v
				14a		X
<u>a</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	<del>- U</del>	<u></u> 1 7	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a		21
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	IOD		
	List the states with which a copy of this Form 990 is required to be filed ►TN			
17		ovoilob	مار	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection, Indicate how you made those available. Check all that apply	avallab	ii <del>C</del>	
	for public inspection. Indicate how you made these available. Check all that apply.    Our public inspection   Apothor's website   Y   Upon request   Othor (explain in Schodule O)			
40	Own website Another's website X Upon request Other (explain in Schedule O)	d <b>f</b> ir	امنما	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u tinan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Ron Tharp, Treasurer - 615-417-8690			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(40	Position		Reportable	Reportable	Estimated			
	hours per	box	(do not check more than one box, unless person is both an		h an	compensation	compensation	amount of		
	week		cer ar	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e)			ated		organization	(W-2/1099-MISC)	from the
	related	stee	fruste		e)	bens		(W-2/1099-MISC)		organization
	organizations	al tru	onal		ploye	com				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Judy Kibler	4.00	_	_		_	w				
President elect		Х						0.	0.	0.
(2) Jim Johnson	2.00									
Production/Mktg Director		Х						0.	0.	0.
(3) Carla Engle	12.00									
Development Director		Х						0.	0.	0.
(4) Don Schlosser	5.00									_
Artistic Director (ex-offi		Х						25521.	0.	0.
(5) Bridget Meadows	8.00									
President				Х				0.	0.	0.
(6) Brandon Brown	8.00									
Treasurer				Х				0.	0.	0.
(7) Kim Ewell	15.00							_	_	_
Secretary				Х				0.	0.	0.
(8) Lily Ferguson	8.00							_	_	_
Outreach director				Х				0.	0.	0.
(9) Shae Cowell	10.00								_	_
Major Minors Program Director	1000							0.	0.	0.
(10) Beth Thorneycroft	10.00							•	•	•
Membership Director								0.	0.	0.
										_
						<u> </u>				
	1	l	İ	i .	i	i	İ	1	1	

Form 990 (2017) Nashvill									20-30	632	200	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	, and	iH b	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per	box,	Position do not check more than one ox, unless person is both an compensation compensation			(E) Reportable compensation	1	(F) Estimate amount					
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer 6		Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS(		comp fro orga and	other pensa om the nizat relate nizatio	e ion ed
										+			
1b Sub-total c Total from continuation sheets to Part \								25521. 0.		0.			0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but							)O 10	25521.	000 of reportable	0.			0.
compensation from the organization	not inflitted to th	1000	note.	o u		3) WI			,000 or reportable				0
3 Did the organization list any former office	director or tr	ıctor	, ko	w on	nnlo	w.co	or	highest compensated o	mployoo on		'	Yes	No
line 1a? If "Yes," complete Schedule J for											3		Х
4 For any individual listed on line 1a, is the s	um of reportab	le co	mpe	ensa	tion	anc	otl	her compensation from	the organization				
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>											4		X
rendered to the organization? If "Yes," cor	•				•						5		Х
Section B. Independent Contractors													
Complete this table for your five highest c     the organization. Report compensation for										oensa	tion fr	om	
(A) Name and busines	s address	NC	ONE	3				(B) Description of s	ervices	Сс	(C) ompen		n
Total number of independent contractors     \$100,000 of compensation from the organ		ot lir	nite	d to		se lis	stec	d above) who received m	ore than				

Form 990 (2017) Nashville in Harmony
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
			·		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
ıts ıts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		13155.				
S, G		Fundraising events						
Sift lar		Related organizations						
imil	е	Government grants (contribut	ions) 1e	11880.				
rion	f	All other contributions, gifts, gran	ts, and					
the		similar amounts not included above	ve 1f	44091.				
d d	g	Noncash contributions included in lines	1a-1f: \$					
a C	h	Total. Add lines 1a-1f		<b>&gt;</b>	69126.			
				Business Code				
e e	2 a	Concert revenue	1	711130	33665.	33665.		
ه ک	b							
Program Service Revenue	С							
eve	d							
og R	е							
<u> </u>	f	All other program service reve	nue					
		Total. Add lines 2a-2f			33665.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)						
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)	•					
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	.,,	,				
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
ø)		Gross income from fundraising						
une		including \$	of					
Other Reven		contributions reported on line						
E E		Part IV, line 18	а					
ţ	b	Less: direct expenses						
0		Net income or (loss) from fund						
		Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances		3974.				
	b	Less: cost of goods sold						
		Net income or (loss) from sale			2314.			2314.
Ī		Miscellaneous Revenu		Business Code				
ļ	11 a							
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d						
		Total revenue. See instructions.			105105.	33665.	0.	2314.

# Form 990 (2017) Nashville in Harmony Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		•	<u> </u>	'
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				_
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	36083.	36083.		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	2000.	2000.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				_
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	250	250		
22	Depreciation, depletion, and amortization	358.	358.		
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Performance expenses	42507.	42507.		
h	Performance attire	4605.	4605.		
	Insurance	3159.	2003	3159.	
Ч	Credit card fees	2977.		2977.	
<u>م</u>	All other expenses	7630.	1262.	6368.	
25	Total functional expenses. Add lines 1 through 24e	99319.	86815.	12504.	0.
26	Joint costs. Complete this line only if the organization	22320	333236		<u>.</u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2017)

Part X Balance Sheet

		Check if Schedule O contains a response or not	te to an	/ line in this Part X			
				,	<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4915.	1	10326.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	1 4958(c	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec					
ş		employees' beneficiary organizations (see instr).	ete Part II of Sch L		6		
Assets	7	Notes and loans receivable, net			7		
ğ	8	Inventories for sale or use		6530.	8	7263.	
	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment: cost or other	i i				
		basis. Complete Part VI of Schedule D	10a	8315.			
	b	Less: accumulated depreciation		7778.	895.	10c	537.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		The state of the s		14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	12340.	16	18126.		
	17	Accounts payable and accrued expenses		17			
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and former	officers	s, directors, trustees,			
Liabilities		key employees, highest compensated employee					
iabi		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third p	oarties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	3 17-24)	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here 🕨 📖 and			
es		complete lines 27 through 29, and lines 33 an					
auc	27	Unrestricted net assets				27	
Bal	28	Temporarily restricted net assets				28	339.
pu	29					29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958	), check here ▶ X			
õ		and complete lines 30 through 34.			_		_
ets	30	Capital stock or trust principal, or current funds			0.	30	0.
Ass	31	Paid-in or capital surplus, or land, building, or ed			0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			12340.	32	17787.
~	33	Total net assets or fund balances			12340.	33	18126.
	34	Total liabilities and net assets/fund balances	<u></u>		12340.	34	18126.

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Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  10  11			
Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  10  11			
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1	5105.		
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  5 Net unrealized gains (losses) on investments  6 Donated services and use of facilities  6 Investment expenses  7 Prior period adjustments  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain in Schedule O)  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  10 1	9319.		
5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1	5786.		
6 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1	2340.		
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1			
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1			
9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  10 1			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  10 1	0		
Part XII Financial Statements and Reporting	8126.		
Check if Schedule O contains a response or note to any line in this Part XII			
	'es No		
1 Accounting method used to prepare the Form 990: X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	Х		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
separate basis, consolidated basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	Х		
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
consolidated basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
review, or compilation of its financial statements and selection of an independent accountant?			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
Act and OMB Circular A-133?	х		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b			

Form **990** (2017)

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Nashville in Harmony

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

			,	iii organizationo maot ot	ompioto tri	10 part.) 0t		
he	organ	ization is not a private found	ation because it is: (	For lines 1 through 12, o	check only	one box.)		
1		A church, convention of ch	urches, or association	on of churches described	d in <b>sectio</b>	n 170(b)(1	I)(A)(i).	
2		A school described in secti						
3		A hospital or a cooperative		•			ii).	
4		A medical research organiz	· · ·				•	the hospital's name.
		city, and state:		,				,
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local gov	vernment or governn	nental unit described in :	section 17	70(b)(1)(A)	(v).	
7		An organization that norma	-				` '	public described in
		section 170(b)(1)(A)(vi). (C	•				<b>3-</b>	
8		A community trust describe	•	1)(A)(vi) (Complete Par	t II )			
9	Ħ	An agricultural research org	` .		-	ed in coniu	inction with a land-grant	college
•		or university or a non-land-g				-	-	-
		university:	grant conege or agno	altare (see motractions).	Littor trio	riarrio, orij	,, and state of the coneg	0 01
10	X	An organization that norma	Ily receives: (1) more	than 33 1/3% of its sur	nort from	contributi	one membership fees a	nd gross receipts from
10		activities related to its exen						
		income and unrelated busin	•	•				•
		See section 509(a)(2). (Cor		(less section 511 tax) in	om busine	sses acqu	illed by the organization	arter durie 30, 1973.
11		An organization organized a	. ,	ivaly to toot for public or	foty Coo	aastian E(	)(/a)/4)	
	H	-	•	•	-			nurnages of one or
12	ш	An organization organized a more publicly supported or	•	· · · ·	-		•	
			•	` ' ' '		,	` ' ' '	Meck the box in
_		lines 12a through 12d that	• •			-	<del>_</del>	, air in a
а		☐ Type I. A supporting organization  The supported organization	· · · · · · · · · · · · · · · · · · ·		•	•		-
		the supported organization			а ппајопцу (	or the dire	ctors or trustees or trie s	supporting
		organization. You must o	•		1:			
b			•					-
		control or management o			ame perso	ons that co	ontrol or manage the sup	ропеа
		organization(s). You mus	•					
С								ea witn,
	. —	its supported organization		•	•		•	( )
d		⊥ Type III non-functionally	•					
		that is not functionally int	-	- ·	•		•	iveness
		requirement (see instruct	•	•	•			
е		☐ Check this box if the orga					a Type I, Type II, Type III	
		functionally integrated, or		nally integrated support	ing organiz	zation.		
f		er the number of supported of						
g	Prov	vide the following information (i) Name of supported	n about the supporte (ii) EIN	ed organization(s).  (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(11) 2.114	(described on lines 1-10	in your governi	ng document?	support (see instructions)	` '
				above (see instructions))	Yes	No	/	,
						<u></u>		
		·						

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4.						
		(-) 0010	(1-) 0014	(-) 001E	(-I) 001C	(-) 0017	(f) Tatal
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4  Gross income from interest,						
8	•						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3)	
	organization, check this box and stor	here					<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (	line 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2017. If the o	-					
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies						
b	33 1/3% support test - 2016. If the o	organization did no	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶□
17a	10% -facts-and-circumstances tes	_					
	and if the organization meets the "fac			-	· ·	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the		•		• •		
	organization meets the "facts-and-circ						. 🗀
18	Private foundation. If the organization	in did not check a	pox on line 13 16	na 160 1/a or 17	n check this box	and see instruction	ns 🗩 l

Schedule A (Form 990 or 990-EZ) 2017

## Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		,				
Cale	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	50620.	74508.	44914.	48711.	69126.	<u> 287879.</u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	111783.	55631.	47209.	73861.	37639.	326123.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	162403.	130139.	92123.	122572.	106765.	614002.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						614002.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	162403.	130139.	92123.	122572.	106765.	614002.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	30.		118.			148.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	30.		118.			148.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	162433.	130139.	92241.	122572.	106765.	614150.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
_							<b>&gt;</b>
	ction C. Computation of Publ	• • •				Г	
15	Public support percentage for 2017 (I			olumn (f))		15	99.98 %
<u>16</u>						16	99.96 %
_	ction D. Computation of Inves			10 1 (0)			02 %
	Investment income percentage for 20					17	.02 % .04 %
18	Investment income percentage from 2					18   1/3% and line 1	
198	a 33 1/3% support tests - 2017. If the						N 37
L	more than 33 1/3%, check this box at 33 1/3% support tests - 2016. If the	=					
ı.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization			•		-	

### Part IV

### **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) nurnoses
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
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	3a		
	3b		
	3с		
	00		
	4a		
	4b		
	4c		
	5a		
	ou		
	5b		
	5c		
	6		
	7		
	•		
	8		
	9a		
	9b		
	00		
	9c		
	10a		
	10b		
າ 9	90 or 99	90-EZ)	2017

		Yes	No
Has the organization accepted a gift or contribution from any of the following persons?			
A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
below, the governing body of a supported organization?	11a		
A family member of a person described in (a) above?	11b		
A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
ction B. Type I Supporting Organizations			
		Yes	No
Did the directors, trustees, or membership of one or more supported organizations have the power to			
regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
controlled the organization's activities. If the organization had more than one supported organization,			
describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
Did the organization operate for the benefit of any supported organization other than the supported			
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
supervised, or controlled the supporting organization.	2		
ction C. Type II Supporting Organizations			
		Yes	No
Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
or management of the supporting organization was vested in the same persons that controlled or managed			
the supported organization(s).	1		
ction D. All Type III Supporting Organizations			
		Yes	No
Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	2		
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	s).		
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	istructions		
		Yes	No
	0-		
·	2a		
reasons for the organization's position that its supported organization(s) would have engaged in these	01-		
activities but for the organization's involvement.	2b		
Parent of Supported Organizations. Answer (a) and (b) below.	20		
Parent of Supported Organizations. <b>Answer (a) and (b) below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
Parent of Supported Organizations. Answer (a) and (b) below.	3a		
	below, the governing body of a supported organization?  A family member of a person described in (a) above?  A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above?  BY 18 yes a person described in (a) or (b) above?  BY 18 yes a person described in (a) or (b) above?  BY 18 yes a person described in (a) or (b) above?  BY 18 yes a person described in (a) or (b) above?  BY 28 yes a person described in (a) or (b) above?  BY 29 I Supporting Organizations  Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year?  BY 18 yes a person described organization is activities.  BY 29 I BY	below, the governing body of a supported organization?  A family member of a person described in (a) above?  A 36% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  11e.  11e.  11e.  11d.  139	Lelow, the governing body of a supported organization?   A family member of a person described in (a) above?   11b   1

Sche	edule A (Form 990 or 990-EZ) 2017 Nashville in Harmony			20-3063200 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

emergency temporary reduction (see instructions)

Pa	rrt V Type III Non-Functionally Integrated	l 509(a)(3) Supporting Or	ganizations (continued)	10 3003200 rage /
Sect	tion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish	sh exempt purposes		
2	Amounts paid to perform activity that directly furthers e	exempt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt pu	urposes of supported organizati	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required	ed)		
6	Other distributions (describe in Part VI). See instruction	ns.		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh	hich the organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reaso	on-		
	able cause required- explain in Part VI). See instructions	ns.		
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
c	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i_	Carryover from 2012 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result grea	eater		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3	3h		
	and 4b from line 1. For result greater than zero, explain	in		
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
<u> </u>	Excess from 2015			
d	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017 Nashville in Harmony	20-3063200 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, Ii Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for ar (See instructions.)	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V,

# Schedule E

or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**Employer identification number** 

2017

20-3063200 Nashville in Harmony Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1, Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

# Nashville in Harmony

20-3063200

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addi	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Metro Government  1 Public Square  Nashville, TN 37201	\$11880.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

## Nashville in Harmony

20-3063200

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _ _	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _ _	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	

**Employer identification number** Name of organization Nashville in Harmony 20-3063200

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.)

\$\frac{1}{2}\$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. fŕom (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. fŕom (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

=	Nashville in Harmon		20-3063200
Paı	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
Paı	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Paı	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pul	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$

**b** Assets included in Form 990, Part X

Schedule D (Form 990) 2017

537

7778

8315.

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.	<del>-</del>			<u> 63200 Page</u>
Complete if the organization answered "Yes" ( (a) Description of security or category (including name of security)	on Form 990, Part IV, (b) Book value		Part X, line 12. aluation: Cost or end-of-ye	ar market value
(1) Financial derivatives	(5) 20011 14140	(6)	<u></u>	<u></u>
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end-of-ye	ar market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11d. See Form 990,	Part X, line 15.	
(a) [	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	e 15.)		<b></b>	
Complete if the organization answered "Yes" of	on Form 990, Part IV,		n 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

## **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Nashville in Harmony

Employer identification number 20-3063200

Form 990, Part III, Line 4a, Program Service Accomplishments:
Nashville Public Television's Arts Break.
Performing a live holiday special on WSMV's Nashville Today show.
Performing at Leadership Nashville's Diversity Day Dinner at
Congregation Micah.
Performing with "Violins of Hope" at Congregation Micah.
In addition to performing at events, Nashville in Harmony members
provided volunteer support and outreach for Nashville Cares phone bank,
Nashville Cares Gala, Nashville Aids Walk, Nashville Christmas Parade,
Bianca Paige Celebration Day, Pride Festival, and Room in the Inn.
Form 990, Part VI, Section A, line 6:
Chorus members pay non-refundable dues in an amount and at times set up by
the Board of Directors, except that the Board of Directors shall have the
power to establish reasonable written policies to permit waivers.
Form 990, Part VI, Section A, line 7a:
The Nominating Committee shall prepare a slate and interview all nominees
for all elected positions. Nominations may come from either the
Nominating Committee or Chorus Members. Once all interviews have been
conducted, the Nominating Committee prepares a slate consisting of its
nominees and any additional nominees presented by Chorus Members. Nominees  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

Employer identification number 20-3063200

Nashville in Harmony

are elected based on a majority vote by the members (present at this rehearsal). If no candidate receives a majority, candidates are elected by a plurality of the votes cast by the members present at the election rehearsal.

Form 990, Part VI, Section B, line 11b:

Copies of the annual 990 return are distributed to the Board of Directors prior to filing.

Form 990, Part VI, Section B, Line 12c:

Periodic reviews are undertaken to insure the organization operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status. Each director, principal officer and members of all committees with governing board-delegated powers shall periodically sign a statement, which affirms such person:

- Has received a copy of the conflicts of interest policy,
- 2. Has read and understands the policy,
- Has agreed to comply with the policy, and
- 4. Understands that Nashville in Harmony is charitable and in order to

  maintain its federal tax exemption it must engage primarily in activities

  that accomplish one or more of its tax-exempt purposes.

Form 990, Part VI, Section C, Line 19:

Copies of governing documents, financial statements, and other policies are available to the public upon request.

Name of the organization  Nashville in Harmony	Employer identification number 20-3063200				
Form 990, Part IX, Line 11g, Other Fees:					
Accompanist:					
Program service expenses	5235.				
Management and general expenses	0.				
Fundraising expenses	0.				
Total expenses	E22E				
Music Director:					
Program service expenses	25521.				
Management and general expenses	0.				
Fundraising expenses	0.				
Total expenses	25521.				
-					
Youth Choir Accompanist:					
Program service expenses	2925.				
Management and general expenses	0.				
Fundraising expenses	0.				
Total expenses	2925.				
Yough Chorus-supplies, travel, attire:					
Program service expenses	2252.				
Management and general expenses	0.				
Fundraising expenses	0.				
Total expenses	2252.				
Outreach musicians:					
Program service expenses	150.				
Management and general expenses	0.				
732212 09-07-17	Schedule O (Form 990 or 990-EZ) (2017)				

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization  Nashville in Harmony	Employer identification number 20-3063200
Fundraising expenses	0.
Total expenses	150.
Total Other Fees on Form 990, Part IX, line 11g, Col A	36083.
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Form 990 Page 10 990

	o lage it		1		-				1	ì				1	<del>                                     </del>
Asset No.	Description	Date Acquired	Method	Life	Conv	₋ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Program Services														
1	Risers	08/16/10	200DB	5.00	ну1	.7	5699.				5699.	5699.		0.	5699.
2	Technology	06/20/15	200DB	5.00	MQ1	.7	2616.				2616.	1721.		358.	2079.
	* 990 Page 10 Total Program Services						8315.				8315.	7420.		358.	7778.
	* Grand Total 990 Page 10 Depr						8315.				8315.	7420.		358.	7778.