

November 15, 2017

Nashville Rowing Club 73 White Bridge Road, #103-311 Nashville, TN 37205

Nashville Rowing Club:

Enclosed is the organization's 2016 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Kraft & Company, PLLC

IRS e-file Signature Authorization for an Exempt Organization

		0.9	•••		
or calandar year 2016, or fiscal year beginning	JUL 1	. 2016, and ending	JUN	30	.2017

OMB No. 1545-1878

	not send to the IRS. Keep for your records.		
Information about For	m 8879-EO and its instructions is at www.irs	s.aov/form8879eo.	
			identification number
ing Club		62-1	290275
		,	
Return and Return Info	rmation (Whole Dollars Only)	······································	
ia, below, and the amount on t	hat line for the return being filed with this form	was blank,	m. If you check the box ine 1b, 2b, 3b, 4b, or 5b, Do not complete more
► Tatel manager	es if any (Farm 000, Best VIII), eshame (A), line 1	O) 46	437,625.
ion and Signature Auth	orization of Officer		
Institution account indicated i stitution to debit the entry to the an 2 business days prior to the ic payment of taxes to receive a personal identification numbe	in the tax preparation software . ayment of this account. To revok. hayment, a must contain a payment (settlement) of the last authorize the confidential information and to answer in	the organization's feder act the U.S. Treasury Fi e financial institutions i nquiries and resolve iss	ral taxes owed on this nancial Agent at nvolved in the ues related to the
box only			
AFT & COMPANY,	PLLC	to enter m	y PIN 37205
	ERO ti. "me		Enter five numbers, b do not enter all zeros
h a state agency(ies) re 💎 👊	ele unically filed return. If I have indicat		
the return's disclosu consen	nt treen.		
	I as my signature on the organization's tax um is being filed with a state agency(ies) regu		forementioned ERO to y filed return. If I have
he organization, I will ter my this return that a copy o nter my PIN on the return's disc	I as my signature on the organization's tax um is being filed with a state agency(ies) regulations of the consent screen.	ulating charities as part	forementioned ERO to y filed return. If I have of the IRS Fed/State
he organization, I will ter my this return that a copy o nter my PIN on the return's disc	If I as my signature on the organization's tax um is being filed with a state agency(ies) regulation of the closure consent screen. Date	ulating charities as part	forementioned ERO to y filed return. If I have of the IRS Fed/State
he organization, I will ter my this return that a copy c nter my PIN on the return's disc	I as my signature on the organization's tax um is being filed with a state agency(ies) regulations regulated the consent screen. Date	ulating charities as part	forementioned ERO to y filed return. If I have of the IRS Fed/State
the organization, I will fer my this return that a copy conter my PIN on the return's disc	I as my signature on the organization's tax um is being filed with a state agency(ies) regulations closure consent screen. Date Intification N. 62217	ulating charities as part	forementioned ERO to y filed return. If I have of the IRS Fed/State
the organization, I will fer my this return that a copy conter my PIN on the return's discrete my PIN on the return's discrete my PIN on the return's discrete my PIN and Authentication or six-digit electronic filing ider your five-digit self-selected PIN meric entry is my PIN, which is	I as my signature on the organization's tax um is being filed with a state agency(ies) regulations closure consent screen. Date Intification N. 62217	937221 ter all zeros turn for the organization	forementioned ERO to y filed return. If I have of the IRS Fed/State
	in for which you are using this is, below, and the amount on the lank (do not enter -0-). But, if you be in the lank (do not enter -0-). But, if you be in the lank (do not enter -0-). But, if you be in the lank (do not enter -0-). But, if you be in the lank (do not enter -0-). But, if you be in the lank (do not enter -0-). But, if you be in the lank (do not enter -0-). But, if you be in the lank (do not enter -0-). It is the lank (do not enter -0-). But, if you be lectronic for each (do not enter -0-). But, if you be lectronic funds withdrawal. It is the lank (do not enter -0-). But, if you be lectronic funds withdrawal. It is the lank (do not enter -0-). But, if you be lectronic funds withdrawal. It is the lank (do not enter -0-). But, if you be lectronic funds withdrawal. It is the lank (do not enter -0-). But, if you be lectronic funds withdrawal. It is the lank (do not enter -0-). But, if you be lectronic funds withdrawal. It is the lank (do not enter -0-). But, if you be lectronic funds withdrawal. It is the lank (do not enter -0-). But, if you be	Return and Return Information (Whole Dollars Only) Im for which you are using this Form 8879-EO and enter the applicable amount is, below, and the amount on that line for the return being filed with this form lank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the lank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the lank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the lank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the lank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the lank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the lank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the lank (do not enter -0-). But, if you entered -0- on the return (Form 990-EZ, line 9) b Total revenue, if any (Form 990, Part VIII, column (A), line 1 b Total revenue, if any (Form 990-EZ, line 9) b	Return and Return Information (Whole Dollars Only) In for which you are using this Form 8879-EO and enter the applicable amount, if any, from the turbia, below, and the amount on that line for the return being filed with this form was blank, ' ! lank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. X

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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A F</u>	or the	2016 calendar year, or tax year beginning JUL 1, 2016 and en	nding J	UN 30, 201	<u>/</u>
В	hock if pplicable	C Name of organization		D Employer identi	fication number
Г	Addre	Nashville Rowing Club			
$\overline{}$	Name			62-	1290275
	Initial		oom/suite	E Telephone numb	er
F	Final	73 White Bridge Road, #103-311		617	-901-8165
	termin ated			G Gross roceipts	437,625.
	Amone			H(a) Is this a gr	return
〒	Application			for s	Yes X No</td
	pondir	same as C above		H(b) Are " sbordinates	
11	ax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		a list. (see instructions)
		e: ▶ nashvillerowing.org			ion number
		organization; X Corporation Trust Association Other	L Year o		M State of legal domicile; TN
	rt I	Summary			
	1	Briefly describe the organization's mission or most significant activities: Coachi	ing p	rograms for	juniors
ဦ		and adults in THE surrounding community with	th en	richment p	rograms
Ē		Check this box 🕨 🔲 if the organization discontinued its operations or disposed			
Σ	3	Number of voting members of the governing body (Part VI, line 1a)			9
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		L L	9
2		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			
iţį		Total number of volunteers (estimate if necessary)		6	25
Activities & Governance	7 a			7:	a 0.
₹		Net unrelated business taxable income from Form 990-T, line 34		7	ь 0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	[64,868	108,942.
Revenue	9	Program service revenue (Part VIII, line 2g)		277,160	324,189.
eve.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d		823	. 0.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1 , and 11e,		7,818	4,494.
		Total revenue - add lines 8 through 11 (must equal Par - II, c _umn - 1), line 12)		350,669	437,625.
		Grants and similar amounts paid (Part IX, column (A' line. "		0	0.
		Benefits paid to or for members (Part IX, column (A), 4)		0	. 0.
8	15	Salaries, other compensation, employee benefits (Part IX, 'mn (A), lines 5-10)		105,936	103,482.
130	16a	Professional fundraising fees (Part IX, colum '4), line 11e'		0	0.
Expenses	ь	Total fundraising expenses (Part IX, column (D _J , 25)	0		
Ð	17	Other expenses (Part IX, column (A), lir .a.11d,	🗀	250,732	316,223.
	18	Total expenses. Add lines 13-17 (mus rqual Pa. X, column (A), line 25)		356,668	419,705.
	19	Revenue less expenses. Subtract line from lir 12		-5,999	17,920.
ances			Вес	inning of Current Year	
SSE	20	Total assets (Part X, line 16)		289,569	
Net Asset Fund Bala	21	Total liabilities (Part X, line 26)		17,813	
33	22_	Net assets or fund balances. Subtract line 21 from line 20		271,756	289,387.
	rt II	Signature Block			
	•	lties of perjury, I declare that I have examined this return, including accompanying schedules an			ny knowledge and belief, it is
true,	COLLEC	t, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer I	nas any knowledge.	
		Classius of allian		l	
Sigr	1	Signature of officer		Date	
Hen	Ð	WILL WEAVER, PRESIDENT			
		Type or print name and title	- 16	ato Lace	T PTIN
	1	Print/Type preparer's name Preparer's signature Pr	pned by J. Mich.	il il	
Paid		5 · · · · · · · · · · · · · · · · · · ·	********	ocros: sell-empl	loyed P00641279 62-1002003
Prep		Firm's name Kraft & Company, PLLC		Firm's EIN	02-1002003
Use	Uniy	Firm's address 114 29th Avenue South		Dhase == //	615) 244-2001
M	Ab - 15	Nashville, TN 37212		Prione no. \	615) 244-3991

Form 990 (2016)

Form 990 (2016) Nashville Rowing Club
Part IV Checklist of Required Schedules

			V	Ma
	to the association described in continue 501/5/20 or 4047/5/40 (athors there a private foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	x	
_	If "Yes," complete Schedule A	2	X	
2	Did the organization required to complete Schedule B, Schedule or Communiors: Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3		3		х
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
4		4		x
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	H-	_	
5		5		x
_	similar amounts as defined in Revenue Procedure 98-19? # "Yes," complete Schedule C, Part ##	<u> </u>	 	 -
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete ' Part I	6		x
-	Did the organization receive or hold a conservation easement, including easements to preserve open space	┝┷╴		
7		7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		-	
8	·	8	i '	x
_	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability and a cut. Jdian for	۳-	<u> </u>	
9	·	İ		l
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or · ot negoti on services?	9		x
40	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily icte	┝╼	-	
10		10	1	x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	- '''		
11				
_	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Pr X, line 10? If "Yes," complete Schedule D,	11a	x	l
	Part VI Did the organization report an amount for investments - other securities in an the 12 that is 5% or more of its total	I Ia		
D	· · · · · · · · · · · · · · · · · · ·	116		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part Did the organization report an amount for investments - program related u. + X, line 13 that is 5% or more of its total	 		
Ç	and an add Dady for 400 and	11c		x
	assets reported in Part X, tine 167 if "Yes," complete Schedule D. Did the organization report an amount for other assets in Part Y line hat is 5% or more of its total assets reported in	'''		 -
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities ir	11e	х	
_	Did the organization's separate or consolidated financial state. The fax year include a footnote that addresses	1		
f	the organization's liability for uncertain tax positions unc. "N 45, 740)? If "Yes," complete Schedule D, Part X	11f		x
40-	- · · · · · · · · · · · · · · · · · · ·	- ' ''		
128	Did the organization obtain separate, independent audited fin. (a) statements for the tax year? If "Yes," complete	12a		x
_	Schedule D, Parts XI and XII	12.0	_	
D	Was the organization included in consolidated, inou, rien' udited financial statements for the tax year?	12b		<u>x</u> _
12	If "Yes," and if the organization answered " Sine 12c then completing Schedule D, Parts XI and XII is optional list the organization a school described in Stion 17c 1(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the organization maintain an office, et 'nyees, agents outside of the United States?	14a		X
	Did the organization have aggregate revenue. Penses of more than \$10,000 from grantmaking, fundraising, business.			 -
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	• • •	14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
13		15		x_
16	foreign organization? # "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u> </u>		<u></u>
10	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	 	i	 -
10	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? # "Yes,"	<u> </u>		
	complete Schedule G. Part III	19		х
	WHITHER UNICOME V. FRILIII			

T CL	Cite Circulat of Frequence Continued)		Yes	
	Diddle and the second	20a	105	No X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20b	<u> </u>	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200	\vdash	┢
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	-		-
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	 	<u> </u>
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			х
	Schedule J	23	┝	₽
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 at "the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and c	1	ŀ	v
	Schedule K. If "No", go to line 25a	24a	-	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		⊢
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the larger transfer any tax-exempt bonds?	24c		
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in a excess by effit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		x
	Is the organization aware that it engaged in an excess benefit transaction with a disqualif werso. prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 9° or 990-6° if "Yes," complete	1		
		25b		x
ne	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or , to any current or	200	\vdash	
26	former officers, directors, trustees, key employees, highest compensated emp" ees, or disqualified persons? # "Yes."	1		
		26		x
07	complete Schedule L, Part II	20	-	
27	Did the organization provide a grant or other assistance to an officer, dire or, one, key employee, substantial contributor or employee thereof, a grant selection committee member. To a 35% or	1		
	· · · · · · · · · · · · · · · · · · ·	27		X
00	of any of these persons? If "Yes," complete Schedule L, Part III		-	
28	Was the organization a party to a business transaction with one of interpretations (see Schedule L, Part IV			1
_	instructions for applicable filing thresholds, conditions, and exception.	28a	•]	X
a	A current or former officer, director, trustee, or key employee of "Y"s, " cu	28b		X
b	A family member of a current or former officer, director, tn '-9, r .ey e 'ployee? If "Yes," complete Schedule L, Part IV	200		-
C	An entity of which a current or former officer, director, tristee, "ey ployee (or a family member thereof) was an officer,	00-		x
	director, trustee, or direct or indirect owner? If "Yes," co. 49 Sc. Jule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash butions? If "Yes," complete Schedule M	_29_		<u> </u>
30	Did the organization receive contributions of art "torical tre-sures, or other similar assets, or qualified conservation	00		x
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, orlive an ase operations?			x
	If "Yes," complete Schedule N, Part I	31	_	┢
32	Did the organization sell, exchange, dispc of, or tr sfer more than 25% of its net assets? If "Yes," complete			х
	Schedule N, Part II	32	_	-
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	_	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
250	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	338		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		İ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
J		36		х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	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?	3,	-	
J 0	Note, All Form 990 filers are required to complete Schedule O	38	X	1
	THE PARTY OF THE P			

Form 990 (2016)
Nashville Rowing Club
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				\Box
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	\neg			
•	(gambling) winnings to prize winners?	. L	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Γ			
	filed for the calendar year ending with or within the year covered by this return 2a	3			j
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	L	2b	Х	
-	Note, If the sum of tines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		<u> </u>
Ь		[3ь		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial acrumn)	L	4a		X
ь	If "Yes," enter the name of the foreign country:	_ [
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accou. (FBAR).	⁻			1
5a	and an all the second s	L	5a		X
Ь	and a second of the second of	L	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	L	5c		
6a	tigaling and the state of the s		1		
	any contributions that were not tax deductible as charitable contributions?	L	6a		X_
b	If "Yes," did the organization include with every solicitation an express statement that sch contractions or gifts	1			
	were not tax deductible?	. L	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 17' .).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution 1 partly for goods and services provided to the payo	ır? 📙	7a		X
ь	If "Yes," did the organization notify the donor of the value of the goods or av. arovided?		7b		<u> </u>
C	makes a second of the second o				
	to file Form 8282?	. _	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_			
0	Did the organization receive any funds, directly or indirectly, to (9) p. iums on a personal benefit contract?	_	7e		
f	Did the organization, during the year, pay premiums, directly undirectly, a personal benefit contract?	_	7f		<u> </u>
9	If the organization received a contribution of qualified intel "val sper" did the organization file Form 8899 as required?	L	7g	_	<u> </u>
h	If the organization received a contribution of cars, boats airp. • or her vehicles, did the organization file a Form 1098-C	? -	7h		<u> </u>
8	Sponsoring organizations maintaining donor adviseo . 4, L donor advised fund maintained by the				
	sponsoring organization have excess business holdings at a., re during the year?		8		<u> </u>
9	Sponsoring organizations maintaining donor · ˈ ised funda				
8	Did the sponsoring organization make any taxable . "huti a under section 4966?		9a		
b	Did the sponsoring organization make a dirton to tor, donor advisor, or related person?	 _	8b		├
10	Section 501(c)(7) organizations. Enter:	- 1		. *	1
a	Initiation fees and capital contributions included on first VIII, line 12	—			1
b	Gross receipts, included on Form 990, Part v. 12, for public use of club facilities 10b	_	7.		1
11	Section 501(c)(12) organizations. Enter:				
а					l
Ь	· · · · · · · · · · · · · · · · · · ·	- 1			ŀ
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	- }-	12a		├ ─
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ŀ	_		├
8	Is the organization licensed to issue qualified health plans in more than one state?	F	<u>13a</u>		₩
	Note. 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				
	organization is licensed to issue qualified health plans	\dashv			1
	Enter the amount of reserves on hand	\dashv	-		₩
	Did the organization receive any payments for indoor tanning services during the tax year?	⊢	14a		<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	000	(0046)

Form 990 (2016)

Nashville Rowing Club

62-1290275

Pag

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.

	to me da, ab, or rob below, describe the circumstances, proceeded, or circumstances, proceded			X
	Check if Schedule O contains a response or note to any line in this Part VI			(A)
<u>Sec</u>	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 year1a9		. "	
	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.			
ь	Enter the number of voting members included in line 1a, above, who are independent1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			l
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct super on			
	of officers, directors, or trustees, or key employees to a management company or other person?	_3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	5_		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoil.			
74		7a	х	
	Are any governance decisions of the organization reserved to (or subject to approval by) mem' s, stock. ders, or			
D		7b	х	
_	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken y the , , , the following:	<u> </u>		
8			X	
8	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who c			₩
	organization's mailing address? If "Yes," provide the names and addresses in ' nedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not red by the Internal Revenue Code.)			
		_	Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures govern. "he activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the or mpt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 99° to ambers of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the orge Lation to receive this Form 990.			
12a	Did the organization have a written conflict of interest polir If " >, " g 'o line 13	12a	X	<u> </u>
ь	Were officers, directors, or trustees, and key employees required to c. he ar ally interests that could give rise to conflicts?	12b	X_	<u></u>
C	Did the organization regularly and consistently monitor a. nforc. Impliance with the policy? If "Yes," describe	i		
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblows alicy?	13		X
14	Did the organization have a written document reter. and struction policy?	14	X	
15	Did the process for determining compense' the fong persons include a review and approval by independent			
	persons, comparability data, and contem raneous bstantiation of the deliberation and decision?			
а	The organization's CEO, Executive Directuar top remainder official	15a	Х	
-	Other officers or key employees of the organ.	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
40-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
108		16a		х
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b	ľ	
<u></u>	exempt status with respect to such arrangements?	100	-	<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None	-aile L'		
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) and 990-T (Section 501(c)(3)s only) are	/allable	3	
	for public inspection, Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinanc	aī	
	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:			
	The Organization - 617-901-8165			
	73 WHITE BRIDGE ROAD SUITE 103-311, NASHVILLE, TN 37205			

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-orm	250	(2016)

Nashville Rowing Club

62-1290275

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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 tru. e of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

rensated employees;

X Check this box if neither the organiz (A)	(B)				C)			(D)	i (E)	(F)
Name and Title	Average	(do	not d	hock i	more	than	ono	Reportable	Reportable	Estimated
	hours per week	offi	, unta: cor an	a per	rocto	is bot sut/x	toe)	compene frc	npensation from related	amount of other
	(list any	ğ						] "it.	organizations	compensation
	hours for	a die	_			8	ŀ	organize .	(W-2/1099-MISC)	from the
	related	stee	Jeste			S		(√99·Mi5∪,		organization
	organizations below	uzd Est	Part of		ğ	8 2				and related organizations
	line)	ndividual frustee or director	nstriutional trustee	Officer	Key employee	Highest compensated employers	Famer			organizations
(1) NEG MAZZONE	2.00	-		٥	Ť	<del>                                     </del>	-	<del>-</del>		
DIRECTOR		x				ł		0.	0.	0
(2) HENRY TROST	2.00					+		1		
DIRECTOR		x				ı	l	0.	0.	0.
(3) JAMIE KYNE	2.00				Ī	. —				
DIRECTOR		X	L'		ı	ı	_	0.	0.	0
(4) CHRISTI GRANT	2.00		<b>-</b>			1	۱ ٔ			
DIRECTOR		X			L.			0.	0.	0.
(5) EMY NOEL	2.00	! (	1			! -				
DIRECTOR		X,	۱ ۱	- '	_	辶	_	. 0.	0.	0.
(6) WILL WEAVER	2.00	,	۱ ۱	. 1	Ì			_		_
PRESIDENT		ļ,	. !	X		_	_	0.	0.	0.
(7) DIETMAR KUTTELWASCHER	2.00	Ι'					l			
VICE PRESIDENT	<del></del>	Ιį	Щ	X		L	<u> </u>	0.	0.	0.
(8) MAGGIE DAVIDSON	2.00	. 1							ا م	_
SECRETARY		Н		X		-		0.	0.	0.
(9) HIKE ALLES TREASURER	2.00			x				0.	0.	^
TREASURER		Н	$\dashv$	♣	_	-	_	U •	V•	0.
		Н	-			Н	-			-
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		П	$\Box$	$\neg$						
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		$\sqcup$		_	_				<u></u>	
			I	ı						

Section A. Officers, Directors, Trus	tees, Ney Em	DIOA:	ees,	anu	I rus	gnes	it Ç	empensated Employee	s (continuea)	T
(A)	(B) Average			(C Posi	C) ition	,		(D)	(E)	(F)
Name and title	hours per		not c	hock i	more	than (		Reportable compensation	Reportable compensation	Estimated amount of
	week	Offic		dadi				from	from related	other
	(list any hours for	director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	18	ustee		ĺ	ensate		(W-2/1099-MISC)	(	organization
	organizations below		i post tr		e de	dwoo ;				and related organizations
	line)	Individual Inustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
<del></del>		H	<u> </u>	Н	<u> </u>	┢	_			
									•	
		H					$\vdash$			
	<u> </u>	$\vdash$	-	Н		$\vdash$	_			
		Ц			_					<u> </u>
						. '	'			
		П				.				
1b Sub-total		Щ		!	'	<b>'</b> _		0.	0.	0.
c Total from continuation sheets to Part VII	, Section A				•••••	••		0.	0.	0.
d Total (add lines 1b and 1c)				<u></u>		ليب		0.	0.	0.
Total number of individuals (including but no compensation from the organization	ot limited to the	os⁄	<i>s</i> te	dr b	юv. _.	, h	0 160	ceived more than \$100,	000 of reportable	0
compensation from the organization.		•			• •					Yes No
3 Did the organization list any former officer,		<b>~</b> q	, ke	, 1	plo	yee,	or h	ighest compensated en	nployee on	
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su										3 X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150								er compensation from t or such individual		4 X
5 Did any person listed on line 1a receive or		•	•					d organization or individ		
rendered to the organization? // "Yes." cx Section B. Independent Contractors	olete Sc. tule	J fc	r su	ch p	erso	on .				5 X
Complete this table for your five highest cor	ed ind.	eper	nden	ıt co	ntra	ctor	s th	at received more than \$	100,000 of compensa	tion from
the organization. Report compensation for t	<u>he calendar ye</u>	ar e	ndin	g wi	th o	r wit	hin '		ear.	
(A) Name and business	address	NC	NE	!				(B) Description of s	ervices C	(C) Compensation
							_			
							4			
							-			
	·						$\top$			
		-					$\dagger$			
							+			
2 Total number of independent contractors (in	cluding but as	• F	it cal	to 41	hoa:	o liet	<u></u>	shough who received	than	
\$100,000 of compensation from the organiz		ve an u			0		<del>5</del> U 8		ing asan	- 000

Form 990 (2016)

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue <u>1a</u> Federated campaigns Grants 34,294 Membership dues 1b c Fundraising events ..... 10 d Related organizations 10 Government grants (contributions) 1e Contributions, All other contributions, gifts, grants, and 74.648 similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 108,942. h Total. Add lines 1a-1f . Business Code 230,046. 230,046. 2 a COACHING PROGRAMS 900099 Program Service ر. 781 <del>، 60</del> **PROGRAM EVENTS & FEES** 900099 60,781. c UNIFORMS 900099 33,362. 33,362. d f All other program service revenue 324,189 g Total. Add lines 2a-2f_ Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ..... (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses ....... c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) C assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). ( ) Part IV, line 18 b Less: direct expenses ..... c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses ..... c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER REVENUE 900099 4,494. 4,494. d All other revenue 4,494. Total. Add lines 11a-11d Total revenue. See instructions. 437,625. 328,683. 0.

Form 990 (2016) Nashville Rowing Club
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
_	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundralsing expenses
1	Grants and other assistance to domestic organizations				
	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			<del></del> +	
5	Compensation of current officers, directors,			1	
	trustees, and key employees			<del>-</del>	
6	Compensation not included above, to disqualified		ĺ	, s	
	persons (as defined under section 4958(f)(1)) and		Į.	·	
_	persons described in section 4958(c)(3)(B)	96,313.	73,623.	22,690.	
7	Other salaries and wages	30,313.	73,043.		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)		<del></del> -		
9	Other employee benefits	7,169.	5,484.	1,685.	
10	Payroli taxes	7,1034			
11	Fees for services (non-employees):				
a	Management	133.		133.	
b b	Legal	10,160.		10,160.	<del> </del>
d	Lebbying				
	Professional fundraising services. See Part IV, line 17	<del></del> -			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	I			
9	column (A) amount, tist line 11g expenses on Sch O.)	3,905.	3,905.		
12	Advertising and promotion	3,90 <u>5.</u> 34,0 <u>56</u> .	34,05 <u>6</u> .		
13	Office expenses	2,556.1		2,556.	
14	Information technology	6,745.	675.	6,070.	
15	Royalties				
16	Occupancy	20,507.	5,947.	14,560.	
17	Travel	9 <u>5,153.</u>	95,153.		
18	Payments of travel or entertainment expen .				
	for any federal, state, or local public offici ;				
19	Conferences, conventions, and meetings		<del></del>		
20	Interest	437.		437.	
21	Payments to affiliates	46.005	46 005		
22	Depreciation, depletion, and amortization	46,985.	46,985.	11 (70	
23	Insurance	11,679.		11,679.	<del> </del>
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 O.)				
а	COACHING EXPENSE	68,523.	53,559.	14,964.	
ь	LOSS ON DISPOSITION OF	5,660.	5,660.		
c	BANK FEES	3,328.		3,328.	
d	LICENSE & PREMITS	2,357.	1,125.	1,232.	
0	All other expenses	4,039.	2,284.	1,755.	
25	Total functional expenses. Add lines 1 through 24e	419,705.	328,456.	91,249.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			1	
	Check here if following SQP 98-2 (ASC 958-720)				

62-1290275 Page 11 Nashville Rowing Club Form 990 (2016)
Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 28,237. 38,471. 1 Cash - non-interest-bearing 7,001. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 12,209. 3,959. 4 Accounts receivable, net

	5	Loans and other receivables from current and fo					in the second second
		trustees, key employees, and highest compensa	ted emplo	yees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	lied person	s (as defined under	Ì		<b>1</b> ,
		section 4958(f)(1)), persons described in section	4958(c)(3)	(B), and contributing	•	į	
		employers and sponsoring organizations of sect	ion 501(c)(	9) voluntary			,
89		employees' beneficiary organizations (see instr).	Complete	Part II of Sch L		6_	
Assets	7	Notes and loans receivable, net				7	
A S	8	Inventories for sale or use		•		8_	
	9	Prepaid expenses and deferred charges			4,396.	9	
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	396,256.			
	ь	Less: accumulated depreciation	10b	135,080.	245,976.	10c	<u>261,176.</u>
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			289,569.	16	311,857.
	17	Accounts payable and accrued expenses			16,553.	17	<u> 17,767.</u>
	18	Grants payable				18	
	19	Deferred revenue			1,260.	19	1,260.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV	Schadule		21	
10	21 22	Escrow or custodial account liability. Complete I Loans and other payables to current and former				21	<u> </u>
ties		Loans and other payables to current and former	offir 1. d	tore trustees.		_21	ger in the grade
bilities		Loans and other payables to current and former key employees, highest compensated employee	offir 1. d is and .	tors trustees, talif persons.		21	gar the grant
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee Complete Part II of Schedule L	offir 1. d	tore trustees,			
Liabilities	22 23	Loans and other payables to current and former key employees, highest compensated employee Complete Part II of Schedule L Secured mortgages and notes payable to unrele	offir 1. d s and c 	tors *rustees, valif . persons.		22_	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employees Complete Part II of Schedule L.  Secured mortgages and notes payable to unrele Unsecured notes and loans payable to un.	offir 3, dos and controls  tted this d third part	tors *rustees,  valif . persons.  *rties		22 23	
Liabilities	22 23 24	Loans and other payables to current and former key employees, highest compensated employees Complete Part II of Schedule L  Secured mortgages and notes payable to unrelative Unsecured notes and loans payable to unrelative Other liabilities (including federal income tax,	offir 3. d as and uted this d third part	tors *rustees.  valif . persons.  *rties  elated third		22 23	
Liabilities	22 23 24	Loans and other payables to current and former key employees, highest compensated employees Complete Part II of Schedule L.  Secured mortgages and notes payable to unrele Unsecured notes and loans payable to un text Other liabilities (including federal income tax, parties, and other liabilities not including to the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the liabilities of the	offir 3. d as and c uted this d third part able or 3. 4). Co	tors *rustees,  valif . persons.  *rties  les  elated third  complete Part X of	0.	22 23	3,443.
Liabilities	22 23 24	Loans and other payables to current and former key employees, highest compensated employees Complete Part II of Schedule L.  Secured mortgages and notes payable to unrelative Unsecured notes and loans payable to un-  Other liabilities (including federal income tax, parties, and other liabilities not incluring the lines Schedule D.	offir and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second	tors *rustees,  valif . persons.  *rties  ues  elated third  complete Part X of	0. 17,813.	22 23 24	3,443. 22,470.
Liabilities	23 24 25	Loans and other payables to current and former key employees, highest compensated employees Complete Part II of Schedule L.  Secured mortgages and notes payable to unrelated unsecured notes and loans payable to unrelated the translation of the liabilities (including federal income tax, parties, and other liabilities not including the schedule D.  Total tiabilities. Add lines 17 throus 25	offir 1, d as and 1 ated this d third part able 2 r 3 4). Co	i .tors *rustees, ivalif . persons.  ivities ities ities itielated third complete Part X of		22 23 24 25	
	23 24 25	Loans and other payables to current and former key employees, highest compensated employees. Complete Part II of Schedule L.  Secured mortgages and notes payable to unreliable Unsecured notes and loans payable to unreliable. Other liabilities (including federal income tax, parties, and other liabilities not incluring a lines Schedule D.  Total liabilities. Add lines 17 throus 25	offir 1, d as and c ated this d third part able or 3 . 4). Co	tors *rustees,  valif . persons.  *rties  ues  elated third  complete Part X of		22 23 24 25	22,470.
	23 24 25 26	Loans and other payables to current and former key employees, highest compensated employees. Complete Part II of Schedule L.  Secured mortgages and notes payable to unreled Unsecured notes and loans payable to unreled unreled notes and loans payable to unreled unreled notes and loans payabl	offir 1. d as and . ated the d third part able or 3. 4). Co	i .tors *rustees, ivalif . persons.  *rties ues elated third omplete Part X of  ere  X and		22 23 24 25 26	4,660.
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	22 24 25 26 27 28	Loans and other payables to current and former key employees, highest compensated employees. Complete Part II of Schedule L.  Secured mortgages and notes payable to unrelated unsecured notes and loans payable to unrelated the liabilities (including federal income tax, parties, and other liabilities not including schedule D.  Total tiabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 to complete lines 27 through 29, and lines 33 and Unrestricted net assets.	offir it does and control third part able or it is a document. The control third part able or it is a document. The control third is a document.	i .tors *rustees.  *ralif . persons.  *rties ties ties telated third tomplete Part X of  ere   X and	17,813. 4,660.	22 23 24 25 26	4,660.
	23 24 25 26	Loans and other payables to current and former key employees, highest compensated employees. Complete Part II of Schedule L.  Secured mortgages and notes payable to unrelated unsecured notes and loans payable to unrelated the liabilities (including federal income tax., parties, and other liabilities not including schedule D.  Total liabilities. Add lines 17 throup 25	offir it does and control that does and control that does not be control to the control that does not be control to the control that does not be control to the control to	i .tors *rustees. ivalif . persons.  ivities ities ities ities ities ities ities ities and  ivities and	17,813. 4,660.	22 23 24 25 26 27 28	4,660.
	22 24 25 26 27 28	Loans and other payables to current and former key employees, highest compensated employees. Complete Part II of Schedule L.  Secured mortgages and notes payable to unrelated unsecured notes and loans payable to unrelated the liabilities (including federal income tax, parties, and other liabilities not including schedule D.  Total tiabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 to complete lines 27 through 29, and lines 33 and Unrestricted net assets.	offir it does and control that does and control that does not be control to the control that does not be control to the control that does not be control to the control to	i .tors *rustees. ivalif . persons.  ivities ities ities ities ities ities ities ities and  ivities and	17,813. 4,660.	22 23 24 25 26 27 28	4,660.
	22 24 25 26 27 28	Loans and other payables to current and former key employees, highest compensated employees. Complete Part II of Schedule L.  Secured mortgages and notes payable to unrele Unsecured notes and loans payable to unrele Unsecured National Indiana Schedule D.  Total tiabilities. Add lines 17 throu. 25	offir it does and control of third part able of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	i .tors *rustees,	17,813. 4,660.	22 23 24 25 26 27 28	4,660.
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	22 23 24 25 26 27 28 29	Loans and other payables to current and former key employees, highest compensated employees. Complete Part II of Schedule L.  Secured mortgages and notes payable to unrele Unsecured notes and loans payable to unrele Unsecured notes (Including federal income tax., parties, and other liabilities not including schedule D.  Total tiabilities. Add lines 17 throut 25	offir it does and controlled thind partiable or it is a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a does to do a do a do a do a do a do a do a d	i .tors *rustees,	4,660. 267,096.	22 23 24 25 26 27 28 29	4,660. 284,727.
Net Assets or Fund Balances	22 23 24 25 26 27 28 29 30 31	Loans and other payables to current and former key employees, highest compensated employees. Complete Part II of Schedule L.  Secured mortgages and notes payable to unrele Unsecured notes and loans payable to unrele Unsecured notes Including federal income tax, parties, and other liabilities not including. I lines Schedule D.  Total liabilities. Add lines 17 throu, 25  Organizations that follow SFAS 117 to  Complete lines 27 through 29, and lines 33 and Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (A and complete lines 30 through 34.  Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ex Retained earnings, endowment, accumulated in	offir , des and content the come, or o	i _tors *rustees,	17,813. 4,660. 267,096.	22 23 24 25 26 27 28 29 30 31	22,470. 4,660. 284,727.
	22 23 24 25 26 27 28 29 30 31 32	Loans and other payables to current and former key employees, highest compensated employees. Complete Part II of Schedule L.  Secured mortgages and notes payable to unrele Unsecured notes and loans payable to unrele Unsecured notes (Including federal income tax., parties, and other liabilities not including schedule D.  Total tiabilities. Add lines 17 throut 25	offir , des and content the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the se	i _tors *rustees,	4,660. 267,096.	22 23 24 25 26 27 28 29 30 31 32	4,660. 284,727.

Form 990 (2016)

Form 990 (2016)

## **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

## 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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Nam	ame of the organization Employer identification number								
			ville Rowi				_		2-1290275
Pa	rt I	Reason for Public	Charity Status (	All organizations must c	omplete th	is part.) S	ee instructions	3	
The	ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii) 'nter	the hospital's name,
		city, and state:							
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit desc. J in							
	_	section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	$\Box$	An organization that normally receives a substantial part of its support from a governmental unit or it. "he general public described in							
		section 170(b)(1)(A)(vi). (C	·						•
8		A community trust describe	•	(1)(A)(vi). (Complete Par	t II.)				
9	一	An agricultural research org				ed in co	nction · na	land-orant	college
-		or university or a non-land-						the college	_
		university:		,		,			•
10	X	An organization that norma	Ilv receives: (1) more	than 33 1/3% of its sun	port from	ntributio	: membersi	nin fees, ar	ad aross receints from
		activities related to its exen			•				from gross investment
		income and unrelated busin	•	•	• •			• •	•
		See section 509(a)(2). (Co		(less section 3 ) tax in	, , <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	saea acqui	ied by ale oig	partication (	anter durie do, 1975.
11		An organization organized	•	ively to test for public	fc `20	saction 5	novava)		
12	Ħ	An organization organized			-			rn, out the	purposes of one or
12		more publicly supported on	-	•	•		_	•	<u>.</u>
		lines 12a through 12d that	~	, ,, ,					Check the box in
_	_	Type I. A supporting orga	7.			•	12e, 12f, and	•	-1.1
4	_		· · ·	•			anization(s), ty		
		the supported organization	• •	• •	majority c	ir une cirec	tors or trustee	es of tite si	apportuig
ь		organization. You must o	•		liaa with it		d omanization	n(a) by ba	ino
0	L	Type II. A supporting org				* *	ed organization		-
		control or management o organization(s). You mus			ame perso	iis iiiai co	ntiol or manag	la ma suhi	ported
_		<b>1</b>	•		in connec	ion with	and functional	lu intoamte	and maith
·	Ч_	J Type III functionally inte	T	· · .				ly illiegrate	WIUI,
		its supported organization		You ust complete i				tad amani	-ation(a)
d	_	Type III non-functionally	-	-				•	• •
		that is not functionally int	_		-			an attenu	veness
_	_	requirement (see instructi							
0	_	Check this box if the orga		written determination from			Type I, Type I	и, туре ш	
	<b></b>	functionally integrated, or	• •	nally integrated supporti	ng organiz	ation.			
-		r the number of supported o	•		•••••				
		ide the following information Name of supported	i about the supporte	(III) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
	•	organization	<b>1,</b>	(described on lines 1-10	in your govern	no document? No	support (see in	•	support (see instructions)
				above (see instructions))	103		l		
					l				
							<del></del>		
								•	
-									
							<u>.</u>		

Schedule A (Form 990 or 990-EZ) 2016 Nashville Rowing Club 62-1290275 Page 2

[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) 2012	(ь) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not					1	
	include any "unusual grants.")						
2	Tax revenues levied for the organ-				1		
	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				<u></u>		
5	The portion of total contributions			-			
	by each person (other than a		127		2	1	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			·			
	amount shown on line 11,				•		
	column (f)		l. <u> </u>		L		
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	<u>2014</u>	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4						
8	Gross income from interest,			<del>-</del>			
	dividends, payments received on						
	securities loans, rents, royalties			1			
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the			1	}		
	business is regularly carried on		'				
10	Other income. Do not include gain					_	
	or loss from the sale of capital		1			ł	
	assets (Explain in Part VI.)					ļ	
11	Total support. Add lines 7 through 10			•			
	Gross receipts from related activities,	etc. (see instr.	าร)			12	
	First five years. If the Form 990 is for	=	s . , second, thin	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
	organization, check this box and stop					<u></u>	<u></u>
_	ction C. Computation of Publi		centage		· · · · · · · · · · · · · · · · · · ·		
14	Public support percentage for 2016 (li	ne 6, cc. , di	vided by line 11, c			14	<u>%</u>
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	<u>%</u>
<b>16</b> a	33 1/3% support test - 2016. If the c	organization did no	ot check the box or	line 13, and line	14 is 33 1/3% or m	iore, check this bo	x and
	stop here. The organization qualifies		•	***************************************			
t	33 1/3% support test - 2015. If the c						
	and stop here. The organization quali						
178	10% -facts-and-circumstances test						
	and if the organization meets the "fact	ts-and-circumstan	ces" test, check th	is box and stop t	here. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances" t	_	•	•	-		
t	10% -facts-and-circumstances test						
	more, and if the organization meets th	e "facts-and-circu	mstances* test, ch	eck this box and	stop here. Explai	n in Part VI how the	,
	organization meets the "facts-and-circ		•	•	• • • •		▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	<u>ı, 16b, 17a, or 17t</u>			
					Sch	edule A (Form 990	or 990-F71 2016

Schedule A (Form 990 or 990-EZ) 2016 Nashville Rowing Club

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	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		35,999.	152,999.	64,868.	108,942	2. 362,808.
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		14,335.	16,437.	16,578.	33,36	80,712.
3	Gross receipts from activities that					-	
Ū	are not an unrelated trade or bus-				(	İ	
	Tax revenues levied for the organ-						
4	ization's benefit and either paid to					ı	
	or expended on its behalf					_	
_	The value of services or facilities			-	_ — -		
J	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		50,334.	169,436.	81,446.	142,304	4. 443,520.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	) Amounts included on Enes 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.)						443,520.
Se	ction B. Total Support		<del></del>				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) ^ე <u>1</u> ა	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6		50 <u>,3</u> 3 <u>4.</u>	169,436.	81,446.	142,304	4. 443,520.
10	g Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975		  -				
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		<del> </del>				
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)		50,334.	169,436.	81,446.	142,30	4. 443,520.
	First five years. If the Form 990 is for	r the organization's				501(c)(3) orga	nization.
••	check this box and stop here			-,			▶[7]
Se	ction C. Computation of Publi	c Support Per	centage				
_	Public support percentage for 2016 (I			olumn (f))		15	100.00 %
	Public support percentage from 2015			•	***************************************	16	%
	ction D. Computation of Inves						
17				e 13. column (fi)		17	.00 %
18		•	••			18	%
	a 33 1/3% support tests - 2016. If the						e 17 is not
	more than 33 1/3%, check this box ar						<b>▶</b> [X]
ŧ	33 1/3% support tests - 2015. If the	•	•	•			%, and
	line 18 is not more than 33 1/3%, che	ck this box and si	top here. The orga	inization qualifies a	s a publicly suppo	orted organizat	ion ▶ 🛄
20	Private foundation. If the organization						<b>&gt;</b>
9220	22 09-24-48				Sch	edule A (Form	990 or 990-EZ\ 2016

(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

500	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.) tion A. All Supporting Organizations			
360	uon A. An Supporting Organizations		Yes	No
1	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			1
	class or purpose, describe the designation. If historic and continuing relationship, explain.	_ 1		
2	Did the organization have any supported organization that does not have an IRS determination of status			1
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			1
	organization was described in section 509(a)(1) or (2).	2	$oxed{oxed}$	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (1 4no			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how			
	organization made the determination.	_3b_		<u> </u>
c	Did the organization ensure that all support to such organizations was used exclusively for sect (1)(b,	"	İ	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure suc use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organia" "n")?	İ		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	40		<u> </u>
ь	Did the organization have ultimate control and discretion in deciding whether to make ants to ' foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and control are cretion		l	
	despite being controlled or supervised by or in connection with its supported organization.	4b	<u> </u>	<u> </u>
C	Did the organization support any foreign supported organization that does not ve an IRS determination	l		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI wh notrols the organization used	ŀ		ł
	to ensure that all support to the foreign supported organization was usedlusfor section 170(c)(2)(B)		1	
	purposes.	4c	<u> </u>	<u> </u>
5a	Did the organization add, substitute, or remove any supported organizatio. "uring the tax year? If "Yes,"			1
	answer (b) and (c) below (if applicable). Also, provide detail in Part			i ·
	numbers of the supported organizations added, substituted, or nov. (ii) the reasons for each such action;			1
	(iii) the authority under the organization's organizing documer .uth: 'zingh action; and (iv) how the action			1
	was accomplished (such as by amendment to the organizir 'nc' .ent)	5a	_	<u> </u>
b	Type I or Type II only. Was any added or substituted supportunity attion part of a class already			1
	designated in the organization's organizing document?	_5b	ļ	
C	Substitutions only. Was the substitution the result of an eveyond the organization's control?	<u>5c</u>	<del> </del>	₩-
6	Did the organization provide support (whether in a form of grants or the provision of services or facilities) to			1
	anyone other than (i) its supported organizations, (i, "ivid" is that are part of the charitable class			1
	benefited by one or more of its supportedzations, _ viii) other supporting organizations that also			1
	support or benefit one or more of the filin prganiza, it's supported organizations? If "Yes," provide detail in			
	Part VI.	6	₩	├
7	Did the organization provide a grant, loan, ccation, 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	_	1	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	<del>                                     </del>	$\vdash$
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		ļ	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	├	╌
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	۱ 👡		ì
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	1	+
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9b		1
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	30	1	1
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9c		
40-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	- 50	t -	$\vdash$
IVA	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			1
	supporting organizations)? // "Yes." answer 10b below.	10a		1
L	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	,,,,,		1
U	Did the digeneration have any excess been essentially an allettax years. [USB SCHEGUIB C, FURTH 4720, [U		1	1

determine whether the organization had excess business holdings.)

2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		ı	
	how the organization was responsive to those supported organizations, and how the organization determined	ı	- 1	
	that these activities constituted substantially all of its activities.	a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	. !		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	ь		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		. '	
	trustees of each of the supported organizations? Provide details in Part VI.	a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	b_		
	0-b-d-1-A/F000	- ^^		~~~

Sche	dule A (Form 990 or 990-EZ) 2016 Nashville Rowing Club			52-1290275 Page 6
Pa		g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	ov. 20, 1970 (explain in f	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	
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		<u> </u>
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Pi. · .	(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):			
a	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	$\Box$ $\Box$		
d	Total (add lines 1a, 1b, and 1c)	$\Box$		
0	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			<b>.</b>
_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 a runt,			
	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, Co. A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section The P Lolumn 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 fr. line 4, tr ass subject to			
	emergency temporary reduction (see instruct.	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrated	Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Schedule A (Form 990 or 990-EZ) 2016

b Excess from 2013
c Excess from 2014
d Excess from 2015
e Excess from 2016

Schedule A	(Form 990 or 990-EZ) 2016 Nashville Rowing Club	62-1290275 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, ar Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also comple (See instructions.)	line 10: Part II, line 17a or 17b; Part III, line 12: Part IV, Section B, lines 1 and 2; Part IV, Section C, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
		· ·
	***************************************	
		· · · · · · · · · · · · · · · · · · ·
		<del></del>
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## SCHEDULE D (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.

► Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047 16 Open to Public Inspection

Name of the organization

Nachwille Rowing Club

Employer identification number 62-1290275

Par		d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		• • • •
		(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)		<del></del> ;
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised fo	ır
9	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a		
0	for charitable purposes and not for the benefit of the donor o		er j
		•	Yes No
Pai		ranization answered "Ves" on Form	IV. 37.
	Purpose(s) of conservation easements held by the organization		14
1	Preservation of land for public use (e.g., recreation or e		the important land area
		<del></del>	I historic structure
	Protection of natural habitat	Preser . Oraac	mstone succture
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contrible in the im or a	1 · 1
	day of the tax year.		Held at the End of the Tax Year
a			
b			
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, release year	ease or terminated by the organic	anization during the tax
4	Number of states where property subject to conservation ear	nent is lou d ▶	
5	Does the organization have a written policy regarding the		
	violations, and enforcement of the conservation easements in	ı. ' <b>s</b> ?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspec.	hanu. of violations, and enforcing conserva	ation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, insparing, hand	lling of violations, and enforcing conservation	easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reporter	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 horts or ervation		
•		tion's financial statements that describes the c	
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	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	C 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		• • • • • • • • • • • • • • • • • • • •
b	If the organization elected, as permitted under SFAS 116 (AS		balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, ex	•	
	relating to these items:		<b>3</b>
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
			<b>A</b>
•	If the organization received or held works of art, historical treat	seuroe or other cimilar assets for financial dai	
2	<del>-</del>		n, previde
_	the following amounts required to be reported under SFAS 1:	•	▶ ९
81 L	Revenue included on Form 990, Part VIII, line 1		<b>\ </b> \$

Schee		le Rowing C			_				<u>90275</u>	
Par	till Organizations Maintaining Co									
3	Using the organization's acquisition, accession	en, and other records	s, check	any of the fo	flowing that	are a sig	nificant u	se of its c	collection it	ems
	(check all that apply):									
a	Public exhibition	d	· □'	Loan or exch	ange progra	ams				
b	Scholarly research	е		Other						
C	Preservation for future generations									
4	Provide a description of the organization's co							se in Part	XIII.	
5	During the year, did the organization solicit or	receive donations o	of art, his	storical treas	ures, or othe	r similar	assets	_	_	
	to be sold to raise funds rather than to be ma								Yes	No_
Par	Escrow and Custodial Arrang	•	ete if the	organization	answered '	'Yes" on	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Part									
10	Is the organization an agent, trustee, custodia		-					_	<b>-</b>	
	on Form 990, Part X?			•••••				. Ц	_  Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing t	able:						
							$\dashv$		Amount	
C	Beginning balance	•••••		•••••			1c			
d	Additions during the year						' <u>1d</u>			
0	Distributions during the year			•••••	,		<u> + .e</u> −			
f	Ending balance						1f		٦	<del></del>
	Did the organization include an amount on Fo						λ <u>,</u>	∟	_ Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.									—
Par	tV Endowment Funds. Complete if							<del></del>		
	<b>,</b>	(a) Current year	(b) P	rior year	1 Two ye:	back	(d) Three y	ears dack	(e) Four y	ears dack
1a	Beginning of year balance								<del> </del>	
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships			ا ا					<del></del>	<del></del>
0	Other expenditures for facilities									
	and programs									
f	Administrative expenses		ļ	$\dashv$			_		<del> </del>	
9	End of year balance	!	<del></del>							
2	Provide the estimated percentage of the curre	=	_	, :lumn (a))	held as:					
a	Board designated or quasi-endowment		. <b>%</b>							
b	Permanent endowment	%								
C	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c shou							_		
<b>3</b> a	Are there endowment funds not in the posses	ssic of the organiza	tion that	t are held an	d administer	red for the	e organiza	ation	_	
	by:									es No
	(i) unrelated organizations			•••••			· · · · · · · · · · · · · · · · · · ·		3a(i)	<del></del>
									3e(ii)	
b	If "Yes" on line 3a(ii), are the related orgar.	· .							<u>3b</u>	
4	Describe in Part XIII the intended uses of the	_ation's endo	wment fi	unds.						
Par	tVI Land, Buildings, and Equipme									
	Complete if the organization answered	-·· 1								<del></del>
	Description of property	(a) Cost or o		(b) Cost			ccumulate		(d) Book	value
		basis (investn	nent)	basis (	otner)	aet	oreciation			
	Land									<del></del>
	Buildings									
	Leasehold improvements			3.0	- 056		35 04	<del>.  </del>	0.61	176
	Equipment			390	6,256.		135,08	<u> </u>	701	<u>,176.</u>
_	Other								6.66	155
Total	. Add lines 1a through 1e. (Column (d) must ed	oual Form 990, Part	X. colum	n (B). line 10	C.)				261	<u>,176.</u>

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

<del></del>	1. 0 000/ 20.0			
Part VII	Investments - C	ther Sec	urities.	

	(b) Book value	(c) Method of v	valuation: Cost or end	d-of-vear marke	t value
(a) Description of security or category (including name of security)	(b) book value	(c) Mediod or (	raidation. Cost of en	2-Oryean marke	· value
(1) Financial derivatives		<del> </del>			
(2) Closely-held equity interests(3) Other		<del>- </del>	·		
	<u> </u>	<del> </del>			
(A)		·	-	· · · · · · · · · · · · · · · · · · ·	
(B)		<del> </del>	· · · · · · · · · · · · · · · · · · ·		
(C) (D)		<u> </u>		<u> </u>	
(E)			<del></del>		
(F)		<del></del>			
(G)	<del></del>	<del></del>			
(H)		<del> </del>			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		<del>- </del>		•	(ئىدىلىدى
Rart VIII Investments - Program Related.			<del></del>		المالية المالية المالية المالية
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990	Part λ, 13.		
(a) Description of investment	(b) Book value	(c) Method	. 'nn: Lioreno	J-of-year marke	t value
(1)	127 2 2 3 1 1 1 1 1 1				
(2)	<del></del>	<del>                                     </del>			
(3)		<del> </del>			
(4)		<del>                                      </del>			
(5)	<del></del>	<del>                                     </del>			
(6)		<del>                                     </del>	<del></del>		-
(7)		<del></del>			
(8)		1			
(9)	<del></del>	· <del></del>			
	<del></del>	<del>†</del>		-	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		1			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	on Farm 990	¹ See Form 990	Part Y line 15		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Rait IX Other Assets.  Complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization and the complete if the organization and the complete if the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organiza		:. See Form 990.	Part X, line 15.	(b) Bock	value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX  Other Assets.  Complete if the organization answered "Yes" (a) [	on Form 990 Description	!. See Form 990.	Part X, line 15.	(b) Bock	value
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX  Other Assets.  Complete if the organization answered "Yes" (a) [		!. See Form 990.	Part X, line 15.	(b) Book	value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1)  (2)		1. See Form 990.	Part X, line 15.	(b) Book	value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a) (1)  (2)  (3)		1. See Form 990,	Part X, line 15.	(b) Book	value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		1. See Form 990,	Part X, line 15.	(b) Book	value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX  Other Assets.  Complete if the organization answered "Yes" (a) [  (1)  (2)  (3)  (4)  (5)		1. See Form 990,	Part X, line 15.	(b) Book	value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5) (6)		1. See Form 990.	Part X, line 15.	(b) Book	value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5) (6) (7)		1. See Form 990,	Part X, line 15.	(b) Book	value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5) (6) (7) (8)		1. See Form 990,	Part X, line 15.	(b) Book	value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9)		1. See Form 990.	Part X, line 15.	(b) Book	value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, ' (B) line		1. See Form 990,	Part X, line 15.	(b) Book	value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, (B) line Part X Other Liabilities.	Description				value
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Sche	dule D (Form 990) 2016 Nashville Rowing Club		62-1290275 Page 4
Pai	tXI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		in the second second
þ	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	NAN
0	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		···· / ··· <del>  ^</del> <del>  </del>
5 10a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)  **XIII  Reconciliation of Expenses per Audited Financial Sta	tomonto With Evns	non in Poturn
d. St.			res: 3r neturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin		<del>_</del> , <del> </del>
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 _ 1	
a	Donated services and use of facilities		- <del>-  </del>
þ	Prior year adjustments		
C	Other losses		<del></del>  ::::::
d	Other (Describe in Part XIII.)		<del></del>
0	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
8	Investment expenses not included on Form 990, Part VIII, line 7b		
Ь	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		
5 Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990. F		5
-			D 111 P 1 O 1 V P 0 D 1 V
	de the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a a.		Part V, line 4; Part X, line 2; Part XI,
III 188	2d and 4b; and Part XII, lines 2d and 4b. Also complete thic orthography and	y accilional information.	
		<del>_</del>	
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## 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.

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

Inspect

2016
Open to Public Inspection

Name of the organization

Nashville Rowing Club

Employer identification number 62-1290275

Form 990, Part I, Line 1, Description of Organization Mission:
such as: learn to row and youth camps. The long term objective is to
grow the sport of rowing in the area through new programs and
competitions.
Form 990, Part VI, Section A, line 6:
MEMBERS HAVE VOTING RIGHTS ON ALL NRC MATTERS, SUBJECT TO A GENERAL
MEMBERSHIP VOTE.
Form 990, Part VI, Section A, line 7a:
MEMBERS HAVE THE RIGHT TO VOTE ON ALL NRC BOARD MEMBERS.
Form 990, Part VI, Section A, line 7b:
MEMBERS HAVE THE RIGHT TO VOTE ON CHANGES TO THE BY LAWS FOR CLASSIFICATION
OF MEMBER RIGHTS.
Form 990, Part VI, Section B, line 11b:
THE TREASURER DISTRIBUTES A COPY TO ALL BOARD MEMBERS TO REVIEW, COMMENT
UPON AND APPROVE.
Form 990, Part VI, Section B, Line 12c:
THE BOARD MEETS MONTHLY AND DISCUSSES ANY POSSIBLE CONFLICTS OF INTEREST.
Form 990, Part VI, Section B, Line 15:
THE BOARD REVIEWS THE COMPENSATION OF ALL EMPLOYEES ANNUALLY AND REVISES
BASED ON PERFORMANCE AND MARKET AVERAGES.

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization	Page 2 Employer Identification number
Nashville Rowing Club	Employer Identification number 62–1290275
Form 990, Part VI, Section C, Line 19:	
THE ORGANIZATION MAKES ITS BYLAWS, POLICIES, CODE OF CONUDO	ייי אאוז איזוויייני
	.1 AND MINOIBS
FROM GOVERNANCE MEETINGS AVAILABLE ON THE WEBSITE.	
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Schedule O (Form 990 or 990-EZ) (2016)

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