#### CHANGE IN ACCOUNTING PERIOD

Form **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150 **2016** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service } Do not enter social security numbers on this form as it may be made public.
} Information about Form 990-EZ and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

| Α          | For the                                | e 2016 calen   | dar year, or tax year beginning $01/01/17$ , and ending $06/30/17$                                    |            |                                |                          |  |  |  |
|------------|--|--|---|------------|--------------------------------|--------------------------|--|--|--|
| В          | Check if                               | applicable:  | C Name of organization  | D          | Employe                        | er identification number |  |  |  |
| П          | Address                                | change   | Music City MLK Roundball Classic,   |            |                                |                          |  |  |  |
| П          | Name ch                                | nange  | Inc.  |            | 46-5                           | 5003619                  |  |  |  |
| П          | Initial ret                            | turn   | E   | Telephor   | ne number                      |                          |  |  |  |
| П          | Final ret                              | turn/terminated  | 4300 Kings Lane   |            | 615-                           | -876-4862                |  |  |  |
| П          | Amended                                | d return   | F   | Group I    | Exemption                      |                          |  |  |  |
| П          | Application pending Nashville TN 37218 |  |   |            |                                | u                        |  |  |  |
| G          | Accour                                 | nting Method:  | neck t  | u X if     | the organization is <b>not</b> |                          |  |  |  |
| ı          | Websi                                  | te: u N/A  | Cash X Accrual Other (specify) u H Ch   | quired     | I to attacl                    | n Schedule B             |  |  |  |
| J          |  |  |   | •          |                                | EZ, or 990-PF).          |  |  |  |
| ĸ          |  | of organization  |   |            | ,                              | ,                        |  |  |  |
| L          |  | •  | 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets |            |                                |                          |  |  |  |
| –<br>(Pa   | rt II, colu                            | ımn (B) below)   | are \$500,000 or more, file Form 990 instead of Form 990-EZ   |            | u \$                           | 106,584                  |  |  |  |
|            | Part I                                 |  | ue, Expenses, and Changes in Net Assets or Fund Balances (see the insti                               |            |                                |                          |  |  |  |
|            |  |  | if the organization used Schedule O to respond to any question in this Part I                         |            |                                |                          |  |  |  |
|            | 1                                      |  |   |            | 1                              |                          |  |  |  |
|            | 2                                      |  | gitts, grants, and similar amounts received vice revenue including government fees and contracts      |            | 2                              | 106,584                  |  |  |  |
|            | 3                                      | Membershin   | dues and assessments  |            | 3                              |                          |  |  |  |
|            | 4                                      | Investment   | income  |            | 4                              |                          |  |  |  |
|            | 5a                                     |  | int from sale of assets other than inventory 5a   |            |                                |                          |  |  |  |
|            | b                                      |  | r other basis and sales sympasses   |            |                                |                          |  |  |  |
|            |  |  |   |            | 50                             |                          |  |  |  |
|            | C                                      | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  Gaming and fundraising events |   |            |                                |                          |  |  |  |
|            | 6                                      |  |   |            |                                |                          |  |  |  |
| 4          | а                                      |  |   |            |                                |                          |  |  |  |
| ng.        |  | \$15,000)  | 6a  |            | -                              |                          |  |  |  |
| Revenue    | b                                      |  | ne from fundraising events (not including \$ of contributions   |            |                                |                          |  |  |  |
| ď          |  |  | sing events reported on line 1) (attach Schedule G if the   |            |                                |                          |  |  |  |
|            |  |  | gross income and contributions exceeds \$15,000) 6b   |            | -                              |                          |  |  |  |
|            | С                                      |  | expenses from gaming and fundraising events 6c  |            |                                |                          |  |  |  |
|            | d                                      |  | or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract                        |            |                                |                          |  |  |  |
|            |  | line 6c)   |   |            | 6d                             |                          |  |  |  |
|            | 7a                                     |  | of inventory, less returns and allowances 7a  |            | -                              |                          |  |  |  |
|            | b                                      |  | f goods sold <b>7b</b>  |            |                                |                          |  |  |  |
|            | С                                      |  | or (loss) from sales of inventory (Subtract line 7b from line 7a)                                     |            | 7c                             |                          |  |  |  |
|            | 8                                      | Other reven  | ue (describe in Schedule O)   |            | 8                              | 106 504                  |  |  |  |
|            | 9                                      |  | <b>ue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  |            | 9                              | 106,584                  |  |  |  |
|            | 10                                     |  | similar amounts paid (list in Schedule O)   |            | 10                             |                          |  |  |  |
|            | 11                                     |  | d to or for members   |            | 11                             |                          |  |  |  |
| S          | 12                                     | Salaries, oth  | ner compensation, and employee benefits   |            | 12                             |                          |  |  |  |
| nse        | 13                                     | Professional   | fees and other payments to independent contractors  |            | 13                             | 18,433                   |  |  |  |
| Expenses   | 14                                     | Occupancy,   | rent, utilities, and maintenance  |            | 14                             | 4,009                    |  |  |  |
| Ш          | 15                                     | Printing, pul  | plications, postage, and shipping   |            | 15                             | 1,842                    |  |  |  |
|            | 16                                     | Other exper  | ses (describe in Schedule O)  |            | 16                             | 73,730                   |  |  |  |
|            | 17                                     | Total exper  | nses. Add lines 10 through 16   | <u>. ▶</u> | 17                             | 98,014                   |  |  |  |
|            | 18                                     | Excess or (d   | deficit) for the year (Subtract line 17 from line 9)  |            | 18                             | 8,570                    |  |  |  |
| Net Assets | 19                                     | Net assets of  | or fund balances at beginning of year (from line 27, column (A)) (must agree with                     |            |                                |                          |  |  |  |
| As         |  |  | figure reported on prior year's return)   |            | 19                             | -38,361                  |  |  |  |
| <u>e</u>   | 20                                     | Other chang  | es in net assets or fund balances (explain in Schedule O)   |            | 20                             | 63,386                   |  |  |  |
| Z          | 21                                     |  | or fund balances at end of year. Combine lines 18 through 20  |            | 21                             | 33,595                   |  |  |  |

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2016)

DAA

Music City MLK Roundball Classic, 4

46-5003619

| F   | Part II Balance Sheets (see the instructions for<br>Check if the organization used Schedule O  | ,                                  | question in this Part                 | ı                        |                     | x                         |
|-----|--|------------------------------------|---------------------------------------|--------------------------|---------------------|---------------------------|
|     |  | '                                  |                                       | ginning of year          |                     | (B) End of year           |
| 22  | ? Cash, savings, and investments   |                                    |                                       | 17,12                    | 1 22                | 7,192                     |
|     | Land and buildings   |                                    |                                       |                          | 0 23                | <u> </u>                  |
|     | Countries Countr |                                    |                                       | 15,00                    | ·                   | 26,403                    |
| 25  | ' T-1- 1-  |                                    |                                       | 32,12                    |                     | 33,595                    |
|     |  |                                    |                                       | 70,48                    |                     | 337373                    |
|     | Total liabilities (describe in Schedule O)   |                                    |                                       |                          |                     | 33,595                    |
|     | Net assets or fund balances (line 27 of column (B) must a  | ·                                  |                                       | <u>-38,36</u>            | 1 27                | 33,393                    |
| ı   | Part III Statement of Program Service Acco   | •                                  |                                       | · / F                    | a                   | _                         |
|     | Check if the organization used Schedule O  | to respond to any                  | question in this Part                 | II                       | _                   | Expenses                  |
| Wr  | hat is the organization's primary exempt purpose?  |                                    |                                       |                          |                     | equired for section       |
| :   | To provide college scholarships to deserving s   | students.                          |                                       |                          | _   50              | 1(c)(3) and 501(c)(4)     |
|     | escribe the organization's program service accomplishments fo  |                                    |                                       |                          | org                 | anizations; optional for  |
| as  | measured by expenses. In a clear and concise manner, desc  | ribe the services pro              | vided, the number of                  |                          | oth                 | ers.)                     |
| pei | ersons benefited, and other relevant information for each progra   | am title.                          |                                       |                          |                     |                           |
| 28  |  |                                    |                                       |                          |                     |                           |
|     |  |                                    |                                       |                          |                     |                           |
|     |  |                                    |                                       |                          |                     |                           |
|     | (Grants \$ ) If this amount include  |                                    |                                       |                          | 7   <sub>28a</sub>  |                           |
| 20  | ·  |                                    |                                       |                          | -                   |                           |
| 29  | )  |                                    |                                       |                          |                     |                           |
|     |  |                                    |                                       |                          |                     |                           |
|     | •  |                                    |                                       |                          | ا ا                 |                           |
|     | (Grants \$ ) If this amount include  | s foreign grants, che              | ck here                               | u                        | 29a                 |                           |
| 30  | )  |                                    |                                       |                          |                     |                           |
|     |  |                                    |                                       |                          |                     |                           |
|     |  |                                    |                                       |                          |                     |                           |
|     | (Grants \$ ) If this amount include  |                                    |                                       |                          | ີ່ 30a │            |                           |
| 31  | Other program services (describe in Schedule O)  |                                    |                                       |                          | 1 1 2 2 2 1         |                           |
| ٠.  | (Grants \$ ) If this amount include  |                                    |                                       |                          | ີ່   <sub>31a</sub> | 97,151                    |
| 22  | 2 Total program service expenses (add lines 28a through 31   |                                    |                                       | _                        | 1 32                | 97,151                    |
|     | Part IV List of Officers, Directors, Trustees, and Key   | Fmplovees (list eac                | h one even if not compe               |                          |                     |                           |
| ı   | Check if the organization used Schedule O to re-   | spond to any question              | n in this Part IV                     |                          |                     |                           |
|     |  | (b) Average                        | (c) Reportable                        | (d) Health contributions | benefits,           | e (e) Estimated amount of |
|     | (a) Name and title   | hours per week devoted to position | compensation<br>(Forms W-2/1099-MISC) | benefit pla              | ns, and             | other compensation        |
| _   |  |                                    | (if not paid, enter -0-)              | deferred cor             | npensation          |                           |
|     | Eva Lemeh  |                                    | _                                     |                          |                     |                           |
| _   | President  | 25.00                              | 0                                     |                          | (                   | 0                         |
|     | Richard Gayle  |                                    |                                       |                          |                     |                           |
|     | Vice President   | 20.00                              | 0                                     |                          | (                   |                           |
|     |  |                                    |                                       |                          |                     |                           |
|     |  | •                                  |                                       |                          |                     |                           |
|     |  |                                    |                                       |                          |                     |                           |
|     |  |                                    |                                       |                          |                     |                           |
| _   |  |                                    |                                       |                          |                     |                           |
|     |  |                                    |                                       |                          |                     |                           |
|     |  |                                    |                                       |                          |                     |                           |
| _   |  |                                    |                                       |                          |                     |                           |
|     |  |                                    |                                       |                          |                     |                           |
|     |  |                                    |                                       |                          |                     |                           |
|     |  |                                    |                                       |                          |                     |                           |
|     |  |                                    |                                       |                          |                     |                           |
|     |  |                                    |                                       |                          |                     |                           |
|     |  |                                    |                                       |                          |                     |                           |
|     |  |                                    |                                       |                          |                     |                           |
|     |  |                                    |                                       |                          |                     |                           |
|     |  |                                    |                                       |                          |                     |                           |
|     |  |                                    |                                       |                          |                     |                           |
|     |  |                                    |                                       |                          |                     |                           |
|     |  |                                    |                                       |                          |                     |                           |
|     |  |                                    |                                       |                          |                     |                           |
|     |  |                                    |                                       |                          |                     |                           |

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| Did the organization engage in any significant activity not previously reported to the IR\$7 II "Yes," provide a detailed description of each activity in Schedule O (see Instructions)  33   | Pa  | <b>Other Information</b> (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V |           |                   |     |
|---|-----|--|-----------|-------------------|-----|
| were developed exemption of each activity in Schedule C  A Were any significant changes made to the organization pro governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization has exhanged to the organization has been produced in the common common of the common com  |     |  |           |                   | No  |
| 34 Were any significant changes made to the organization or powering documents? If "Yes", attach a conformed copy of the anemded documents If they reflect a change to the organization's name. Otherwise, explain the change on Schoolate O See instructions?  35 Did the organization have uncertaint If they reflect a change to the organization's name. Otherwise, explain the change on Schoolate O See instructions?  36 Did the organization have uncertaint of the year? If "Yes", provide an explanation in Schoolate O 35 D  | 33  |  |           |                   |     |
| copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  35a Dd the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2.6 a. and 7a. among others)?  b If "Yes," to line 35a, has the organization filed a Form 190-T for the year? If "Mo," provide an explanation in Schedule O.  c Was the organization a section 501(p(4), 5011(p(5), or 501(p(6)) garganization subject to section 503(s) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C. Part III as during the year? If "Yes," complete Schedule C. Part III as during the year? If "Yes," complete Schedule C. Part III as during the year? If "Yes," complete specification price of Schedule N.  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outledning at the end of the tax year owered by this return?  35b If "Yes," complete Schedule I. Part II and enter the total amount involved  35c Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  35c Gross receips, included on line 9, for public use of club facilities  35c Gross receips, included on line 9, for public use of club facilities  35d Gross receips, included on line 9, for public use of club facilities  35d Gross receips, included on line 9, for public use of club facilities  35d Gross receips, included on line 9, for public use of club facilities  35d Gross receips, included on line 9, for public use of club facilities  35d Gross receips, included on line 9, for public use of club facilities  35d Gross receips, included on line 9, for public use of club facilities  35d Gross receips, included on line 9, for public use of club facilities  35d Gross receips, included on line 9, for public use of club facilities  35d Gross receips, included on lin |     |  | 33        |                   | X   |
| change on Schedule O (see instructions) and vibries (such as those reported on lines 2, 6s, and 7s, among others)?  25 bil **Yes** to line 35s, has the organization field a Form 990-T for the year? If "No", provide an explanation in Schedule O.  25 bil **Yes** to line 35s, has the organization field a Form 990-T for the year? If "No", provide an explanation in Schedule O.  25 bil **Yes** to line 35s, has the organization field a Form 990-T for the year? If "No", provide an explanation in Schedule O.  25 bil **Yes** (some particle of the year)** (some particle of the yea  | 34  |  |           |                   |     |
| Saa Dit the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2 Sa. and 7a among others)?  |     |  |           |                   |     |
| activities (such as those reported on lines 2, 8a, and 7a, among others)?  b if "Yes": 10 in 35a, has the organization field of Form 990-T for the year? if "No." provide an explanation in Schedule 0  35b  c Was the organization a section 901(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 903(c) notice, reporting, and proxy tax requirements during the year? if "Yes," complete Schedule C, Part III  36c  X Dot the organization underpo a liquidation, dissolution, termination, or significant deposition of net assets during the year? if "Yes," complete sphication of proxy tax requirements during the year? if "Yes," complete Schedule C, Part III and the year? if "Yes," complete sphication for the secretary of the organization for interior of political expenditures, direct or indirect as described in the instructions u   37a   37b   X  37a Enter amount of political expenditures, direct or indirect as described in the instructions u   37a   37b   X  37b D of the organization brown from, or make any planate to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38b   17   37b   37  | 250 | · · · · · · · · · · · · · · · · · · ·  | 34        |                   |     |
| b If "Yes," to line 35a, has the organization filed a Form 890-T for the year / If "Yes," convolved an explanation in Schedule O.  Was the organization a section 501(c)(4), 501(c)(5) or 501(c)(6) or 5  | ээа | activities (such as these reported on lines 2. So and 7s among others)?  | 250       |                   | v   |
| c. Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 503(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Speciation. Part III and a second to during the year? If "Yes," complete speciation, retrivination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  36   | h   |  |           |                   |     |
| Beginning, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III   35c   X  Both the organization undergo a fluidation, discolution, termination, or significant disposition of net assess during the year? If "Yes," complete applicable parts of Schedule N  Both the organization fluidation and provided in the instructions   137a   37b   X  Both the organization brown from 1126-POL for this year?  Both the organization brown from 1126-POL for this year?  Both the organization brown from, or make any loans to, any officer, director, fusities, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  Both I'ves," complete Schedule L, Part II and enter the total amount involved  Both I'ves," complete Schedule L, Part II and enter the total amount involved  Both Gress receipts, included on line 9  Both Gress receipts, included on line 9, for public use of club facilities  Both Gress receipts, included on line 9, for public use of club facilities  Both Gress receipts, included on line 9, for public use of club facilities  Both Gress receipts, included on line 9, for public use of club facilities  Both Gress receipts, included on line 9, for public use of club facilities  Both Gress receipts, included on line 9, for public use of club facilities  Both Gress receipts, included on line 9, for public use of club facilities  Both Gress receipts, included on line 9, for public use of club facilities  Both Gress receipts, included on line 9, for public use of club facilities  Both Gress receipts, included on line 9, for public use of club facilities  Both Gress receipts included on line 9, for public use of club facilities  Both Gress receipts included on any of this prore promotion of the facilities of the organizations. Both gress receipts and public the state included and public the public late of the organization have an inte  |     |  | 330       |                   |     |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.  37a Enter amount of political expenditures, direct or indirect, as described in the instructions. U. 37a   37b X.  37b Did the organization file Form 1120-POL for this year?  37b Did the organization form from rown or make any ploans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38b Did the organization form from the form 1120-POL for this year?  38c J X  38b L 11-Yeas," complete Schedule L, Part II and enter the total amount involved  39s Scions 501(c)(7) organizations. Enter:  39a Initiation fees and capital contributions included on line 9, for public use of club facilities.  39b Did Gross receipts, included on line 9, for public use of club facilities.  39b Did Gross receipts, included on line 9, for public use of club facilities.  39c Did Gross receipts, included on line 9, for public use of club facilities.  39c Did Gross receipts, included on line 9, for public use of club facilities.  39c Did Gross receipts, included on line 9, for public use of club facilities.  39c Did Gross receipts, included on line 9, for public use of club facilities.  40a Scions 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 usecess benefit transaction during the year under sections 4912.  49c Scions 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line  40b crembursed by the organization and the year under sections 4912.  49c Scions 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line  40c reimbursed by the organization series in care of u. Eva M. Lemeh.  40c Lava Yung Kings Lane  40c Lava Yung Kings Lane  41b Last the states with which a copy of this return is filed u.  41c Lava Yung during the calendar year, did the organ  | ·   | reporting and provided requirements during the year? If "Voc." complete Schoolide C. Dort III  | 350       |                   | x   |
| during the year? If "Yes," complete applicable parts of Schedule N 36   Table Terr amount of political expenditures, direct or indirect, as described in the instructions   U   37a   37b   X 37a   Enter amount of political expenditures, direct or indirect, as described in the instructions   U   37a   37b   X 37a   Did the organization file Form 1120-POL for this year?   37b   X 37b   U   17ves," complete Schedule L, Part II and enter the total amount involved   38b   38b  | 36  |  | 000       |                   |     |
| 578 Enter amount of political expenditures, direct or indirect, as described in the instructions. U 378   |     | design the second 16 (6) (as it is expelled a small right in costs of Ochsolida N  | 36        |                   | x   |
| b Did the organization file Form 1120-POL for this year?  3a Did the organization from or from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  5 If "Yes," complete Schedule I., Part II and enter the total amount involved 38b 38b 38a 38b 38a 38b 38c 38b 38c 38b 38c 38b 38c 38b 38c 38b 38c 38c 38b 38c   | 37a |  |           |                   |     |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b if "Yes," complete Schedule L. Part II and enter the total amount involved  38b   38a   X  39 Section 501(c)(7) organizations. Enter all all amount involved   38b   38a   38b   38b  | b   | Did the ergenization file Form 1120 BOL for this year?   | 37b       |                   | х   |
| any such leans made in a prior year and still outstanding at the end of the tax year covered by this return?  38a   | 38a |  |           |                   |     |
| 39 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 u ; section 4955 u  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  40b X  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40c reimbursed by the organization 40c reimbursed by the organization managers or disqualified persons during the year under sections 4912, 41 List the states with which a copy of this return is filled u  The organizations books are in care of u Eva M. Lemeth Telephone no. u 615-876-4862 4300 Kinga Lane  Located at u Nashvilla  A ray 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; u  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank an Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  1 "Yes," enter the name of the foreign country; u  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank an Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  1 "Yes," enter the name of the foreign coun  |     |  | 38a       |                   | Х   |
| a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  9a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 u ; section 4912 u ; section 4955 u b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  40b  | b   | If "Yes," complete Schedule L, Part II and enter the total amount involved [38b]   |           |                   |     |
| b Gross receipts, included on line 9, for public use of club facilities 39b   40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 u ; section 4912 u ; section 4955 u ; section 4915 u ; section 4916 u ; section  | 39  | Section 501(c)(7) organizations. Enter:  |           |                   |     |
| b Gross receipts, included on line 9, for public use of club facilities 39b   40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 u ; section 4912 u ; section 4955 u ; section 4915 u ; section 4916 u ; section  | а   | Initiation fees and capital contributions included on line 9   |           |                   |     |
| section 4911 u ; section 4912 u ; section 4955 u    b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any secton 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I    406   | b   | Gross receipts, included on line 9, for public use of club facilities  |           |                   |     |
| b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I  40b X  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8986-T  The organization's books are in care of u Eva M. Lemeh  Transaction? If "Yes," complete Form 8986-T  The organization's books are in care of u Eva M. Lemeh  Transaction If a states with which a copy of this return is filled u  Located at u Nashville  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; u(such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country: u  430 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44b X  45b Did the organization receive any payments for indoor tanning services during the year?  45c If "Yes," to me year and the  | 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  |           |                   |     |
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| transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed u  The organization's books are in care of u  Eva M. Lemeh  The organization's books are in Care of u  A300 Kings Lane  Located at u  Nashville  TN  ZIP + 4 u  37218  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  At any time during the calendar year, did the organization maintain an office outside the United States?  At any time during the calendar year, did the organization maintain an office outside the United States?  At any time during the calendar year, did the organization maintain an office outside the United States?  At any time during the calendar year, did the organization maintain an office outside the United States?  At any time during the calendar year, did the organization maintain an office outside the United States?  At any time during the calendar year, did the organization maintain an office outside the United States?  At any time during the calendar year, did the organization maintain an office outside the United States?  At any time during the calendar year, did the organization maintain an office outside the United States?  At any time during the calendar year, did the organization maintain any donor advised funds during the tax year  At any time during the calendar year, did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  At any time during the vear? If "Yes," Form 990 must be completed instead of Form 990-EZ  At any time during the vear? If "Yes," Form 990 must be completed instead of Form 990-EZ  At any time during the vear? If "Yes," Form 990 must be completed instead of Form 990-EZ  At any time during the vear? If "Yes," Form 990 must be completed instead of Form 990-EZ  At any time during the vear? If "Yes," Form 990 mus  | _   | ,  |           |                   |     |
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| The organization's books are in care of <b>u</b> Eva M. Lemeh  Located at <b>u</b> Nashville  Located at <b>u</b> Nashville  To ZIP + 4 <b>u</b> 37218  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: <b>u</b> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country: <b>u</b> 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Add If "Yes," Form 990 and Schedule R may need to be completed instead of Scion 512(b)(13)?   | 41  |  | 400       |                   |     |
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| If "Yes," enter the name of the foreign country: u  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  46 Did the organization receive any payments for indoor tanning services during the year?  47 If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  48 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  48 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of  |     |  |           |                   |     |
| Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Ves No  1  | С   |  | 42c       |                   | X   |
| and enter the amount of tax-exempt interest received or accrued during the tax year  Ves No  Pes No  Id the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Id Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Id Did the organization receive any payments for indoor tanning services during the year?  If "Yes," Form 990 must be completed instead of Form 990-EZ  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  Id the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes," Form 990 and Schedule R may need to be completed instead of  |     |  |           |                   | _   |
| Had a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of  | 43  |  |           |                   | u _ |
| Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of  |     | and enter the amount of tax-exempt interest received or accrued during the tax year  |           |                   | l   |
| completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of  |     |  |           | Yes               | No  |
| b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of  | 44a |  |           |                   | 37  |
| c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of   |     | completed instead of Form 990-EZ   | 44a       |                   | A   |
| c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of   | b   |  | 4.00      |                   | v   |
| d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a X  Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of  |     | Completed instead of Form 990-EZ   |           |                   |     |
| explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of   |     |  | 44C       |                   | ^   |
| 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of  | a   |  | 44d       |                   |     |
| b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of   | 15- | Did the ergenization have a controlled entity within the magning of section 512/b)/12/2  |           |                   | Y   |
| meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of  | _   |  | 45a       |                   | A   |
|   | b   |  |           |                   |     |
|   |     |  | 45b       |                   | х   |

Form 990-EZ (2016) Music City MLK Roundball Classic, 46-5003619

| 46-5003619 | Page 4 |
|------------|--------|
|------------|--------|

|          |          |  |  |                 |  |                          |   |             |                    | Yes         | No        |
|----------|----------|--|--|-----------------|--|--------------------------|---|-------------|--------------------|-------------|-----------|
| 46       |          | organization engage, directly or indirectly, in politica   |  |                 |  |                          |   |             |                    |             |           |
|          |          | idates for public office? If "Yes," complete Schedule  | C, Part I  |                 |  |                          |   |             | 46                 |             | X         |
| Pai      | rt VI    | Section 501(c)(3) organizations only<br>All section 501(c)(3) organizations must ans                                       | wer auestions 17                                     | _10h and        | d 52 and con                               | onlete the               | tables fo   | r linge     |                    |             |           |
|          |          | 50 and 51.   | wer questions 47                                     | 430 and         | d 52, and con                              | iipiete tile             | tables to   | 1 111163    |                    |             |           |
|          |          | Check if the organization used Schedule O  | to respond to any                                    | question        | n in this Part \                           | √I                       |   |             |                    |             |           |
|          |          |  |  |                 |  |                          |   |             |                    | Yes         | No        |
| 47       |          | organization engage in lobbying activities or have a   | section 501(h) elec                                  | tion in effe    | ect during the ta                          | ax                       |   |             |                    |             |           |
|          |          | "Yes," complete Schedule C, Part II  |  |                 |  |                          |   |             | 47                 |             | X         |
| 48       | Is the o | rganization a school as described in section 170(b)(   | 1)(A)(ii)? If "Yes," c                               | omplete S       | Schedule E                                 |                          |   |             | 48                 |             | X         |
| 49a      |          | organization make any transfers to an exempt non-  |  | rganizatior     | า?   |                          |   |             | 49a                |             | X         |
|          |          | was the related organization a section 527 organiz   |  |                 |  |                          |   |             | 49b                |             |           |
| 50       |          | te this table for the organization's five highest comp   |  |                 |  |                          |   | ey          |                    |             |           |
|          | employe  | ees) who each received more than \$100,000 of com  | ·  |                 |  |                          |   |             |                    |             |           |
|          |          | (a) Name and title of each employee  | (b) Average<br>hours per week<br>devoted to position | cóm             | Reportable<br>npensation<br>W-2/1099-MISC) | contributions<br>benefit | th benefits,<br>s to employ<br>plans, and<br>compensation | oth         | stimate<br>ner com |             |           |
| No       | ne       |  |  |                 |  |                          | •   |             |                    |             |           |
|          |          |  |  |                 |  |                          |   |             |                    |             |           |
|          |          |  |  |                 |  |                          |   |             |                    |             |           |
|          |          |  |  |                 |  |                          |   |             |                    |             |           |
|          |          |  |  |                 |  |                          |   |             |                    |             |           |
|          | Total nu | umber of other employees paid over \$100,000   |  |                 | <u> </u>                                   |                          |   |             |                    |             |           |
|          |          | te this table for the organization's five highest comp   | ensated independe                                    | <br>nt contract | tors who each                              | received m               | nre than  |             |                    |             |           |
| <u> </u> |          | 00 of compensation from the organization. If there is  |  |                 | tors who caon                              | roocivoa iii             | ore triair  |             |                    |             |           |
|          |          | (a) Name and business address of each independent co   | ntractor   |                 | <b>(b)</b> Typ                             | e of service             |   | (c)         | Compe              | nsation     | ı         |
|          |          |  |  |                 |  |                          |   |             |                    |             |           |
| No       | ne       |  |  |                 |  |                          |   |             |                    |             |           |
|          |          |  |  |                 |  |                          |   |             |                    |             |           |
|          |          |  |  |                 |  |                          |   |             |                    |             |           |
|          |          |  |  |                 |  |                          |   |             |                    |             |           |
|          |          |  |  |                 |  |                          |   |             |                    |             |           |
|          |          |  |  |                 |  |                          |   |             |                    |             |           |
|          |          |  |  |                 |  |                          |   |             |                    |             |           |
|          |          |  |  |                 |  |                          |   |             |                    |             |           |
|          | Total    | umber of other independent contractions and  | ng over \$400.000                                    |                 |  |                          |   |             |                    |             |           |
| d        |          | umber of other independent contractors each receivi  | •  |                 |  |                          |   |             |                    |             |           |
| 52       |          | organization complete Schedule A? <b>Note:</b> All sections of Schedule A  | on 501(c)(3) organiz                                 | ations mu       | st attach a                                |                          |   | <b>▶</b> X  | F V                |             | No        |
| Lladar   |          | red Schedule A   | uding accompanying a                                 |                 |  |                          | t of my lene  |             |                    |             | NO        |
|          |          | of perjury, I declare that I have examined this return, included complete. Declaration of preparer (other than officer) is |  |                 |  |                          |   | wiedge a    | na belle           | er, it is   |           |
|          |          | <u> </u>   |  |                 | · ·  |                          |   |             |                    |             |           |
| Sign     |          | Signature of officer   |  |                 | I<br>Da                                    | te                       |   |             |                    |             |           |
| Here     | ,        | Eva Lemeh  |  | 1               | Presiden                                   | t                        |   |             |                    |             |           |
|          |          | Type or print name and title   |  |                 |  |                          |   |             |                    |             |           |
|          | F        | Print/Type preparer's name Pr  | reparer's signature                                  |                 |  | Date                     | Ch  | eck X if    | PTIN               |             |           |
| Paid     | _        | arry Williams La   | rry Williams   |                 |  | 10/1                     | II.   | lf-employed |                    | 22082       | 7         |
| Prep     |          |  | CPA  |                 |  | ,                        | Firm's EIN  | +           |                    |             |           |
| Use      | Only     | Firm's address } 205 Powell Pl   |  |                 |  |                          |   |             |                    |             |           |
|          |          | Brentwood, TN 3  | 7027   |                 |  |                          | Phone no.   | 615-        | <u>3</u> 12        | <u>-8</u> 2 | <u>47</u> |
| May      | the IRS  | discuss this return with the preparer shown above?   | See instructions                                     |                 |  |                          |   | <b>&gt;</b> | X Y                | es          | No        |
|          |          |  |  |                 |  |                          |   |             |                    | ᇫ           | (0045)    |

## SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

u Attach to Form 990 or Form 990-EZ.

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

Music City MLK Roundball Classic, Employer ide

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Inc. 46-5003619

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

| Pa   | irt I         | Reas  | on for Public Charity          | Status (All organizations   | must co          | omplete               | this part.) See instruction       | ns.                       |   |
|------|---------------|---|--------------------------------|---|------------------|-----------------------|-----------------------------------|---------------------------|---|
| The  | orga          | nization is not   | a private foundation becaus    | e it is: (For lines 1 through 12,   | check only       | y one box             | <b>)</b>                          |                           |   |
| 1    |               | A church, con   | nvention of churches, or ass   | ociation of churches described  | in <b>sectio</b> | n 170(b)(             | 1)(A)(i).                         |                           |   |
| 2    |               | A school des  | cribed in section 170(b)(1)(   | A)(ii). (Attach Schedule E (Forr  | m 990 or 9       | 990-EZ).)             |                                   |                           |   |
| 3    |               | A hospital or   | a cooperative hospital servi   | ce organization described in <b>se</b>                                    | ection 170       | )(b)(1)(A)            | (iii).                            |                           |   |
| 4    |               | A medical res   | search organization operated   | d in conjunction with a hospital  | described        | in <b>sectio</b>      | on 170(b)(1)(A)(iii). Enter the h | ospital's name,           |   |
|      | $\overline{}$ | city, and state   |                                |   |                  |                       |                                   |                           |   |
| 5    |               |   |                                | of a college or university owned  | or operat        | ed by a g             | overnmental unit described in     |                           |   |
| _    | $\Box$        |   | (b)(1)(A)(iv). (Complete Part  | •   |                  |                       |                                   |                           |   |
| 6    |               | A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .  |                                |   |                  |                       |                                   |                           |   |
| 7    | Ш             | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II.) |                                |   |                  |                       |                                   |                           |   |
| 8    |               |   |                                | <b>170(b)(1)(A)(vi).</b> (Complete Par                                    | + II \           |                       |                                   |                           |   |
| 9    | Н             | •   |                                | cribed in section 170(b)(1)(A)(   | ,                | ed in con             | iunction with a land-grant collec | ne                        |   |
| Ū    | ш             |   |                                | of agriculture (see instructions).  |                  |                       |                                   | 90                        |   |
|      | _             | university:   |                                |   |                  |                       |                                   |                           |   |
| 10   | X             | An organizati   | on that normally receives: (1  | ) more than 33 1/3% of its sup  | port from        | contributi            | ons, membership fees, and gro     | oss                       |   |
|      |               | •   |                                | npt functions—subject to certain  | •                |                       | <i>'</i>                          |                           |   |
|      |               |   | •                              | nd unrelated business taxable in<br>0, 1975. See <b>section 509(a)(2)</b> | ,                |                       | ,                                 |                           |   |
| 11   | П             |   | •                              | exclusively to test for public saf  |                  |                       | •                                 |                           |   |
| 12   | П             | -   | •                              | exclusively for the benefit of, to  | -                |                       |                                   | ses                       |   |
|      | ш             | -   | -                              | zations described in section 50   |                  |                       |                                   |                           |   |
|      |               | Check the bo  | x in lines 12a through 12d th  | hat describes the type of suppo   | orting orga      | nization a            | nd complete lines 12e, 12f, and   | d 12g.                    |   |
|      | а             |   |                                | erated, supervised, or controlled   | •                |                       | 0 (// // )                        | ng                        |   |
|      |               |   | • ,, ,                         | ver to regularly appoint or elect   |                  | of the di             | rectors or trustees of the        |                           |   |
|      | b             | _ ``  | • •                            | omplete Part IV, Sections A a<br>pervised or controlled in conne          |                  | ite eunno             | rted organization(s) by baying    |                           |   |
|      | D             |   |                                | ting organization vested in the   |                  |                       |                                   | ed                        |   |
|      |               |   | •                              | Part IV, Sections A and C.  |                  |                       |                                   |                           |   |
|      | С             |   |                                | supporting organization operated  |                  |                       |                                   | ith,                      |   |
|      |               |   | • ,,,                          | structions). You must complete  |                  |                       |                                   |                           |   |
|      | d             |   | •                              | I. A supporting organization ope  |                  |                       |                                   | , ,                       |   |
|      |               |   | , ,                            | e organization generally must s<br>nust complete Part IV, Section         | -                |                       | •                                 | 288                       |   |
|      | е             | _ `   | ,                              | eived a written determination from  |                  |                       |                                   |                           |   |
|      | -             |   | 3                              | n-functionally integrated suppor  |                  |                       |                                   |                           |   |
|      | f             |   | mber of supported organizati   |   |                  |                       |                                   |                           |   |
|      | g             | Provide the f   | ollowing information about the | ne supported organization(s).   | ,                |                       | 1                                 |                           |   |
| (i)  |               | e of supported  | (ii) EIN                       | (iii) Type of organization  |                  | organization          | (v) Amount of monetary            | (vi) Amoun                |   |
|      | org           | anization   |                                | (described on lines 1–10 above (see instructions))                        |                  | ur governing<br>ment? | support (see instructions)        | other support instruction |   |
|      |               |   |                                | ,                                   | Yes              | No                    | ,                                 |                           | , |
| (A)  |               |   |                                |   |                  |                       |                                   |                           |   |
|      |               |   |                                |   |                  |                       |                                   |                           |   |
| (B)  |               |   |                                |   |                  |                       |                                   |                           |   |
|      |               |   |                                |   |                  |                       |                                   |                           |   |
| (C)  |               |   |                                |   |                  |                       |                                   |                           |   |
|      |               |   |                                |   |                  |                       |                                   |                           |   |
| (D)  |               |   |                                |   |                  |                       |                                   |                           |   |
|      |               |   |                                |   |                  | -                     |                                   |                           |   |
| (E)  |               |   |                                |   |                  |                       |                                   |                           |   |
|      |               |   |                                |   |                  |                       |                                   |                           |   |
| Tota | l             |   |                                |   |                  |                       |                                   |                           |   |

Schedule A (Form 990 or 990-EZ) 2016

Page 2

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  |                       |                     |                       |                      | ,               |    |               |
|------------|---|-----------------------|---------------------|-----------------------|----------------------|-----------------|----|---------------|
| Caler      | ndar year (or fiscal year beginning in) <b>u</b>  | (a) 2012              | <b>(b)</b> 2013     | <b>(c)</b> 2014       | (d) 2015             | <b>(e)</b> 2016 | 6  | (f) Total     |
| 1          | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  |                       |                     |                       |                      |                 |    |               |
| 2          | Tax revenues levied for the organization'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   |                       |                     |                       |                      |                 |    |               |
| <b>4 5</b> | Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |                       |                     |                       |                      |                 |    |               |
| 6          | Public support. Subtract line 5 from line 4.  |                       |                     |                       |                      |                 |    |               |
| Sec        | tion B. Total Support   |                       |                     |                       |                      |                 |    |               |
| Caler      | ndar year (or fiscal year beginning in) <b>u</b>  | (a) 2012              | <b>(b)</b> 2013     | (c) 2014              | (d) 2015             | <b>(e)</b> 2016 | 6  | (f) Total     |
| 7          | Amounts from line 4   |                       |                     |                       |                      |                 |    |               |
| 8          | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |                       |                     |                       |                      |                 |    |               |
| 9          | Net income from unrelated business activities, whether or not the business is regularly carried on  |                       |                     |                       |                      |                 |    |               |
| 10         | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |                       |                     |                       |                      |                 |    |               |
| 11         | <b>Total support.</b> Add lines 7 through 10  |                       |                     |                       |                      |                 |    |               |
| 12         | Gross receipts from related activities, etc.  | (see instructions)    |                     |                       |                      |                 | 12 |               |
| 13         | First five years. If the Form 990 is for the  |                       |                     |                       |                      |                 |    |               |
|            | organization, check this box and stop her   |                       |                     |                       |                      |                 |    | ▶             |
| Sec        | tion C. Computation of Public Su  | upport Percen         | itage               |                       |                      |                 |    |               |
| 14         | Public support percentage for 2016 (line 6  | , column (f) divide   | d by line 11, colun | nn (f))               |                      |                 | 14 | %             |
| 15         | Public support percentage from 2015 Sche  | edule A, Part II, lir | ne 14               |                       |                      |                 | 15 | %             |
| 16a        | 33 1/3% support test—2016. If the organ   | ization did not che   | eck the box on line | 13, and line 14 is    | 33 1/3% or more,     | check this      |    |               |
|            | box and stop here. The organization qual  | fies as a publicly    | supported organiz   | ation                 |                      |                 |    | ▶ □           |
| b          | 33 1/3% support test—2015. If the organ   | ization did not che   | eck a box on line 1 | 3 or 16a, and line    | 15 is 33 1/3% or m   | ore, check      |    |               |
|            | this box and <b>stop here.</b> The organization   | qualifies as a pub    | licly supported org | anization             |                      |                 |    | ▶ ∟           |
| 17a        | 10%-facts-and-circumstances test—201  | 6. If the organizat   | ion did not check a | a box on line 13, 10  | 6a, or 16b, and line | e 14 is         |    |               |
|            | 10% or more, and if the organization mee  |                       |                     |                       |                      |                 |    |               |
|            | Part VI how the organization meets the "fa organization   |                       |                     | •                     |                      | •               |    | <b>&gt;</b> [ |
| b          | 10%-facts-and-circumstances test—201  | 5. If the organizat   | ion did not check a | a box on line 13, 10  | 6a, 16b, or 17a, ar  | nd line         |    |               |
|            | 15 is 10% or more, and if the organization  | meets the "facts-     | and-circumstances   | s" test, check this b | oox and stop here    |                 |    |               |
|            | Explain in Part VI how the organization m   | eets the "facts-and   | d-circumstances" te | est. The organization | on qualifies as a p  | ublicly         |    |               |
|            |   |                       |                     |                       |                      |                 |    | ▶ ∟           |
| 18         | Private foundation. If the organization did   | I not check a box     | on line 13, 16a, 16 | 6b, 17a, or 17b, ch   | eck this box and se  | ee              |    | _             |
|            | instructions  |                       |                     |                       |                      |                 |    | ▶ ∟           |

# 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.)

| Sec       | tion A. Public Support  |                       |                       | · •                                     | •        | ,               |             |
|-----------|---|-----------------------|-----------------------|---|----------|-----------------|-------------|
| Caler     | ndar year (or fiscal year beginning in) <b>u</b>  | (a) 2012              | <b>(b)</b> 2013       | (c) 2014                                | (d) 2015 | <b>(e)</b> 2016 | (f) Total   |
| 1         | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  |                       |                       | 7,000                                   |          |                 | 7,000       |
| 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  |                       |                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |          |                 | .,,         |
| 3         | Gross receipts from activities that are not an unrelated trade or business under section 513  |                       |                       |   | 76,126   | 106,584         | 182,710     |
| 4         | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |                       |                       |   |          |                 |             |
| 5         | The value of services or facilities furnished by a governmental unit to the organization without charge   |                       |                       |   |          |                 |             |
| 6         | Total. Add lines 1 through 5  |                       |                       | 7,000                                   | 76,126   | 106,584         | 189,710     |
| 7a        | Amounts included on lines 1, 2, and 3 received from disqualified persons  |                       |                       |   |          |                 |             |
| b         | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year  |                       |                       |   |          |                 |             |
| С         | Add lines 7a and 7b   |                       |                       |   |          |                 |             |
| 8         | <b>Public support.</b> (Subtract line 7c from line 6.)  |                       |                       |   |          |                 | 100 510     |
| Sec       | tion B. Total Support   |                       |                       |   |          |                 | 189,710     |
|           | ndar year (or fiscal year beginning in) <b>u</b>  | (a) 2012              | <b>(b)</b> 2013       | (c) 2014                                | (d) 2015 | <b>(e)</b> 2016 | (f) Total   |
| 9         | Amounts from line 6   | (1)                   | (1)                   | 7,000                                   | 76,126   | 106,584         | 189,710     |
| 10a       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |                       |                       |   |          |                 |             |
| b         | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |                       |                       |   |          |                 |             |
| С         | Add lines 10a and 10b   |                       |                       |   |          |                 |             |
| 11        | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |                       |                       |   |          |                 |             |
| 12        | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |                       |                       |   |          |                 |             |
| 13        | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)   |                       |                       | 7,000                                   | 76,126   | 106,584         | 189,710     |
| 14        | First five years. If the Form 990 is for the  | e organization's firs | st, second, third, fo |   |          |                 |             |
|           | organization, check this box and stop her   | re                    |                       |   |          |                 | <u></u> ▶   |
| Sec       | tion C. Computation of Public S   | •                     |                       |   |          |                 |             |
| 15        | Public support percentage for 2016 (line 8  |                       |                       |   |          |                 | 100.00%     |
| 16        | Public support percentage from 2015 Sch   |                       |                       |   |          |                 | 100.00 %    |
|           | tion D. Computation of Investme   |                       |                       |   |          | 11              |             |
| 17        | Investment income percentage for 2016 (   |                       | III II:a a 47         |   |          | 40              | %           |
| 18<br>19a | Investment income percentage from 2015 33 1/3% support tests—2016. If the organization in the contract of the |                       |                       |   |          |                 | %_          |
| ı 3d      | 17 is not more than 33 1/3%, check this b   |                       |                       |   |          |                 | <b>▶</b> X  |
| b         | 33 1/3% support tests—2015. If the orga   |                       | =                     |   |          |                 |             |
| ~         | line 18 is not more than 33 1/3%, check the   |                       |                       |   |          |                 | ▶□          |
| 20        | Private foundation. If the organization di  |                       | =                     |   |          | =               | . $\square$ |

# **Supporting Organizations**

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

#### Section A. All Supporting Organizations

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

|       |        | Yes       | No       |
|-------|--------|-----------|----------|
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|       | 100    |           |          |
|       | 10a    |           |          |
|       | 10b    |           |          |
| A (Fo | orm 99 | 0 or 990- | EZ) 2016 |

|       | ille A (Form 990 or 990-E2) 2016 Music City Milk Rouldwall Classic, 40-500501  | <del>-</del> |     | Page 5 |
|-------|--|--------------|-----|--------|
| Par   | t IV Supporting Organizations (continued)  |              |     |        |
|       |  |              | Yes | No     |
| 11    | Has the organization accepted a gift or contribution from any of the following persons?  |              |     |        |
| а     | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)   |              |     |        |
|       | below, the governing body of a supported organization?   | 11a          |     |        |
|       | A family member of a person described in (a) above?  | 11b          |     |        |
|       | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  | 11c          |     |        |
| Secu  | on B. Type I Supporting Organizations  |              |     |        |
|       | Did the discount for the second scale of the s |              | Yes | No     |
| 1     | Did the directors, trustees, or membership of one or more supported organizations have the power to  |              |     |        |
|       | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the   |              |     |        |
|       | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or  |              |     |        |
|       | controlled the organization's activities. If the organization had more than one supported organization,  |              |     |        |
|       | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported  |              |     |        |
| _     | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1            |     |        |
| 2     | Did the organization operate for the benefit of any supported organization other than the supported  |              |     |        |
|       | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part  |              |     |        |
|       | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   |              |     |        |
| 04    | supervised, or controlled the supporting organization.   | 2            |     |        |
| Secti | on C. Type II Supporting Organizations   |              |     |        |
|       |  |              | Yes | No     |
| 1     | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |              |     |        |
|       | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control  |              |     |        |
|       | or management of the supporting organization was vested in the same persons that controlled or managed   |              |     |        |
|       | the supported organization(s).   | 1            |     |        |
| Secti | on D. All Type III Supporting Organizations  |              |     |        |
|       |  |              | Yes | No     |
| 1     | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |              |     |        |
|       | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |              |     |        |
|       | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   |              |     |        |
|       | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1            |     |        |
| 2     | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   |              |     |        |
|       | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how   |              |     |        |
|       | the organization maintained a close and continuous working relationship with the supported organization(s).  | 2            |     |        |
| 3     | By reason of the relationship described in (2), did the organization's supported organizations have a  |              |     |        |
|       | significant voice in the organization's investment policies and in directing the use of the organization's   |              |     |        |
|       | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's   |              |     |        |
|       | supported organizations played in this regard.   | 3            |     |        |
| Secti | on E. Type III Functionally-Integrated Supporting Organizations  |              |     |        |
| 1     | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)   |              |     |        |
| а     | The organization satisfied the Activities Test. Complete line 2 below.   |              |     |        |
| b     | The organization is the parent of each of its supported organizations. Complete line 3 below.  |              |     |        |
| С     | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc   | tions).      |     |        |
|       |  |              |     |        |
| 2 /   | Activities Test. Answer (a) and (b) below.   |              | Yes | No     |
| а     | 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,   |              |     |        |
|       | how the organization was responsive to those supported organizations, and how the organization determined  |              |     |        |
|       | that these activities constituted substantially all of its activities.   | 2a           |     |        |
| 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.   | 2b           |     |        |
| 3     | Parent of Supported Organizations. Answer (a) and (b) below.   |              |     |        |
| а     | 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.   | 3a           |     |        |
| 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.  | 3b           |     |        |

| Schedu | ile A (Form 990 or 990-EZ) 2016 MUSIC CITY MLK ROUNGBALL CI                                 | <u>ass</u> | 10, 46-500 <u>5</u>         | <u>ота</u>               | Page 6 |
|--------|---|------------|-----------------------------|--------------------------|--------|
| Par    | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org                           | janiza     | tions                       |                          |        |
| 1      | Check here if the organization satisfied the Integral Part Test as a qualifying trust on No | ov. 20,    | 1970 (explain in Part VI).S | ee                       |        |
|        | instructions. All other Type III non-functionally integrated supporting organizations must  | st comp    | olete Sections A through E  |                          |        |
| Sect   | ion A - Adjusted Net Income   |            | (A) Prior Year              | (B) Current<br>(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                            |            |                             |                          |        |
| co     | lection of gross income or for management, conservation, or                                 |            |                             |                          |        |
| ma     | intenance of property held for production of income (see instructions)                      | 6          |                             |                          |        |
| 7      | Other expenses (see instructions)   | 7          |                             |                          |        |
| 8      | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).                                | 8          |                             |                          |        |
| Sect   | ion B - Minimum Asset Amount  | •          | (A) Prior Year              | (B) Current<br>(optional |        |
| 1      | Aggregate fair market value of all non-exempt-use assets (see                               |            |                             |                          |        |
| ins    | tructions for short tax year or assets held for part of year):                              |            |                             |                          |        |
|        | a Average monthly value of securities   | 1a         |                             |                          |        |
|        | <b>b</b> Average monthly cash balances  | 1b         |                             |                          |        |
|        | c Fair market value of other non-exempt-use assets  | 1c         |                             |                          |        |
|        | d Total (add lines 1a, 1b, and 1c)  | 1d         |                             |                          |        |
|        | e Discount claimed for blockage or other  |            |                             |                          |        |
|        | factors (explain in detail in <b>Part VI</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 amount,                |            |                             |                          |        |
| se     | e 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 Y                | ear    |
| 1      | Adjusted net income for prior year (from Section A, line 8, Column A)                       | 1          |                             |                          |        |
| 2      | Enter 85% of line 1.  | 2          |                             |                          |        |
| 3      | Minimum asset amount for prior year (from Section B, line 8, Column A)                      | 3          |                             |                          |        |
| 4      | Enter greater of line 2 or line 3.  | 4          |                             |                          |        |
| 5      | Income tax imposed in prior year  | 5          |                             |                          |        |
| 6      | Distributable Amount. Subtract line 5 from line 4, unless subject to                        |            |                             |                          | _      |

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

Schedule A (Form 990 or 990-EZ) 2016

emergency temporary reduction (see instructions).

instructions).

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| Schedul<br>Part | e A (Form 990 or 990-EZ) 2016 Music City MLK Ro  V Type III Non-Functionally Integrated 509(a)(3) |                      |                    | 619 Page 7      |
|-----------------|---|----------------------|--------------------|-----------------|
|                 | on D - Distributions  | oupporting Organiza  | dona (continuca)   | Current Year    |
| 1               | Amounts paid to supported organizations to accomplish exempt purpo                                | 292                  |                    | Guirent real    |
|                 | Amounts paid to perform activity that directly furthers exempt purposes                           |                      |                    |                 |
| _               | organizations, in excess of income from activity  | o o ouppoilou        |                    |                 |
| 3               | Administrative expenses paid to accomplish exempt purposes of supp                                | orted organizations  |                    |                 |
| 4               | Amounts paid to acquire exempt-use assets   |                      |                    |                 |
| 5               | Qualified set-aside amounts (prior IRS approval required)   |                      |                    |                 |
| 6               | Other distributions (describe in Part VI). See instructions.                                      |                      |                    |                 |
| 7               | Total annual distributions. Add lines 1 through 6.  |                      |                    |                 |
| 8               | Distributions to attentive supported organizations to which the organizations                     | ation is responsive  |                    |                 |
|                 | (provide details in Part VI). See instructions.   |                      |                    |                 |
| 9               | Distributable amount for 2016 from Section C, line 6  |                      |                    |                 |
| 10              | Line 8 amount divided by Line 9 amount  |                      |                    |                 |
|                 |   | (i)                  | (ii)               | (iii)           |
|                 | Section E - Distribution Allocations (see instructions)   | Excess Distributions | Underdistributions | Distributable   |
|                 |   |                      | Pre-2016           | Amount for 2016 |
| 1               | Distributable amount for 2016 from Section C, line 6  |                      |                    |                 |
|                 | Underdistributions, if any, for years prior to 2016   |                      |                    |                 |
| 2               | (reasonable cause required-explain in Part VI). See instructions.                                 |                      |                    |                 |
| 3               | Excess distributions carryover, if any, to 2016:  |                      |                    |                 |
| <del></del> а   | EXCESS distributions carryover, if any, to 2010.  |                      |                    |                 |
| <u>u</u>        |   |                      |                    |                 |
|                 | From 2013   |                      |                    |                 |
| d               | From 2014   |                      |                    |                 |
|                 | From 2015   |                      |                    |                 |
|                 | Total of lines 3a through e   |                      |                    |                 |
|                 | Applied to underdistributions of prior years  |                      |                    |                 |
| h               | Applied to 2016 distributable amount  |                      |                    |                 |
| i               | Carryover from 2011 not applied (see instructions)  |                      |                    |                 |
| <u>j</u> _      | Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                      |                    |                 |
| 4               | Distributions for 2016 from   |                      |                    |                 |
|                 | Section D, line 7: \$   |                      |                    |                 |
| a               | Applied to underdistributions of prior years  |                      |                    |                 |
| b               | Applied to 2016 distributable amount  |                      |                    |                 |
| С               | Remainder. Subtract lines 4a and 4b from 4.   |                      |                    |                 |
| 5               | Remaining underdistributions for years prior to 2016, if  |                      |                    |                 |
|                 | any. Subtract lines 3g and 4a from line 2. For result   |                      |                    |                 |
|                 | greater than zero, explain in Part VI. See instructions.  |                      |                    |                 |
| 6               | Remaining underdistributions for 2016. Subtract lines 3h  |                      |                    |                 |
|                 | and 4b from line 1. For result greater than zero, explain in                                      |                      |                    |                 |
|                 | Part VI. See instructions.  |                      |                    |                 |
| 7               | Excess distributions carryover to 2017. Add lines 3j  |                      |                    |                 |
|                 | and 4c.   |                      |                    |                 |
| 8               | Breakdown of line 7:  |                      |                    |                 |
| a               | Funna from 2012   |                      |                    |                 |
|                 | Excess from 2013  |                      |                    |                 |
|                 | Excess from 2014  |                      |                    |                 |
|                 | Excess from 2016  |                      |                    |                 |
|                 | EXCOSS HOLL ZOTO  |                      |                    |                 |

Schedule A (Form 990 or 990-EZ) 2016

| Schedule A (Fo | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section  |
|----------------|---|
|                | B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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### SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

### 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.

Music City MLK Roundball Classic,

OMB No. 1545-0047 **2016** 

Department of the Treasury
Internal Revenue Service

u Information about

u Attach to Form 990 or 990-EZ. u 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>. Open to Public Inspection

Employer identification number

Inc. 46-5003619 Form 990-EZ, Part I, Line 16 - Other Expenses Description Amount Expenses 4,320 Advertising 575 Marketing Posters and booklets 4,350 Film of event 4,910 26,735 Team travel Team meals 20,815 Event insurance 1,928 Merchandise 10,097 Total \$ 73,730 Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances Description **Amount** Correction of prior year 63,386 Form 990-EZ, Part II, Line 24 - Other Assets Beg. of Year Description End of Year Inventories for Sale or Use 15,000 \$ 26,403 Total \$ 15,000 \$ 26,403 Form 990-EZ, Part II, Line 26 - Other Liabilities End of Year Description Beg. of Year Unsecured Notes and Loans Payable 70,482 \$