Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information,

Department of the Treasury Internal Revenue Service

A	For the	e 2018 ca	endar year, or tax year t	beginning	4/1/2018	, an	d end	ing	3/	31/2019			
B		applicable:	C Name of organization		AND VILLAGES OF	NASHVILLE, IN	C.	D	Employ	er identifi	cation number		
	Address	change	Doing business as										
$\overline{\Box}$	Name ch		Number and street (or P.O	, box if mail is not	t delivered to street addr	ess) Room/suit	le	62	2-18543°	13			
님	Name Ci	ange	3900 HILLSBORO Pike)		20		E	Telepho	ne number	Ī		
Ш	Initial retu	um	City or town		State	ZIP code		(6	15) 385	-5814			
П	Final return	n/terminated	NASHVILLE		TN	37215			,				
二			Foreign country name	Foreign	province/state/county	Foreign po	ostal co		0		422 904		
닏	Amended	return						<u> </u>	Gross re	eceipts \$	432,894		
	Application	on pending	F Name and address of princ	cipal officer:			H	(a) Is this a	group retur	n for subord	inates? Yes X No		
			TEN THOUSAND VILL	AGES OF NA	ASHVILLE, INC. 39	00 HILLSBOR	<u>О Р</u> н	(b) Are a	l subordina	ates include	ed? Yes No		
1	Tax-exem	npt status:	X 501(c)(3) 501(c)	() <	(insert no.) 494	17(a)(1) or 5	27	If "No	," attach a	list. (see ir	nstructions)		
_		 	P://WWW.TENTHOUS				\dashv .	(a) Craur	avamatia	n number (
		rganization:	X Corporation Tr	ust Associa	ation Other >		Year o	f formation	n: 200	1 M S	tate of legal domicile: TN		
F	art I	Su	mmary										
_	1		escribe the organization				EN T	HOUSA	ND VILI	LAGES	OF NASHVILLE EXIST		
2		TO SUP	PORT FAIR TRADE ME	ERCHANTS I	N DEVELOPING C	OUNTRIES							
Governance	ŀ												
ĕ	2	Check to	nis box 🕨 🔲 if the org	ganization dis	continued its opera	ations or dispos	sed of	more t	han 25%	of its n	et assets.		
တိ	3		of voting members of th							3	10		
Activities &	4		of independent voting n							4	10		
Seg.	5		mber of individuals emp							5	6		
₹	6	Total nu	mber of volunteers (esti	mate if neces	earvi	v, 20) .				6	40		
Ş	7a		related business revenu							7a	0		
_	b		elated business taxable i							7b	0		
	+ -	Netunit	siated business taxable	income nom i	-01111 990-1, IIIIe 30		ii		rior Year	170	Current Year		
	8	Contribu	itions and grants (Part V	/III line 1b\			⊢		iioi reai	8,251	6,442		
9	%												
Revenue	9		service revenue (Part \							- 0	0		
æ	10		ent income (Part VIII, co							0	900,004		
	11		venue (Part VIII, column					13,055	230,831				
	12		enue—add lines 8 through						2	21,306	237,277		
	13		and similar amounts paid							0	0		
	14		paid to or for members							0	0		
ê	15		other compensation, emp							75,129	78,361		
Sie	16a		onal fundraising fees (Pa				-			0	0		
Expenses	b		ndraising expenses (Par							ilianes i			
ш	17		penses (Part IX, columi	• •						55,089	163,425		
	18		penses. Add lines 13–17							30,218	241,786		
	19	Revenue	e less expenses. Subtra	ct line 18 fron	<u>n line 12</u>	<u> </u>	.			-8,912	-4,509		
B or							E	leginning	of Curre		End of Year		
sect	20	Total as	sets (Part X, line 16)				· L		14	42,273	150,345		
Net Assets Fund Balanc	21	Total lial	oilities (Part X, line 26).				. L			23,102	24,418		
žį	22	Net asse	ets or fund balances. Su	btract line 21	from line 20				1	19,171	125,927		
	art II		nature Block										
			, I declare that I have examine										
and	belief, it is	s true, corre	ct, and complete. Declaration o	f preparer (other	than officer) is based on	all information of w	vhich pr	eparer ha	s any kno				
Sig	ın	- • .									9/30/2019		
He			Signature of officer						Date				
•••			Bill Kirby			Tı	reasu	rer					
			Type or print name and title										
		Print	Type preparer's name		Preparer's signature			Date			T , PTIN		
Pa										Check _ self-emplo	if		
	eparer							Т Т			,,		
Us	e Only	<i>'</i>	's name 🕨					Fi	m's EIN				
		Firm	s address 🕨					Pł	оле по.				
Ma	v the IR	S discus	s this return with the pre	parer shown :	above? (see instru	ctions)					X Yes No		

Form 9	90 (2018)	TEN THOUSAND	O VILLAGES O	F NASHVILLE, INC.		62-	1854313	Page Z
Pa	rt III			e Accomplishments a response or note to		ırt III		. 🔲
1		scribe the organizatio						
	Ten Thou countries			support Fair Trade merch				
				••••				
2	Did the or	ganization undertake	any significant	program services during	the year which wer	e not listed on		
	the prior F						X Yes	☐ No
3	services?			ke significant changes in			Yes	X No
4		lescribe these change		O. ccomplishments for each	of its three largest	program conjices, as i	measured by	
4	expenses	. Section 501(c)(3) an	nd 501(c)(4) org	ganizations are required on the program service repo	to report the amount			
4a	(Code:) (Expe	enses \$	241,786 including gra	ints of \$	0) (Revenue \$	230,	831)
	MARKET	SHMENT OF A SOLII ING, AND SELLING (O OPERATING OF PRODUCTS	STRUCTURE THROUG FROM IMPOVERISHE	H WHICH TO FACI D AND DISADVANT	LITATE THE IMPORT AGED PEOPLE LIVI	ING , NG IN DEVEL	
	COUNTR	IES						
4b	(Code:) (Expe	nses \$	including gra	nts of \$) (Revenue \$)
				••••				
				•••••				
4c	(Code:) (Expe	nses \$	including gra	nts of \$) (Revenue \$)
4d	Other prov	gram services. (Descr	ihe in Schedule	20)				
-	(Expenses		0 including	•	0) (Revenue	\$	0)	
4e		ram service expenses		241,786	7.1.15.5.5.5.5.			

	Ondomic of Hoganica Concustos		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	 ^	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		 ^
3	candidates for public office? If "Yes," complete Schedule C, Part I	3	<u></u>	х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	1		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1		
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	—		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	—		
	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	gan kan	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ_
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	١		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		\vdash	
	fundraising, business, investment, and program service activities outside the United States, or aggregate	i i		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	175		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	-		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	-"		
• •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	├"┤		<u> </u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	4.		~
19		18		<u> </u>
13	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	40	1	~
20-		19	i	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ľ	X

Par	Checklist of Required Schedules (continued)		T v	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		l	
	employees? If "Yes," complete Schedule J	23	Ь.	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		l	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines		l	
_	24b through 24d and complete Schedule K. If "No," go to line 25a	24a	├	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	\vdash	
·	to defease any tax-exempt bonds?	24c	l	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		l	
	current or former officers, directors, trustees, key employees, highest compensated employees, or		l	
27	disqualified persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	ŀ	x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	5244		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Polyectican	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
31	conservation contributions? If "Yes," complete Schedule M	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		<u> </u>
-	If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		- ^`
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	امدا		v
37	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
20		ان		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
Par		30	_^_	
ı aı	Check if Schedule O contains a response or note to any line in this Part V		. 1	
	Since in the first area of the contract of the	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	103578	The Ut	NO
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	esson Tolker	X

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		j.	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	3 753		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		l	i
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	25.4E		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	l		
_	gifts were not tax deductible?	6b	i et a ma	errat. 5
7	Organizations that may receive deductible contributions under section 170(c).		¥.	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			5. 5
	and services provided to the payor?	7a	-	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		ŀ	,
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			(B. 17), i i .
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f	├	X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	$\overline{}$	├	x
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7g 7h	 	x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	"强	en i	^
O	sponsoring organizations maintaining donor advised runds. Bid a donor advised fund maintained by the	8		X
9	Sponsoring organizations maintaining donor advised funds.		4.7.12	CE UT
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	No. ora	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			(First)
а	Initiation fees and capital contributions included on Part VIII, line 12		r r	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	1		is and the
b	Gross income from other sources (Do not net amounts due or paid to other sources			isti. Malaka
	against amounts due or received from them.)	関		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			[*** [••
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			2.0
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		Х
	Note. See the instructions for additional information the organization must report on Schedule O.	-:102		444
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand		haii	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Х
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.		er Er Hij	KAL i
		أساند تعليد بدو	imperities.	

Part VI

<u>Sect</u>	ion A. Governing Body and Management			Τ.	. 1	
4-	Take the number of voting members of the governing body at the and of the tay year	1a	10	1)	Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	ıa	10			
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					i.
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation		-			
2	any other officer, director, trustee, or key employee?		9112		ii Jaga	X
2	Did the organization delegate control over management duties customarily performed by or under		⊢	╁		~
3	supervision of officers, directors, or trustees, or key employees to a management company or other		,	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w			<u>, </u>	\neg	$\frac{\hat{x}}{x}$
4				;	-	$\frac{\hat{x}}{x}$
5	Did the organization become aware during the year of a significant diversion of the organization's			_	\dashv	x
6	Did the organization have members or stockholders?		, -	+	\dashv	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or		,	_		~
	one or more members of the governing body?		· 7	a -		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members		_	.		v
_	stockholders, or persons other than the governing body?		7	D C	nervite i	X
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during		Ŧ.		
	the year by the following:					
a	The governing body?		_		X	
b	Each committee with authority to act on behalf of the governing body?		8	<u> </u>	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be		١.		ı	v
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.			<u> </u>		X
Sect	ion B. Policies (This Section B requests information about policies not required by the	<u>ınternai Revenu</u>	e Cod		V 1	No.
			Ta.		Yes	No
	Did the organization have local chapters, branches, or affiliates?		10	<i>y</i> a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such		١,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pr)b	. 	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of the	ore filling the form?.	7		X	D1H708
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		THE CASE		- 7	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		. 12	_		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		1 12	2b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				1	
	describe in Schedule O how this was done			2c	-	
13	Did the organization have a written whistleblower policy?			3	_	<u>X</u>
14	Did the organization have a written document retention and destruction policy?		. 1	4		X
15	Did the process for determining compensation of the following persons include a review and appro		* a	# .		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		111	Jig P		Enen
а	The organization's CEO, Executive Director, or top management official			_	<u> </u>	
b	Other officers or key employees of the organization		. 1	5b	Section 2	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					579
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements					
	with a taxable entity during the year?		16	3a		<u> X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to eval		3			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe		is I		j.	Lin
	the organization's exempt status with respect to such arrangements?		. 16	3b		
Sect	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► TN					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990		on 501	(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap					
		kplain in Schedule	-			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest	policy,	and		
	financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's			•		
	Frances Lynch 3900 Hillsboro RD, Suite 34, Nashville, TN 37215	(615) 385-58	314			
	3900 Hillsboro RD, Suite 34, Nashville, TN 37215					

Form 990 (2018) TEN THOUSAND VILLAGES OF I									62-18543	13 Page 7	
Part VII Compensation of Officers, Dire	•	es, K	(ey	En	ıplo	yee	s, ł	lighest Comp	ensated		
Employees, and Independent C Check if Schedule O contains a r		te to	an	v lir	ne ir	n this	: Pa	art VII		\square	
Section A. Officers, Directors, Trustees, Key E										· · · <u>L_J</u>	
1a Complete this table for all persons required to be									with or within the		
organization's tax year.								an your onling			
List all of the organization's current officers, d						iuals (or o	rganizations), re	gardless of amo	unt	
of compensation. Enter -0- in columns (D), (E), and (
List all of the organization's current key emplo List the organization's five current highest con										weel	
 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the 											
organization and any related organizations.											
 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. 											
List all of the organization's former directors of the organization and the organization are directors.	•			_			itv :	as a former direc	tor or trustee of	the	
organization, more than \$10,000 of reportable compe										u.c	
List persons in the following order: individual trustees		-				-		-			
compensated employees; and former such persons.											
Check this box if neither the organization nor an	y related organiz	ation	cor	npe	nsat	ted ar	ny c	urrent officer, dir	ector, or trustee		
				(4	C)						
(A)	(B)	(40.	not cl		ition	than c	nna.	(D)	(E)	(F)	
Name and Title	Average	box,	unle:	ss pe	rson	is both	an	Reportable	Reportable	Estimated	
	hours per week (list any		_		recto	or/trust		compensation from	compensation from related	amount of other	
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	ghes	Former	the organization	organizations (W-2/1099-MISC)	compensation from the	
	organizations below dotted	ctor tual t	tiona		醇	st co		(W-2/1099-MISC)	, , , , , , , , , , , , , , , , , , , ,	organization and related	
	line)	uste	2	l	yee	mper				organizations	
		6	stee			Highest compensated employee					
(1) Jan Dick	2.00			H			\vdash				
Board Member	0.00	Х									
(2) Anne Friedland	2.00										
Board member	0.00	X	⊢		<u> </u>		<u> </u>				
(3) Donna Sonner	2.00										
Board member (4) Bill Kirby	0.00 5.00	X	\vdash	\vdash	\vdash						
		l	1		1		I				

	hours per	officer and a director/trustee) co				tor/trust	ee)	compensation	amount of		
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) Jan Dick	2.00										
Board Member	0.00	Х									
(2) Anne Friedland	2.00										
Board member	0.00	Х									
(3) Donna Sonner	2.00		Γ								
Board member	0.00	Х			<u> </u>						
(4) Bill Kirby	5.00						i				
Treasurer	0.00	X		Х							
(5) Judy Murray	5.00										
Board Chair	0.00	Х		X							
(6) Regina Pelfrey	2.00						•				
Board Member	0.00	Х									
_(7) Jean Tipps	2.00		1								
Board Member	0.00	Х									
(8) Ronnie Steinberg	2.00										
Board Member	0.00	Х									
(9) Jo Brummitt	40.00										
Manager	0.00				X	X		38,861	0	0	
(10)											
Board member					<u> </u>						
(11)											
(12)									-		
(13)									***************************************		
(14)					Т						

P	art VII Section A. Officers, Directors, Tru			es,	and	iHi:	ghes	t Co	ompensated Em	ployees (conti	nued)	
	(A) Name and title	(B) Average hours per	box,	unles	Pos leck is pe	rson irecto	than o	ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(15)												
(16)												
(17)									-	1		
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b c d	Sub-total	ection A						A A A	38,861 0 38,861		0 0	
2	Total number of individuals (including but not line reportable compensation from the organization	mited to those lis	ted a	bov	e) v 0	vho	recei				<u> </u>	
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched	ector, or trustee,		empl	loye	e, o	_		t compensated		Yes No	
4	For any individual listed on line 1a, is the sum of the organization and related organizations greated individual	of reportable con	npens	satio	n a				•	h 	4 X	
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yo										5 X	
Sec	tion B. Independent Contractors											
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.											
	(A) Name and business add	ress							(B) Description of sen	vices	(C) Compensation	
											0	
											0	
											0	
2	Total number of independent contractors (include		ed to	tho	se li	isted	d abo	ve)	who received		0	
	more than \$100,000 of compensation from the	organization	>				0			giateur.		

Part VIII Statement of Revenue

		Check if Schedule O contains	a response o	r note to any line in	this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
a a	1a	Federated campaigns		la 0	principal program	PS-18 Differen		efil live
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	<u> </u>	b 0	Ser May And			
S, G	C	Fundraising events		lc 0			val.	
Sifts lar/	d	Related organizations	 	d 0				
s, C	е	Government grants (contributions)	· -	le 0				
er S	f	All other contributions, gifts, grants						
현		similar amounts not included above	-	lf 6,442				
ont	g	Noncash contributions included in lin	es 1a-1f:	\$ 2,000	linda a sk			
OB	h	Total. Add lines 1a-1f		<u></u> .	6,442		to the contract of	
Je.				Business Code				
ren	2a				0			
Re	b				0			
ıtce	С				0			
ě	d				0			
E	е				0			
Program Service Revenue	f	All other program service revenue			0			
4	g	Total. Add lines 2a-2f			0			
	3	Investment income (including divid						
		other similar amounts)			4			
	4	Income from investment of tax-ex-	empt bond pr	roceeds 🕨	0			
	5	Royalties		<u> </u>	0			
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)		0 0				
	d	Net rental income or (loss)			0			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory [0 0				
	b	Less: cost or other basis						nita della
		and sales expenses		0 0				
	C	Gain or (loss) [0 0	i ii.			
	d	Net gain or (loss)		. <u></u>	0			
					i dan ba			
enne	8a	Gross income from fundraising				0.05(0)-1.22(0)-1		
		events (not including \$	0					
Şè		of contributions reported on line 1	c).					
er l		See Part IV, line 18		a 0				
Other Rev	b	Less: direct expenses		b0				
0	С	Net income or (loss) from fundrais		. <u> ▶</u>	0	Standard Commence		
	9a	Gross income from gaming activiti						
		See Part IV, line 19		a 0		ne di		
	þ	Less: direct expenses		b0				
	С	Net income or (loss) from gaming	activities	. <u></u>	0		On Marine 20 All Control of the Control	
	10a	,						
		returns and allowances						
	b	Less: cost of goods sold		b 195,617				
	С	Net income or (loss) from sales of	inventory .		230,831	,	and the second second second	
		Miscellaneous Revenue		Business Code				
	11a				0			
	b				0			
	C				0			
	d	All other revenue			0			
	е	Total. Add lines 11a-11d		▶	0			
	12	Total revenue. See instructions		▶	237,277	0	0	0

Part IX	Sta	item	ien	t of l	Functi	onal	Expense	S			

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all c				
	Check if Schedule O contains a response or note	to any line in this Pa	art IX		<u> </u>
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	0			2.2021
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	. 0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0		0	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	38,861	38,861		
7	Other salaries and wages	33,931	33,931		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) .	0			
9	Other employee benefits	0			
10	Payroll taxes	5,569	5,569		
11	Fees for services (non-employees):				
а	Management	o			
b	Legal	0			
C	Accounting	350	350		
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	12,721	12,721		
13	Office expenses	3,571	3,571		
14	Information technology	3,669	3,669		
15	Royalties	0,000	-0,000		
16	Occupancy	128,392	128,392		
17	Travel	758	758		
18	Payments of travel or entertainment expenses	730	700		
10	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21		0		-	
	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	2,215	2,215	U	0
23	Insurance	2,213	2,210	2007 Jung 1888 1984 (1988 1988 1988 1988 1988 1988 1988 198	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	Haira dhistina dhi	0.055		berthassant <u>vialestis</u>
а	Credit Card Exp	8,055	8,055		
b	Offsite Sales Exp	1,376	1,376		-
C	Professional fees	145	145		
d	Taxes & Licen	365	365		
е	All other expenses	1,808	1,808		
25	Total functional expenses. Add lines 1 through 24e	241,786	241,786	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or r	note to any line in this Part X	<u></u>		<u> </u>
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		56,069	1	55,133
	2	Savings and temporary cash investments		15,101	2	15,106
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensation	ted employees.			
		Complete Part II of Schedule L		0	5	
	6	Loans and other receivables from other disqualified persor	ns (as defined under section	igo sains, aind ain		
		4958(f)(1)), persons described in section 4958(c)(3)(B), an	d contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary em	ployees' beneficiary			
ध	İ	organizations (see instructions). Complete Part II of Sched	ule L	0	6	
Assets	7	Notes and loans receivable, net		0	7	13,000
Ř	8	Inventories for sale or use		59,619	8	55,622
	9	Prepaid expenses and deferred charges		3,687	9	3,687
	10a	Land, buildings, and equipment: cost or				- 146 - GAS
	Ì	other basis. Complete Part VI of Schedule D	10a 7,797			
	b	Less: accumulated depreciation	10b 0	7,797	10c	7,797
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line	11	0	12	0
	13	Investments—program-related. See Part IV, line	0	13	0	
	14	Intangible assets	0	14	0	
	15	Other assets. See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must equa	I line 34)	142,273	16	150,345
	17	Accounts payable and accrued expenses		21,879	17	9,735
	18	Grants payable		0	18	
	19	Deferred revenue	0	19		
	20	Tax-exempt bond liabilities	0	20		
	21	Escrow or custodial account liability. Complete P	art IV of Schedule D	0	21	
S	22	Loans and other payables to current and former	officers, directors,			
Liabilities		trustees, key employees, highest compensated e	employees, and			
abi		disqualified persons. Complete Part II of Schedu	le L	0	22	
Ï	23	Secured mortgages and notes payable to unrelate	ted third parties	0	23	13,000
	24	Unsecured notes and loans payable to unrelated	third parties	0	24	0
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17–24). Complete Part X			
		of Schedule D		1,223	25	1,683
	26	Total liabilities. Add lines 17 through 25	<u> </u>	23,102	26	24,418
		Organizations that follow SFAS 117 (ASC 958)), check here and			
Se		complete lines 27 through 29, and lines 33 and				
Ę	27	Unrestricted net assets		-9,998	27	-18,940
<u>a</u>	28	Temporarily restricted net assets		0		,.
	29	Permanently restricted net assets		0	29	
or Fund Balances		•			9.1-60	三 1982 1985 红 1986的
F		Organizations that do not follow SFAS 117 (ASC958), o	check here and			105
S		complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds .		0	30	
Net Assets	31	Paid-in or capital surplus, or land, building, or eq		0	31	405.007
et.	32	Retained earnings, endowment, accumulated inc		119,171		125,927
Z	33	Total net assets or fund balances		119,171		125,927
	34	Total liabilities and net assets/fund balances		142,273	34	150,345

Form 9	990 (2018) TEN THOUSAND VILLAGES OF NASHVILLE, INC.	6	2 <u>-1854313</u>	Pag	e 12
Part					
	Check if Schedule O contains a response or note to any line in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		237	,277
2	Total expenses (must equal Part IX, column (A), line 25)	2		241	<u>,786</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		-4	,509
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		119	<u>,171</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7		4	,509
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		119	,171
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	.	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		. 2a		X
	X Separate basis Consolidated basis Both consolidated and separate basis			iad	M ilia
b	Were the organization's financial statements audited by an independent accountant?		. 2b		Χ.
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		i ju		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	j			
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		. 3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2018

Open to Public Inspection

Name of the organization **Employer Identification number** TEN THOUSAND VILLAGES OF NASHVILLE, INC. 62-1854313 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f 0 Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2018 TEN THOUSAND VILLAGES OF NASHVILLE, INC. 62-1854

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

12 Gross receipts from related activities, etc. (see instructions)	Sec	tion A. Public Support				-		
membership fees recolved. (Do not include your museual grants, 7)	Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
2 Tax revenues levied for the organization benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total. Add lines 1 through 3 . 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1	membership fees received. (Do not						0
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. 4 Total. Add lines 1 through 3	2	• •				-		
to or expended on its behalf. The value of services or facitities furnished by a governmental unit to the organization without charge. Total, Add fines I through 3. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2							
3 The value of services or facilities furnished by a governmental unit to the organization without charge		•				1		0
funished by a governmental unit to the organization without charge. 1 Total, Add lines I through 3	2							
organization without charge	•							
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). 8 Public support. Subtract line 3 from line 4 8 Public support. Subtract line 3 from line 4 8 Public support. Subtract line 3 from line 4 9 Public support. Subtract line 3 from line 4 9 O O O O O O O O O O O O O O O O O O		organization without charge						
each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount show on line 11, column (f). 6 Public support. Sutherat line 5 from line 4 Section B, Total Support Callendar year (or fiscal year beginning in) 7 Amounts from line 4. 9 O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		<u> </u>	U COMPANIENT STATE OF	U U	U Bellet Haussterheber	l U	U)	
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Page 3

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			, , , , , , , , , , , , , , , , , , , ,	,		
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	6,947	6,856	4,192	8,090	6,442	32,527
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	455,218	450,328	389,070	374,907	426,448	2,095,971
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf	·					0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	462,165	457,184	393,262	382,997	432,890	2,128,498
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	2,500	5,747				8,247
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						0
C	Add lines 7a and 7b	2,500	5,747	o	0	0	8,247
8	Public support (Subtract line 7c from			bifiggina tarangan			
	line 6.)	A STATE OF THE STA					2,120,251
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	462,165	457,184	393,262	382,997	432,890	2,128,498
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,			1			
	royalties, and income from similar sources	5	5	4			14
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
C	Add lines 10a and 10b	5	5	4	0	0	14
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or					ŀ	
	loss from the sale of capital assets						
	(Explain in Part VI.)	335					335
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	462,505	457,189	393,266	382,997	432,890	2,128,847
14	First five years. If the Form 990 is for the or						. —
	organization, check this box and stop here .					· · · · · · · · ·	· · · · · • • [
	tion C. Computation of Public Sur				····	1	
15	Public support percentage for 2018 (line 8, co					15	99.60%
16 Soc	Public support percentage from 2017 Schedu				<u> </u>	16	99.01%
	tion D. Computation of Investmen					4= 1	0.000/
17	Investment income percentage for 2018 (line					17	0.00%
18	Investment income percentage from 2017 Sc					18	0.00%
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U	line 18 is not more than 33 1/3%, check this b						
20	Private foundation. If the organization did n						
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Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

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

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Part	V Supporting Organizations (continued)			
		Garagea	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	The lead		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		in many	1.
	below, the governing body of a supported organization?	11a	-	—-
b	A family member of a person described in (a) above?	11b		┢─
Secti	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. on B. Type I Supporting Organizations	11c		Щ
Secti	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	7.JH	- 13	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	7 1917		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		a ·	
	controlled the organization's activities. If the organization had more than one supported organization,		ľ, s	100 CM
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		in E	li.
	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		142	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
		i anni anni	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		量1.	14.03
	or management of the supporting organization was vested in the same persons that controlled or managed	edeal		
Sooti	the supported organization(s). on D. All Type III Supporting Organizations		l	Щ.
Secu	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	10.5 mil	6.5	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			l V
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1.45)		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	F that/leal#	l manage
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	376	(jji)	
	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	13.0	Mary.	124
	supported organizations played in this regard.	3_		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below.	truction	s) .	
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 (s	ee instru	ctions	;).
•				
2	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	en ez	Yes	No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	the 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	1		2.1
	that these activities constituted substantially all of its activities.	2a	0.517753	13.33.33
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	7.30		
	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.		31	
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			建产生
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	l ah l	1	i

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	st on Nov. 20, 1970 (explain	in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	izatio	ons must complete Sections	s A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	13 (i.e.)		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
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	0	0
e Discount claimed for blockage or other	i i		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	l o	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functionall	y inte	egrated Type III supporting	organization (see

Excess from 2018.

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported 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. Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 0 0.000 10 Line 8 amount divided by line 9 amount (iii) (ii) **Underdistributions** Distributable Section E - Distribution Allocations (see instructions) Excess Distributions Pre-2018 **Amount for 2018** 0 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2018 a From 2013 . . . b From 2014. 0 c From 2015 . . d From 2016. e From 2017. . Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 0 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2019. Add lines 3i and 4c. Breakdown of line 7: a Excess from 2014. b Excess from 2015. Excess from 2016. d Excess from 2017.

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

2018

Open to Public Inspection

Name	of the organization			Employer ide	ntification number
TEN	THOUSAND VILLAGES OF NASHVILLE, INC.				62-1854313
	Organizations Maintaining Donor	Advised Funds or Ot	her Similar	Funds or Ac	counts.
	Complete if the organization answer	ed "Yes" on Form 990,	Part IV, line	6.	
		(a) Donor advised) Funds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and don	or advisors in writing that	the assets he	ld in donor advi	sed
•	funds are the organization's property, subject t				
6	Did the organization inform all grantees, donor				
•	only for charitable purposes and not for the be				
	conferring impermissible private benefit?				
Box	Conservation Easements.	 			
ran		od "Vas" on Form 000	Dort IV line	. 7	
_	Complete if the organization answer				
1	Purpose(s) of conservation easements held by				icelly important land area
	Preservation of land for public use (e.g., r	ecreation or education)	=		ically important land area
	Protection of natural habitat		Preserva	ation of a certifi	ed historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization	on held a qualified conser	vation contribu	ution in the form	of a conservation
	easement on the last day of the tax year.	•			Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation ease				
C	Number of conservation easements on a certif				
ď	Number of conservation easements included i				
	historic structure listed in the National Registe				l
3	Number of conservation easements modified,	transferred, released, ext	inguished, or t	erminated by the	ne organization during
	the tax year		_		
4	Number of states where property subject to co	nservation easement is lo	ocated	>	
5	Does the organization have a written policy re-			ion, handling of	
	violations, and enforcement of the conservation				
6	Staff and volunteer hours devoted to monitoring, in				
	•				
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations,	and enforcing c	onservation ease	ments during the year
	▶ \$				•
8	Does each conservation easement reported or	n line 2(d) above satisfy th	ne requiremen	ts of section 17	O(h)(4)(B)(i)
-	·		•		Yes No
9	In Part XIII, describe how the organization rep				se statement, and
_	balance sheet, and include, if applicable, the to				
	organization's accounting for conservation eas		.		
Par	III Organizations Maintaining Collect		I Treasures	or Other Si	milar Assets.
	Complete if the organization answer	ed "Yes" on Form 990.	Part IV, line	8.	
1a	If the organization elected, as permitted under				ement and balance sheet
	works of art, historical treasures, or other simil				
	public service, provide, in Part XIII, the text of				
b	If the organization elected, as permitted under				
-	works of art, historical treasures, or other simil				
	public service, provide the following amounts r				
	(i) Revenue included on Form 990, Part VIII, I				. ▶ \$
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of an				
-	following amounts required to be reported und				Gama, processes mile
а	Revenue included on Form 990, Part VIII, line	· · · · · · · · · · · · · · · · · · ·	-		. ▶ \$
	Assets included in Form 990 Part X				S

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

0

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0

Part VII	Investments—Other Securities.			000 D 4 V E 40
	Complete if the organization answere	d "Yes" on Form 990,		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year n	
(1) Financia	I derivatives	0		
(2) Closely-I	held equity interests	0		
(3) Other				
(A)				
<u>(B)</u>				
(C)				
<u>(D)</u>				
<u>(E)</u>				
(F)				
(G)				
(H)			on new age in the common part in the control in t	and an increase of the contract of the contrac
	n (b) must equal Form 990, Part X, col. (B) line 12.)	0		
Part VIII	Investments—Program Related. Complete if the organization answere	d "Yes" on Form 990	Part IV line 11c. See Form 9	90. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of va	luation:
(4)			0031010110-01-904111	idinot valuo
<u>(1)</u>				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)	0		
Part IX	Other Assets.			
	Complete if the organization answere	ed "Yes" on Form 990.	Part IV, line 11d. See Form 9	990, Part X, line 15.
		escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) lin	e 15.)		0
Part X	Other Liabilities.			
	Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11e or 11f. See	Form 990, Part X,
	line 25.		Fill of the only and the property of the second of the sec	The state of the s
<u>1. </u>	(a) Description of liability	(b) Book value		
	l income taxes	0		
(2) Sales t	tax	1,683		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,683		
2. Liability fo	r uncertain tax positions. In Part XIII, provide the	e text of the footnote to the o	rganization's financial statements th	at reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Fo		TEN THOUSAND VILLAGES OF NASHVILLE, INC.	62-1854313	Page 5
Part XIII	Suppleme	ental Information (continued)		
		•••••		
		••••••		

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

2018

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

TEN THOUSAND VILLAGES OF NASHVILLE, INC.

Employer identification number
62-1854313

Pa	art I Bond Issues	·		· · · ·										
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue p	rice	(f) Desc	ription of purpose	(g) C	efeased	(h) (beha issu	if of	(i) Por financ	
									Ye	No	Yes	No	Yes	No
_ A														_
В														
_											1	ı		
<u> </u>										+		-		
D			}								l l	ĺ		
	rt II Proceeds	J			J						<u> </u>			_
				1	Α	1	В		2			D		_
1	Amount of bonds retired													
2	Amount of bonds legally defeased													
3	Total proceeds of issue			•										
4	Gross proceeds in reserve funds			•										
_5	Capitalized interest from proceeds											_		
_6	Proceeds in refunding escrows													
7	Issuance costs from proceeds													
8	Credit enhancement from proceeds	. <i></i> .	· · · · · · ·	<u> </u>										
9	Working capital expenditures from proceeds	<u></u>	<u> </u>											
10	Capital expenditures from proceeds													
11	Other spent proceeds				·									
12	Other unspent proceeds		<u> </u>										_	
13	Year of substantial completion	. .	<u></u>											
-				Yes	No	Yes	No_	Yes	No	<u> Y</u>	es	+	No	
14	Were the bonds issued as part of a refunding					1								
45	(or, if issued prior to 2018, a current refundi			•		1		-				+		
15	Were the bonds issued as part of a refunding					·		1						
46	(or, if issued prior to 2018, an advance refur	naing issue)?	<u> </u>	· · ·								+-		—
16 17	Has the final allocation of proceeds been ma					+			-			╫		
17	Does the organization maintain adequate bo											1		
-	the final allocation of proceeds?	· · · · · · · ·	<u> </u>	<u> </u>	l									

Га	Frivate Business Use								
		1	A	Į	В		3		
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No
2	Are there any lease arrangements that may result in private business use of bond-financed property?								
3a	Are there any management or service contracts that may result in private business use of bond-financed property?								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?					· · · · · · · · · · · · · · · · · · ·			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5		0.00%		0.00%		0.00%		0.00%
7	Does the bond issue meet the private security or payment test?	Î							
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental					- <u>-</u>			
	person other than a 501(c)(3) organization since the bonds were issued?	1					1 !		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or		ĺ						
	disposed of								
C	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
9	sections 1.141-12 and 1.145-2?								
Pai	t IV Arbitrage						,		
		,	A		В	(С		D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?								
2	If "No" to line 1, did the following apply?								
_ a	Rebate not due yet?								
b	Exception to rebate?								
C	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?								

Part	V Arbitrage (Continued)								
		A		В		С			D
4a	Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
	hedge with respect to the bond issue?								
b	Name of provider				•				
С	Term of hedge								
d	Was the hedge superintegrated?								
е	Was the hedge terminated?								
	Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b	Name of provider						,		
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?								
7	Has the organization established written procedures to monitor the								
	requirements of section 148?								
Par			•			<u> </u>			
			4		В				D
	Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
	of federal tax requirements are timely identified and corrected through the								
	voluntary closing agreement program if self-remediation isn't available under			1					
	under applicable regulations?								ļ
Pari		tions on	Schedul	e K. See	instruction	ons			
				 					
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Part VI S	Schedule K from 990 2018 TEN THOUSAND VILLAGES OF NASHVILLE, INC. PartVI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. (Continued)	Page 4

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

TEN T	HOUSAND VILLAGE	S OF NASHVII	LLE, INC.					62-18	35431	3				
Part	Excess Benefi	t Transactions	(section 501(c)(3), s on Fo	ection 50 rm 990, F	1(c)(4), and Part IV, line	501(25a c	c)(29) organizati or 25b, or Form 9	ons o	nly).	V, lin	e 40b		·
4			(b) Relationship between disqualified person and				/-\ Di-ii-	44				(d) Corrected?		
1	(a) Name of disqualific	ea person		organiz	ation			(c) Descriptio	n or trai	isaction	ļ		Yes	No
(1)														
(2)					_									
(3)														
(4)														
(5)														
(6)													i	
2	Enter the amount of	tax incurred by	the organization	n mar	nagers or	disqualified	d pers	ons during the ye	ear					
	under section 4958.										▶ \$			
3	Enter the amount of	tax, if any, on li	ne 2, above, re	imbur	sed by the	e organizat	ion .				> \$			
Part			nswered "Yes"				ine 38	a or Form 990, F	Part IV	, line :	26; or	if the		
(a) Na	ame of interested person	(b) Relationship with organization	(c) Purpose of loan	fre	oan to or om the inization?	(e) Origii principal an		(f) Balance due	(g) In	default?	by bo	proved ard or nittee?	(i) W agree	ritten ment?
				То	From	1			Yes	No	Yes	No	Yes	No
(1)														
(2)				ĺ										
(3)														
(4)									1					
(5)														
(6)									ļ					
(7)														
(8)														
(9)														
(10)		<u> </u>				<u> </u>		<u> </u>		<u> </u>				
Total.		<u> </u>	<u> </u>			<u></u>	.▶ \$	0	200		門禮	t.m		
Part I	Grants or Assi Complete if the					Part IV, line	27.							
(a)	Name of interested person		ship between intere and the organization		(c) Amount	of assistance		(d) Type of assistance	e	(€) Purpo	se of a	ssistand	e
(1)														
(2)														
(3)														
(4)														
(5)										<u> </u>				
(6)								· · · · · · · · · · · · · · · · · · ·						
(7)														
(8)														
(9)														
(10)										1				

Schedule L ((Form 990 or 990-EZ) 2018	OUSAND VILLAGES OF NA	ASHVILLE, INC.	62-1854313	Р	age 2
Part IV	Business Transactions Involvir Complete if the organization answ	ng Interested Persons. vered "Yes" on Form 990, I	Part IV, line 28a, 28b	, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
(1)						
(2)			.,.			
(3)						
(4) (5)						\vdash
(6)						
(7)						
(8)						
(9)						
(10)		L				
Part V	Supplemental Information. Provide additional information for	responses to questions on	Schedule L (see ins	tructions).		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

TEN THOUSAND VILLAGES OF NASHVILLE, INC.	62-1854313
Form 990, Part I, Line 1: DESCRIPTION OF ORGANIZATION MISSION; ARTISTANS IN DEVELO	DPING
COUNTRIES BY SELLING THEIR HAND CRAFTER PRODUCTS AND SHARING THEIR STORI	<u>ES</u>
Form 990, Part VI, Section B, Line 11: A DRAFT OF THIS FORM 990 IS REVIEWED BY THE BO	ARD PRIOR
TO FILING	
Form 990, Part VI, Section B, Line 15A: THE BOARD PERFORMED A PEER REVIEW WITH OTHER	HER TEN
THOUSAND VILLAGES STORES AND COMPARARBLE LOCAL RETAIL AND NON PROFIT OR	HGANIZATIONS AND
APPROVED AS PART OF A BOARD MEETING.	
Form 990, Part VI, Section C, Line 19: THE ONLY DOCUMENT MADE AVAILABLE TO THE PUB	
FOUND ON GIVINGMATTERS.GUIDESTAR.ORG	
990, Part I, Line 1: Descripition of organization mission: Ten Thousand Villages exists to	
support fair trade artisians in devloping countries by selling their hand crafted products and	
sharing their stories.	
Form 990, Section Section B, Line 15A: The board performed a peer review with other Ten	
Thousand Villages stores and comparable local retail, and nonprofit organizations approved as	
a part of a board meeting.	
Form 990, Section C, Line 19: The only document made avalaible to the public can be found on	
GivingMatters.Guidestar.org.	**************************************
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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
TEN THOUSAND VILLAGES OF NASHVILLE, INC.	62-1854313
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