Short Period Return - 6 months ended 6/30/19

Form **990**

Change of Accounting Period

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

A	For the 20	18 calen	dar year, or tax year beginning 1/01 19 , 2016, and ending	6/3	30	, 20	119	
-	Check if appli		C		D Employer			
		Address change Nashville Jazz Workshop - short period 1319 Adams Street				62-1837858 E Telephone number		
	-							
	initial ret		nashville, TN 37208		16151	242-	5200	
	-		, control of the cont		(013)	242	3233	
	netrations.	/ terminated			C		100 700	
	Amended		F No.	May le this s	G Gross rece group return fo		196,705.	
	Applicati	on pending	FTIC III					
			Same As C Above	If "No,"	subordinates in attach a list. (s	ee instruction	ons) Lifes Like	
1	Tax-exemp		X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527			_		
J	Website	: P na		(c) Group exemption number				
K	Form of organization: X Corporation Trust Association Other L Year of formation: M State of legal domicite: TN							
Part Summary								
1 Briefly describe the organization's mission or most significant activities: To expand people's lives by							offering	
a	WO:	world class jazz education and performance in supportive and creative						
2	environments.							
Activities & Governance								
96	2 Che	2 Check this box ► if the organization discontinued its operations or disposed of more the						
O	3 Num	ber of vi	oting members of the governing body (Part VI, line 1a)			3	21	
80	4 Num	iber of in	dependent voting members of the governing body (Part VI, line 1b).			5	21	
ritie	5 Tota		r of individuals employed in calendar year 2018 (Part V, line 2a)r of volunteers (estimate if necessary).		· · · ·	6	8	
ŧ	7 Total		ed business revenue from Part VIII, column (C), line 12			7a	4,650.	
d	/a 1012		d business taxable income from Form 990-T, line 38		_	7b	0.	
	D IVE.	unielate	a business taxable mounte nomi out 1990 1, and 30	P	rior Year	-	Current Year	
	0 000	tributions	s and grants (Part VIII, line 1h).	<u> </u>	229,00		68,789.	
1	8 Can				210,53		111,601.	
em	10 inve	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)			1,698.		665.	
Revenue	11 Oth	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).			37,887.		9,614.	
_		Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)			479,124.		190,669.	
			similar amounts paid (Part IX, column (A), lines 1-3)					
		nefits paid to or for members (Part IX, column (A), line 4)						
			per compensation, employee benefits (Part IX, column (A), lines 5-10)		202,63	1	118,663.	
40	15 541	refessional fundraising fees (Part IX, column (A), line 11e)			16,905.			
Expenses	16a Pro			的10 156 156 15 TO 10 10 10 10 10 10 10 10 10 10 10 10 10				
XDe	b Tota		ising expenses (Part IX, column (D), line 25) ► 19,706.		and the latest terminal termin		Partial and the	
ш	17 Oth	er expen	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	242,763.			132,861.	
			ses. Add lines 13-17 (must equal Part IX, column (A), line 25)	462,299.			251,524.	
	19 Rev	enue les	s expenses. Subtract line 18 from line 12.	The same of the sa			-60,855.	
sette or				Beginni	ng of Current		End of Year	
	20 Total		assets (Part X, line 16)			6.	157,090.	
Ass	21 Tota	al liabiliti	es (Part X, line 26)		8,136.		8,638.	
Met	22 Net	assets o	or fund balances. Subtract line 21 from line 20		207,13	30.	148,452.	
	Signature Block							
Unc			declare that I have examined this return, including accompanying schedules and statements, and to t parer (other than officer) is based on all information of which preparer has any knowledge	he best of r	my knowledge a	nd belief, it	is true, correct, and	
con	npiete Declari	ation of pres	parer (other than officer) is based on all information of which preparer has any knowledge					
			Ca Dik			emba	14,2019	
Si	ign	Signa	ature of officer Date					
Here		Eric Dilts Executive Director						
		Туре	or print name and title			,		
-		Print/Type	preparer's name Preparer's signature Date	10	Check	if PTI		
p.	aid	Kim T	Thomason Kim Thomason 71/19	119	self-employee	1 PO	1382233	
	reparer	Firm's nar	Time - 1 - 2 Page					
Use Only		Firm's address 1009 Harding Trace Ct.				33-1	040094	
			Nashville, TN 37221		Phone no.		79-4770	
		discuss	this return with the preparer shown above? (see instructions)				X Yes No	