

January 6, 2020

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

Nashville Rowing Club:

Enclosed is the organization's 2018 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by May 15, 2020.

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

Sincerely,

Kraft & Company, PLLC

Extended to May 15, 2020

Internal Revenue Service

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

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

Open to Public Inspection

OMB No. 1545-0047

A F	or the	2018 calendar year, or tax year beginning JUL 1, 2018 and ending	JUN 30, 2019					
_	heck if	C Name of organization	D Employer identifi	cation number				
	pplicable	: O Name of organization	D Limployer identili	cation number				
	Addres	Nashville Rowing Club						
	_change ¬Name	-	62 1	200275				
	_chang∈ ⊤Initial			62-1290275				
	_return □Final	Number and street (or P.O. box if mail is not delivered to street address)						
	return/ termin-	73 White Bridge Road, #103-311	617-	617-901-8165				
	ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	339,060.				
	Ameno return	Nashviile, in 37203	H(a) Is this a group re					
	Application	F Name and address of principal officer: MANGARET DAVIDSON	for subordinates? Yes X No					
	pendin	g same as C above	H(b) Are all subordinates in	ncluded? Yes No				
ΙT	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527 If "No," attach a	list. (see instructions)				
J۷	Vebsit	e:▶ nashvillerowing.org	H(c) Group exemption	n number				
				√ State of legal domicile; TN				
	rt I	Summary						
	1	Briefly describe the organization's mission or most significant activities: Coaching	programs for	iuniors				
မွ		and adults in the surrounding community with						
Jan		Check this box if the organization discontinued its operations or disposed of m						
Governance				1				
હ			3	9				
		Number of independent voting members of the governing body (Part VI, line 1b)		3				
es		Total number of individuals employed in calendar year 2018 (Part V, line 2a)		3				
ivit		Total number of volunteers (estimate if necessary)		0				
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		0.				
_	b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.				
			Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)	127,209.	60,440.				
	9	Program service revenue (Part VIII, line 2g)	296,910.	277,910.				
eve		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.				
ĕ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,052.	-11,959.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	438,171.	326,391.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	117,890.	116,777.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
en				<u> </u>				
Ϋ́			268,455.	262,946.				
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	386,345.	379,723.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)						
		Revenue less expenses. Subtract line 18 from line 12	51,826.	-53,332.				
Net Assets or Fund Balances			Beginning of Current Year	End of Year				
set	20	Total assets (Part X, line 16)	385,503.	303,471.				
t As	21	Total liabilities (Part X, line 26)	44,289.	15,589.				
		Net assets or fund balances. Subtract line 21 from line 20	341,214.	287,882.				
	ırt II	Signature Block						
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta		/ knowledge and belief, it is				
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.					
Sigr	ı	Signature of officer	Date					
Her	е	MARGARET DAVIDSON, PRESIDENT						
		Type or print name and title						
		Print/Type preparer's name Previews signature Digitally signed by J. Mich	nael Date Check	X PTIN				
Paid		J. Michael Sullivan Sullivan Sullivan Date: 2020.01.08 13:57:53	I					
Prep		Firm's name Kraft & Company, PLLC	Firm's EIN	62-1002003				
Use		Firm's address 114 29th Avenue South	I IIIII 3 LIIV					
000	Jy	Nashville, TN 37212	Phone no. (6	15) 244-3991				
N 4	+60 15	·	j Filolië ilo. (O					
ıvıay	trie il	S discuss this return with the preparer shown above? (see instructions)		X Yes No				

	Objects (Colored to Consider a consequence of the constitute Doubling
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Organization's purpose is to foster, and conduct national or
	international amateur sports competition and to support and develop
	amateur athletes for this purpose. The sports supported shall include,
	but not be limited to, rowing and paddling activities.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	Coaching programs for juniors and adults in the surrounding community
	with enrichment programs such as: learn to row and youth camps. The
	long term objective is to grow the sport of rowing in the area through
	new programs and competitions.
4b	(Code:) (Expenses \$ 2,316. including grants of \$) (Revenue \$ 4,526.)
	Organization uniforms for juniors and adults to promote the ability of
	the team and individual competition on the National & International
	levels.
4c	(Code:) (Expenses \$
	Membership dues for organization in the Nashville area. Membership
	dues allow for the expansion of the rowing programs to offer more
	learning and competition opportunities.
44	Other program services (Describe in Schedule O.)
−u	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 285,288.
70	Form 990 (2018)
	101111 999 (2010)

Form 990 (2018) Nashville Rowing Club Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		₹.
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		-
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?	_		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		x
4.4	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		44.	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	- 21	
D		11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's siability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		x
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		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2018) Nashville Rowing Club
Part IV Checklist of Required Schedules (continued)

			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
	Schedule J	23		X			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the						
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete						
	Schedule K. If "No," go to line 25a	24a		X			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
	any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X			
h	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 current or	200					
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."						
		26		X			
27	complete Schedule L, Part II						
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member						
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV						
20	instructions for applicable filing thresholds, conditions, and exceptions):						
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х			
_	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X			
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200					
C		200		X			
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X			
29	1 Too, complete conceded in						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		X			
0.4	contributions? If "Yes," complete Schedule M	30					
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		X			
20	If "Yes," complete Schedule N, Part I	31					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X			
00	Schedule N, Part II	32					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X			
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			- v			
0.5	Part V, line 1	34		X			
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		 ^-			
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051					
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_ v			
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X			
37		37		X			
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI						
38							
Pai	Note. All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance	38	X				
. 41	Check if Schedule O contains a response or note to any line in this Part V						
	E. SEL SELISERIO O CONTRATO E POSPONICO O POCO CO EN J INTO IN CHIO F CITE V		V	NI-			
	Enter the number reported in Box 3 of Form 1096. Enter -0: if not applicable		Yes	No			
		-					
	Enter the number of Fermi W Zet molecular time fat. Enter of those applicable						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c	000				

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За 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 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **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). X **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5_b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). X Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? _7d **d** If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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

	to mile out, out, or rob solom, describe the directional cost, proceeded, or changes in concease of cost metabolics.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		ı	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iou	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100	l	
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only	availak	ماد
10	for public inspection. Indicate how you made these available. Check all that apply.	Or IIY)	uvanak	NC.
40	(5.4-5.5.5.5.5)	fin -	ial	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	iiianc	ıdı	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records The Organization - 617-901-8165			
	The Organization - 617-901-8165 73 WHITE BRIDGE ROAD SUITE 103-311, NASHVILLE, TN 37205			
	COP/C MI JUNIONALI TIC COI DILLO DAN DE DE LA COLO DEL COLO DE LA COLO DEL COLO DE LA COLO DEL COLO DEL COLO DEL COLO DEL COLO DELA COLO DEL COLO DE			

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

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

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

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

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

X Check this box if neither the organization r	or any related	orga	niza	tion	con	nper	sat	ed any current officer, d	irector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than on box, unless person is both a officer and a director/truste				one	Reportable	Reportable	Estimated
	hours per	box				s both	n an	compensation	compensation	amount of
	week	\vdash			T T T		(00)	from the	from related	other
	(list any hours for	Individual trustee or director				_		organization	organizations (W-2/1099-MISC)	compensation from the
	related	9e or (stee			nsateo		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	organizations	truste	Institutional trustee		yee	Highest compensated employee				and related
	below	ridual	tution	Je.	Key employee	est co loyee	Je.			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) MARGARET DAVIDSON	2.00								_	
PRESIDENT		Х		Х		И		0.	0.	0.
(2) ALBERT DENUNZIO	2.00	1								
TREASURER		X						0.	0.	0.
(3) STACEY MCCARTY	2.00	l								
DIRECTOR		X	4					0.	0.	0.
(4) JENNIFER CHEIJ	2.00	l								
SECRETARY		X						0.	0.	0.
(5) DIETMAR KUTTELWASCHER	2.00	4								
VICE PRESIDENT	0.00	Х		\mathbf{A}				0.	0.	0.
(6) SUSAN RYAN	2.00				ľ					
DIRECTOR	0.00	X		_				0.	0.	0.
(7) LINDA HERRELL	2.00	١,,							_	
DIRECTOR	2 00	X				-		0.	0.	0.
(8) SEAN WLODARCZYCK	2.00	7,							_	_
DIRECTOR	2 00	X					_	0.	0.	0.
(9) JAN DUCKWORTH	2.00	Х						0.	0.	_
DIRECTOR		Λ					-	0.	0.	0.
		1								
			\vdash			\vdash	-			
		1								
		1								
							_			
		1								
		\vdash								
		1								
							Н			
		1								
			\vdash			\vdash				
		1								
		1								
	1						_	1		- QQQ (0010)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)	(C)					(D)	(E)			(F)		
	Name and title	Average	(do		Pos heck		1 than ։	one	Reportable	Reportable)	Es	timate	∌d
		hours per	box	, unles	ss per	rson i	is both or/trus	n an	compensation	compensation		an	nount	of
		week	_	Cer an	lu a u	IIecic	Ji/ii us	iee)	from	from related			other	
		(list any hours for	recto						the	organization			pensa	
		related	or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)		om the	
		organizations	ruste	trust		99	n be u		(44-2/1099-141130)			_	anizati d relati	
		below	dual t	rtio na	_	nploy	st cor	-					anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Form(
							<u> </u>				>			
							И							
1b	Sub-total				-				0.		0.			0.
С	Total from continuation sheets to Part VI	I. Section A							0.		0.			0.
	Total (add lines 1b and 1c)			7					0.		0.			0.
2	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	Э			
	compensation from the organization		4			4	_						Vaa	0
•	Did the conseination list on forman officer	discretes as two			M				h:nh-ah-a-na-ah-ah-ah-ah-ah-ah-ah-ah-ah-ah-ah-ah-ah		I		Yes	No
3	Did the organization list any former officer,									ripioyee ori		3		Х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su				7					ne organization		3		-25
7	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or													
	rendered to the organization? If "Yes," com		_									5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										oensat	tion fro	om	
	(A)	ine calendar y	our c	, I I GII	ig w	1011	31 VVI		(B)	our.		(0	2)	
	Name and business	address	N	ONE	3				Description of s	ervices	C	compe		n
											I			
											<u> </u>			
											l			
2	Total number of independent contractors (ii \$100,000 of compensation from the organization)	-	ot lin	nited	d to	thos	_	ted	above) who received mo	ore than				
	w 100,000 of compensation from the organia	Lation											000	

		Check if Schedule O conta	ains a resnonse	or note to any lin	e in this Part VIII			
		Gricer ii Geriedale e certa	анз а гезропзе	or flote to arry life	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenuè excluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
10.11						Teveride	revenue	512 - 514
Contributions, Gifts, Grants and Other Similar Amounts			1a	24 107				
Gra		Membership dues		34,197.				
ts, (Fundraising events						
a g			1d					
S, ini	е	Government grants (contributi	ons) 1e				A	
rio S	f	All other contributions, gifts, gran	ts, and					
g #		similar amounts not included abov	/e 1f	26,243.				
dit	g	Noncash contributions included in lines	1a-1f: \$					
a Se	h	Total. Add lines 1a-1f			60,440.			
				Business Code				
ø	2 a	COACHING PROGRA	MS	900099	207,057.	207,057.		
Š	b	PROGRAM EVENTS	& FEES	900099	46,902.	46,902.		
Sel	С	SERVICE REVENUE		900099	19,425.	19,425.		
E S	d	UNIFORMS		900099	4,526.	4,526.		
Beg	e				,			
Program Service Revenue	f	All other program service reve	nue					
		Total. Add lines 2a-2f			277,910.			
	3	Investment income (including			= 1 1 / 2 = 2			
	Ū	other similar amounts)						
	4	Income from investment of tax						
	5							
	3	Royalties	(i) Real					
	C -	Owen west	(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		· /						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
Φ	8 a	Gross income from fundraising	g events (not					
nu		including \$	of_					
Other Revenu		contributions reported on line	1c). See	h '				
<u>ت</u> ۳		Part IV, line 18	а					
the	b	Less: direct expenses	b					
0	С	Net income or (loss) from fund	Iraising events	_				
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	•					
		and allowances						
	h	Less: cost of goods sold		12,669.				
		Net income or (loss) from sales			-12,669.	-12,669.		
ŀ		Miscellaneous Revenue		Business Code	==,005	==,003.		
	11 0	OTHER REVENUE	<u> </u>	900099	710.	710.		
	ii a b				7 ± 0 •	7 ± 0 •		
	C C	All other revenue						
		All other revenue			710.			
	12 12	Total Add lines 11a-11d			326 391.	265 951.	0	0

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			прієте соіитп (А).	
	Check if Schedule O contains a respon		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			A	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	107,979.	86,003.	21,976.	
8	Pension plan accruals and contributions (include	·			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	8,798.	7,008.	1,790.	
11	Fees for services (non-employees):	,			
a	Management				
b	Legal				
c	Accounting	5,400.		5,400.	
d	Lobbying			-,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	A .			
9	column (A) amount, list line 11g expenses on Sch 0.)	3,273.		3,273.	
12	Advertising and promotion	2,316.	2,316.	-,	
13	Office expenses	769.		769.	
14	Information technology	3,427.		3,427.	
15	Royalties			-,,-	
16	Occupancy	25,204.	511.	24,693.	
17	Travel	70,343.	70,343.		
18	Payments of travel or entertainment expenses	75,515.	,		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	605.		605.	
20	Interest	170.		170.	
21	Payments to affiliates	2,00		2.00	
22	Depreciation, depletion, and amortization	49,687.	49,687.		
23	Insurance	13,225.	,	13,225.	
24	Other expenses. Itemize expenses not covered	= 5 , = 2 5 7		=3,==3	
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	REGISTRATION FEES	38,195.	38,195.		
b	CONTRACT COACHING COSTS	19,419.	19,419.		
c	CAMPS & AUXILIARY PROGR	10,830.	10,830.		
d	BAD DEBT	7,026.	.,	7,026.	
-	All other expenses	13,057.	976.	12,081.	
25	Total functional expenses. Add lines 1 through 24e	379,723.	285,288.	94,435.	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 if following SOP 98-2 (ASC 958-720)				
	y y (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ll.		L	Form 990 (2019)

I ai	נא	Dalance Offeet					
		Check if Schedule O contains a response or not	e to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			70,171.	1	49,397.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			14,881.	4	15,980.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ated emplo	oyees. Complete		A	
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied perso	ns (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)	(9) voluntary			
ιχ		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				9		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	491,356.			
	b	Less: accumulated depreciation	10b	491,356.	300,451.	10c	238,094.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			385,503.	16	303,471.
	17	Accounts payable and accrued expenses			23,400.	17	0.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete				21	
ű	22	Loans and other payables to current and former	officers, o	directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and dis	qualified persons.			
abi		Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrela	ted third	oarties		23	
	24	Unsecured notes and loans payable to unrelated	d third par	ties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	17-24). C	complete Part X of			
		Schedule D			20,889.	25	15,589.
	26	Total liabilities. Add lines 17 through 25			44,289.	26	15,589.
		Organizations that follow SFAS 117 (ASC 958), check h	nere 🕨 🗓 and			
S		complete lines 27 through 29, and lines 33 an	d 34.				
ŭ	27	Unrestricted net assets			4,660.	27	4,660.
3ala	28	Temporarily restricted net assets			336,554.	28	283,222.
ğ	29			<u> </u>		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	SC 958),	check here			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
let/	32	Retained earnings, endowment, accumulated in			244 044	32	007 000
Z	33	Total net assets or fund balances		<u> </u>	341,214.	33	287,882.
	34	Total liabilities and net assets/fund balances .			385,503.	34	303,471.

Form **990** (2018)

Pa	rt XI Reconciliation of Net Assets					
	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		326	5,3	91.
2	Total expenses (must equal Part IX, column (A), line 25)	2		379	7.	23.
3	Revenue less expenses. Subtract line 2 from line 1	3		-53	3,3	32.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		341	L,2	14.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		28	7,8	82.
Pa	rt XII Financial Statements and Reporting		•			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit			
	Act and OMB Circular A-133?		L	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		- 1	3h		

SCHEDULE A

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Department of the Treasury

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

Employer identification number Name of the organization Nashville Rowing Club 62-1290275 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 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 12 An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes 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, 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction 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.")						
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					Ť	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ins)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop	here					<u></u>
	ction C. Computation of Public						
	Public support percentage for 2018 (li					14	<u>%</u>
	Public support percentage from 2017					15	%
16a	33 1/3% support test - 2018. If the o	-			14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies a		•				
b	33 1/3% support test - 2017. If the o	-					
4-	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact		•	•	•	· ·	. —
	meets the "facts-and-circumstances" t	-			-	7	
b	10% -facts-and-circumstances test						
	more, and if the organization meets th		•				. —
46	organization meets the "facts-and-circ						>
18	Private foundation. If the organization	n aid not check a	box on line 13, 16a	a, 16b, 1/a, or 17b	, cneck this box ai	na see instructions	PL

Schedule A (Form 990 or 990-EZ) 2018 Nashville Rowing Club | Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	etion A. Public Support	ciow, picade comp	noto i dit ii.,				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and				• •		
	membership fees received. (Do not						
	include any "unusual grants.")	152,999.	64,868.	108,942.	117,898.	37,608.	482,315.
2	Gross receipts from admissions,	·	,	•	•	•	•
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	16,437.	16,578.	33,362.	17,521.	4,526.	88,424.
3	Gross receipts from activities that			30,0020		2,3233	00,122
Ū	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_							
Э	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
•	· · · · · · · · · · · · · · · · · · ·	169,436.	81,446.	142 204	135,419.	42,134.	570,739.
	Total. Add lines 1 through 5	109,430.	01,440.	142,304.	135,419.	42,134.	370,733.
78	Amounts included on lines 1, 2, and						0
	3 received from disqualified persons						0.
L	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year						0.
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						570,739.
	• • • • • • • • • • • • • • • • • • • •						
	ndar year (or fiscal year beginning in)	(a) 2014 169, 436.	(b) 2015	(c) 2016 142, 304.	(d) 2017 135, 419.	(e) 2018 42,134.	(f) Total 570,739.
	Amounts from line 6	109,430.	81,446.	142,304.	133,419.	44,134.	570,739.
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,		,				
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	169,436.	81,446.	142,304.	135,419.	42,134.	570,739.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3) organiza	tion,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2018 (li	ne 8, column (f), d	ivided by line 13, c	olumn (f))			100.00 %
	Public support percentage from 2017					16	100.00 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	18 (line 10c, colun	nn (f), divided by lii	ne 13, column (f))		17	.00 %
18	Investment income percentage from 2	2017 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2018. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	
	more than 33 1/3%, check this box an	nd stop here. The	organization qualit	ies as a publicly su	upported organizat	ion	▶ X
k	33 1/3% support tests - 2017. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo		
	line 18 is not more than 33 1/3%, chec	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organizatio						

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by 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.)

		Yes	No
	1		
	2		
	3a		
	- Gu		
	01		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
9	90 or 99	0-F7)	2018

	rt IV Supporting Organizations (continued)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	age o
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	NO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
		11c		
	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. tion B. Type I Supporting Organizations	1110		
000	tion B. Type i dapporting organizations		Vaa	Nia
4	Did the divertors to other as manharchin of one or more compared exemptations have the negree to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
0	supported organizations played in this regard.	3		1
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions,	I	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	6:		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	3			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		i

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	y
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust on	Nov. 20, 1970 (explain in Pa	art VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must com	olete S	ections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting organ	nization (see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2018

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou				
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organizations	;	
4	Amou				
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	<u>.</u>			
8	Distrib				
	(provi	de details in Part VI). See instructions.			
9	Distrik	outable amount for 2018 from Section C, line 6			
10	Line 8	amount divided by line 9 amount	· · · · · · · · · · · · · · · · · · ·		
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distrik	outable amount for 2018 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2018			
	From				
b	From	2014			
	From				
	From				
	From				
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2018 distributable amount			
<u> </u>		over from 2013 not applied (see instructions)			
		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2018 from Section D,			
	line 7:	ed to underdistributions of prior years			
		ed to 2018 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
		ining underdistributions for years prior to 2018, if			
•		Subtract lines 3g and 4a from line 2. For result greater			
	-	tero, explain in Part VI. See instructions.			
6		ining underdistributions for 2018. Subtract lines 3h			
•		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2019. Add lines 3			
	and 4	-			
8	Break	down of line 7:			
а	Exces	s from 2014			
b	Exces	s from 2015			
		s from 2016			
d	Exces	s from 2017			
е	Exces	s from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Nashville Rowing Club

Employer identification number 62-1290275

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		S OF ACCOUNTS. Complete if the
	organization anomorou 100 ori form 550,1 att IV, illie	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w		sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		· ·
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		
Pai	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located -	_
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cor	nservation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserv	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	-	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes	s the organization's accounting for
Dai	conservation easements. III Organizations Maintaining Collections of	Art Historical Treasures or O	ther Similar Assets
ı aı	Complete if the organization answered "Yes" on Form		Action Circulat Assets.
12	If the organization elected, as permitted under SFAS 116 (ASC		ment and halance sheet works of art
Ia	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		ande of public service, provide, in rait Am,
h	If the organization elected, as permitted under SFAS 116 (ASC		nt and halance sheet works of art, historical
D	treasures, or other similar assets held for public exhibition, ed		
	•	deation, or research in furtherance of pe	able service, provide the following amounts
	relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea	asures or other similar assets for financi	
~	the following amounts required to be reported under SFAS 11		ai gairi, provide
9	Revenue included on Form 990, Part VIII, line 1		\$
a	Assets included in Form 990, Part V		

	Organizations Maintaining O	CHECKIONS OF AL	t, motoriour me	acaroc, cr	Julior Ollimar /	100010	<u>(continu</u>	<u>ea) </u>					
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the t	following that a	re a significant use	e of its c	ollection it	ems					
	(check all that apply):												
а	Public exhibition	c	l Loan or exc	hange program	IS								
b	Scholarly research	e	e Other										
С	Preservation for future generations												
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.												
5	During the year, did the organization solicit o	r receive donations	of art, historical treas	sures, or other s	similar assets								
	to be sold to raise funds rather than to be ma						Yes	☐ No					
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Ye	es" on Form 990,	Part IV, I	ine 9, or						
	reported an amount on Form 990, Pa	•											
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other asset	s not included								
	on Form 990, Part X?												
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:										
							Amount						
С	Beginning balance				1c								
е													
f	Ending balance												
2a	Did the organization include an amount on Fe						Yes	☐ No					
b	If "Yes," explain the arrangement in Part XIII.												
Par	T V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part IV	, line 10.								
		(a) Current year	(b) Prior year	(c) Two years I	back (d) Three yea	ars back	(e) Four y	ears back					
1a	Beginning of year balance												
b	Contributions												
С	Net investment earnings, gains, and losses												
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs			ľ									
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a. column (a) held as:	•								
а	Board designated or quasi-endowment		%	,									
b	Permanent endowment	%	7										
С	Temporarily restricted endowment												
	The percentages on lines 2a, 2b, and 2c sho												
За	Are there endowment funds not in the posse		ation that are held ar	nd administered	I for the organizati	on							
	by:						<u></u>	es No					
	(i) unrelated organizations						3a(i)	111					
	(ii) related organizations						3a(ii)						
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b						
4	Describe in Part XIII the intended uses of the												
_	t VI Land, Buildings, and Equipm												
	Complete if the organization answere	d "Yes" on Form 990). Part IV. line 11a. S	ee Form 990. F	Part X. line 10.								
	Description of property	(a) Cost or o	ther (b) Cost	or other (other)	(c) Accumulated depreciation		(d) Book	value					
12	Land	<u> </u>	,	, ,									
b	Buildings												
	Leasehold improvements			 		_							
d		I	19	1,356.	253,26	2.	238	,094.					
	Equipment Other			_,,,,,,,	200,20	- 		, 0, 10					
	I. Add lines 1a through 1e. (Column (d) must e	•	V column (D) 1:= - 1	00)			238	,094.					
1 Old	<u>. Add iiries Ta trirougit Te. (Column (a) must e</u>	<u>quai roiiii 990, Part</u>	<u> A. COIUITIII (B), IINE T</u>	<i>UU.,</i>)			200	, 0, 2 = 0					

Schedule D (Form 990) 2018

	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12 (c) Method of valuation: Cos	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation: Cos	t or end-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	Faura 000 Dart IV line	11a Cas Faura 000 Bart V line 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cos	
·	(b) Book value	(c) Wethod of Valdation.	or cha or year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	Tra. Ode Form Goo, Fare X, line To	(b) Book value
(1)			,
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(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Prescription of liability.	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X,	▶ line 25.
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line		► line 25.
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Pai	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	1		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	T XII Reconciliation of Expenses per Audited Financial Sta		ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		I I	
3	Subtract line 2e from line 1	<u></u>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
_C	Add lines 4a and 4b			
5 D a	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 tt XIII Supplemental Information.	3.)	5	
		le Dark IV linear the anal Ohe F	And V. line 4. Dord V. line 0. Dord VI.	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an		rart v, line 4, Part X, line 2, Part XI,	
111163	20 and 40, and Fart All, lines 20 and 40. Also complete this part to provide an	iy additional imormation.		

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Nashville Rowing Club

Employer identification number 62-1290275

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

2018 DEPRECIATION AND AMORTIZATION REPORT

Form 990 COGS COGS

	70 COGD							COGD							
Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	wintech 8+s	07/19/17	200DB	10.00	MQ	17	38,500.				38,500.			6,353.	6,353.
2	2014 C2.41 Super Predator	12/07/17	200DB	10.00	MQ	17	9,500.				9,500.			1,663.	1,663.
3	8' x 240' rowing dock	05/31/18	150DB	15.00	MQ	17	47,100.				47,100.	7		4,653.	4,653.
	* Total 990 COGS Depr						95,100.				95,100.	0.		12,669.	12,669.
						9									

828111 04-01-18

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-1709

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMIOs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print 62-1290275 Nashville Rowing Club File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 73 White Bridge Road, #103-311 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. Nashville, TN 37205 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1 **Application** Return **Application** Return Code Is For Code Is For Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 Ω4 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 WHITE BRIDGE ROAD SUITE 103-311 The Organization 73 The books are in the care of ▶ NASHVILLE, TN 37205 Telephone No. ► 617-901-8165 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until May 15, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning _JUL 1, 2018 , and ending JUN 30, 2019 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2019)

instructions