Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

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

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

Dep	artment of	the Treasury	▶ Do not enter so							Inspecti	on
_		ue Service	▶ Information abo		July		nd ending		30	, 20 16	
<u>A</u>			ndar year, or tax year beginn			, 2015, a	na chaing			r identification nu	mber
В		applicanie.	C Name of organization GLOBAL	EDUCATI	ON CENTER		-			62-1681169	
	Address		Doing business as Number and street (or P.O. box	f mail is not	delivered to street add	iress)	Room/suit	e I	Telephon		
	Name ch			i iliali is ilot	delivered to direct add				- 0	615-292-3023	
	Initial ret	1	4822 Charlotte Avenue City or town, state or province, or	ountry and	7ID or foreign postal o	ode				013-232-3023	
Ц	Final retu	rn/terminated	The south of the second	ountry, and	Zir di loreign postar c	ouc			G Gross red	coints \$	
\square	Amende		Nashville, TN 37209-3423							ubordinates? Yes	/ No
Ш	Applicat	and the state of t	F Name and address of principal of							included? Yes	
			Ellen S. Gilbert, Executive D				П			list. (see instruction	
<u>I</u>	Tax-exe	mpt status:	✓ 501(c)(3) 501	(c) ()	(insert no.)	7(a)(1) or	<u></u> 527	_		20 76	
J	Website		w.globaleducationcenter.org			T		H(c) Group e	T	of legal domicile:	TN
K				ociation []	Other ►	L Yea	r of formation	on: 1997	IVI State	or legal dornicile.	TIN
P	art I	Summ	ary				A Int	the set of the set of	. d o sti o w	a contar that us	ne the
	1	Briefly de	escribe the organization's m	ission or I	most significant a	ctivities:	A multic	cultural arts i	ducation	i center triat us	es trie
ce		arts of div	verse cultures to highlight the	common	alities of all people	e and pro	mote cros	s-cultural un	derstand	ling and respec	With
Governance		interactiv	e programs for schools and t	he commu	mity as well as pro	ofessiona	l developi	ment for artis	ts and pr	rek-12 educator	5
Ver	2	Check th	is box ▶☐ if the organizati	on discon	tinued its operati	ons or di	sposea o	T more than	25% 011	its fiet assets.	4.4
S	3	Number	of voting members of the g	overning b	ody (Part VI, line	1a)			3	1000	14
	4	Number	of independent voting mem	bers of th	e governing body	(Part VI	, line 1b)		4		14
ties	5	Total nur	nber of individuals employe	d in calen	dar year 2015 (Pa	art V, line	2a) .		5		5
Activities &	6	Total nur	mber of volunteers (estimate	e if necess	sary)				6		30
Ac	7a		related business revenue fro						7a		0
	b	Net unre	lated business taxable inco	me from F	orm 990-T, line 3	34		· · · · ·	7b	0	0
Revenue								Prior Yea		Current Ye	
	8	Contribu	tions and grants (Part VIII, I	ne 1h) .					160,989		140,431
	9								147,724		237,146
eVe	10	Investme	estment income (Part VIII, column (A), lines 3, 4, and 7d)								0
	11	Other rev	venue (Part VIII, column (A),			0		0			
	12	Total rev	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3)								377,577
	13	Grants a									0
	14	Benefits	paid to or for members (Pa	rt IX, colu	mn (A), line 4) .				0		0
vs.	15	Salaries,	other compensation, employ	ee benefit	s (Part IX, column	(A), lines	5–10)		85,397		135,317
Expenses	16a	Profession	onal fundraising fees (Part I	X, column	(A), line 11e) .				0		0
per	b		draising expenses (Part IX,				1100				
Ж	17	Other ex	penses (Part IX, column (A)	, lines 11a	-11d, 11f-24e)				183,583		264,912
	18	Total exi	penses. Add lines 13-17 (m	ust equal	Part IX, column (A), line 25	5)		268,980		400,229
	19	Revenue	less expenses. Subtract lin	ne 18 from	line 12				39,733		(22,652)
>							i	Beginning of Cu	rrent Year	End of Ye	ar
Net Assets or	20	Total as	sets (Part X, line 16)						345,469		337,341
Ass	21	Total lial	bilities (Part X, line 26)						169,343		183,867
Net	22		ets or fund balances. Subtra	act line 21	from line 20 .				176,126		153,474
-	Part II		ture Block								
	Indox non	altice of pori	un. I declare that I have examined	this return, in	ncluding accompanyir	ng schedule	s and state	ments, and to the	ne best of r	my knowledge and	d belief, it is
tı	rue, corre	ct, and comp	olete. Declaration of preparer (other	than officer)	is based on all inform	ation of wh	ich prepare	r has any knowl	edge.		
_		1	The man All	elle	21				12-28-20	16	
S	ign	Sign	nature of officer					Da	te		
	ere		len S. Gilbert, Director								
-			pe or print name and title		And the second s						
		, ,,	ype preparer's name	Prepar	er's signature		Da	ate	Check	T if PTIN	
	aid								self-em		
	repar		name •					Firn	n's EIN ▶	- 10 A	
U	lse Or		address •						ne no.		
Ī.	lay the	IRS discus	ss this return with the prepa	rer showr	above? (see ins	tructions)			🗌 Ye	s 🗌 No

Part	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Global Education Center is a multicultural arts education center that uses the arts of diverse cultures to highlight the commonalities
	of all people and promote cross-cultural understanding and respect through interactive arts programming for schools and the
	community and professional development for preK-12 teachers as well as support for and professional development of artists from
	diverse cultures, all with a goal of creating healthier and more inclusive communities. Did the organization undertake any significant program services during the year which were not listed on the
2	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
3	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	(Code: 71130) (Expenses \$ 160,174 including grants of \$) (Revenue \$ 135,285)
	Passport to Understanding school outreach program reaches approximately 35,000 students in over 100 settings, teaching about the
	many different cultural, ethnic and religious groups in our community through hands-on cultural presentations, drum and dance
	workshops/residencies, school assembly performances, after-school and out-of-school programming, home school programming,
	and a multicultural concert series for schools. The overall goal of all programming is to use the arts of diverse cultures to help
	schools create safe, nurturing and welcoming environments for all of their students and families and to help in dismantling
	stereotypes, unlearning biases, dispelling myths and alleviating fears in an effort to create healthier, more inclusive school
	communities.
4b	(Code: 71130) (Expenses \$ 155,000 including grants of \$) (Revenue \$ 94,049)
	Community outreach programs share the arts of diverse cultures through ongoing classes and workshops, cultural presentations,
	artist residencies, community performances, multicultural concert series, summer multicultural arts camps for children and youth,
	after-school and weekend programming for under-served populations, including seniors, incarcerated youth, health-challenged
	women and teens, immigrant and refugee families, homeless individuals and families, and at-risk youth, serving approximately
	45,000 individuals each year. The overall goal of all programming is to expose members of the community to diverse art forms from
	different cultures in a safe, inclusive environment in a way that confronts biases, dismantles stereotypes, dispels myths and
	addresses fears while bringing high quality and culturally relevant arts to members of our community who are traditionally under-
	served.
	(C. I. Tarana) (T
4c	(Code: 71130) (Expenses \$ 51,423 including grants of \$) (Revenue \$
	We offer professional development and support for preK - 12 educators and for culturally diverse and minority artists through
	workshops, master classes and residencies with visiting guest artists; spring, summer and fall multicultural arts institutes for
	teachers; professional training workshops for community artists; consultation and mentoring of preK-12 educators and emerging
	artists; provision of space for classes, exhibits and rehearsals; performance and teaching opportunities; and assistance in preparing
	curriculum guides and school programs, serving approximately 350 educators and 100 artists each year. The overall goal of all
	professional development is to provide high quality training in multicultural arts integration for teachers and to bring some of the
	greatest artists of the world to train local artists and help them expand their repertoires and grow their professionalism.
4d	Other program services (Describe in Schedule O.)
-tu	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 366,597
-10	

art I	V Checklist of Required Schedules	Т	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," [1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	2		√ √
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓
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,	5		1
6	Part III	6		1
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		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		1
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
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		1
13 14 a		13 14a		1
b	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		1
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		1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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		1
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	000	1

Part I	Checklist of Required Schedules (continued)		Yes	No
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	163	√
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
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		√
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		1
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		1
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		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		1
d 25 a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
		For	m 99 0	(2015

Part				
	Check if Schedule O contains a response or note to any line in this Part V	· i	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
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 2a 6			
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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
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)?	4a		1
L	If "Yes," enter the name of the foreign country:	Ta		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch		
_	gifts were not tax deductible?	6b		(means)
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		V
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
8	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organization have excess business holdings at any time during the years			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
D	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	4.6-		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	√
D	ii res, has it liled a rotti 120 to report these payments? Il No, provide an explanation in Schedule O.	I TIJ		1

Part \	- 1 (0) 1 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ee ins	tructi	ons.
Section	on A. Governing Body and Management			W
			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 O. Enter the number of voting members included in line 1a, above, who are independent . 14			
2 2	Enter the number of voting members included in line 1a, above, who are independent . 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	1	
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		V
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		1
b	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
b	Fach committee with authority to act on behalf of the governing body?	8b	√	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	Yes	No
	Division of the boundary by an about a specific to 2	10a	163	140
10a b	Did the organization have local chapters, branches, or affiliates?	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	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	,	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	1	
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	1	
13	Did the organization have a written whistleblower policy?	14	1	
14 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		1
b	Other officers or key employees of the organization	15b		1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16b		
C	organization's exempt status with respect to such arrangements?	100		
Sect 17	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► Tennessee Tennessee			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)	s only
19	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.			;y, an
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	i: >	
	Ellen S. Gilbert, Director, Global Education Center, 4822 Charlotte Avenue, Nashville, TN 37209-3423; 615-292-3023			

Form 990 (2015)

Part VII	Compensation of Officers, Directors, Trust	tees, l	Key Employees,	Highest	Compensated Employees	, and			
	Independent Contractors								

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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average	(do n	ot ch	Pos neck as pe	c) ition more	e than o	one i an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	hours per week (list any hours for related organizations below dotted line)	Individua or directo	a Institutional trustee	a Officer	_	Highest compensated employee	ee) Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Ellen S. Gilbert, Director	60				1			35,500		
(2) Charles H. Gilbert, Youth Program Director	40				1			38,950		
(3) Gabrielle Saliba, Director of Dance	35				1			31,000		
(4) Dr. Valerie Cordero, Board President	2	1						0		
(5) Dr. Steven Damo, President-Elect	11	1						0		
(6) Monica E. Cooley, Board Secretary (Payment to her school for student performances)	3	1						400		
(7) Luke Searcy, Board Treasurer	1	1						0		
(8) Lee Braden, Board member	.2	1						0		
(9) Laini Brown, Board member	.2	1						0		
(10) Thomasa Daughtey, Board member	.5	1						0		
(11) Andrea Fanta, Board member	.2	1						0		
(12) Jairo Prado, Board member	.2	1						0		
(13) Susan Smith Prado, Board member	.5	1						0		
(14) Naoko Ozaki, Board member	.2	1						0		

Form 990 Part		ees, Key E	mploy	rees	, ar	nd H	lighes	st C	ompensated E	mployees (contir	Page 8
	(A) Name and title	(B) Average hours per	box,	ot ch unles	s pe	ition more	than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15) Dr.	Mona Ivey Soto, Board member	.2	1						0		
(16) Mo	ntanez Wade, Board member	.5	1						0		
(17) Ma	yra Yu, Board member	.2	1						0		
(18)			·								
(19)											
(20)											
(21)											
(22)											
(23)											
(24)			-								
(25)			-					\vdash			
1b	Sub-total		<u> </u>		<u>. </u>			>	105,850		
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)				:			>	105,850		
2	Total number of individuals (including bu reportable compensation from the organ	t not limited						e) v	vho received m	ore than \$100,00	00 of
3	Did the organization list any former or employee on line 1a? If "Yes," complete	fficer, direc	ctor, o	or tr	rust ind	ee,	key ual	em _l	ployee, or high	nest compensati	ed 3 ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta an \$	ble 150,	con ,000	npe	nsatio	on a	and other composite of the complete of the com	pensation from t nedule J for su	he
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c	ompe	nsa	tion	fro	m an	y ui	nrelated organi	zation or individu	ual
Section	on B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization. Re year.	compensati port compe	ted in ensati	dep on f	end or t	lent he d	cont	ract dar	tors that receiv year ending wi	ed more than \$1 th or within the c	00,000 of organization's tax
	(A) Name and business ad	dress							(B) Description of s	services	(C) Compensation
								-			
2	Total number of independent contract received more than \$100,000 of compensations.	ors (includi sation from	ng b	ut r	not niza	limi tion	ted t	o t	hose listed ab	ove) who	

Part	VIII	Statement of Revenue		or note to	any line in this [Part V/III		П
		Check if Schedule O contains	a resp	onse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a	0				
ran	b	Membership dues	1b	4,450				
D, G	C	Fundraising events	1c	0				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d	0				
s, G	е	Government grants (contributions)	1e	81,450				
rsi	f	All other contributions, gifts, grants,						
but		and similar amounts not included above		54,531				
ntri d O	g	Noncash contributions included in lines 1	a-1f:\$	0				
	h	Total. Add lines 1a-1f			140,431			
iue				Business Code				
ver	2a	School outreach		71130	135,285	135,285	0	0
A A	b	Community outreach		71130	94,049	94,049	0	0
Zi Zi	С	Professional development		71130	7,812	7,812	U	<u> </u>
Program Service Revenue	d							***
	е							12
	f	All other program service rever	iue.		237,146			
	3	Total. Add lines 2a–2f Investment income (including	. divide	ends interest.	237,140			
	3	and other similar amounts) .			0	0	0	0
	4	Income from investment of tax-ex			0	0	0	0
	5	Royalties			0	0	0	0
	3	(i) Re	eal	(ii) Personal				
	6a	Gross rents	0	0				
	b	Less: rental expenses	0	0				
	C	Rental income or (loss)	0	0				
	d	Net rental income or (loss) .		>	0	0	0	0
	7a	Gross amount from sales of (i) Secu		(ii) Other				
		assets other than inventory	0	0				
	b	Less: cost or other basis						_
		and sales expenses .	0	0				
	C	Gain or (loss)	0	0				
	d			▶	0	0	0	0
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18	1c).	0				
돮	b	Less: direct expenses						
	C	Net income or (loss) from fund		events . >	0		0	0
	9a	T						
		See Part IV, line 19		-				
	b							
	С	Net income or (loss) from gam		ivities	0	0	0	0
	10a							
		returns and allowances						
	b	Less: cost of goods sold	. b					
	C		S OT INV		0	0	0	
		Miscellaneous Revenue		Business Code				
	11a				0	0	0	
	b				0	0	0	
	C	0.11 - 11 - 11 - 11 - 11 - 11 - 11 - 11			0	0	0	
	d	All other revenue			277 577	0		
	e	Total. Add lines 11a-11d .			377,577 377,577	377,577	0	n
	12	Total revenue. See instruction	110	• • • • •	311,311	311,311		Form 990 (2015)

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).

	Check if Schedule O contains a response	e or note to any lin	e in this Part IX .		🗆
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
•		0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	124,730	112,257	8,731	3,742
6	Compensation not included above, to disqualified			70.7.	377.1-
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	1,044	1,044	0	0
10	Payroll taxes	9,542	8,588	668	286
11	Fees for services (non-employees):				
a	Management	1,435	0	0	1,435
b	Legal	0	0	0	0
C	Accounting	4,900	0	4,900	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
12	Advertising and promotion	1,829	1,829	0	0
13	Office expenses	24,656	19,338	5,263	55
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	29,816	26,835	2,087	894
17	Travel	11,531	11,531	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10		0	0	0	0
19	Conferences, conventions, and meetings .	544	544	0	0
20 21	Interest	10,638	9,574	745	319
22	Depreciation, depletion, and amortization .	12,026	10,823	842	
23	Insurance	5,905	5,315	413	361 177
24	Other expenses. Itemize expenses not covered	3,903	5,315	413	177
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Venue rental	15,235	15,235	0	0
b	Contracted artists	119,259	119,259	0	0
C	Repairs and maintenance	27,139	24,425	1,900	814
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	400,229	366,597	25,549	8,083
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)				

32

33

34

Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 1 11,563 16,766 1 2 0 0 Savings and temporary cash investments 2 3 0 0 3 4 0 11,100 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 0 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 0 0 Assets 7 0 0 7 8 0 0 8 2000 9 0 Prepaid expenses and deferred charges 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 10b 326,703 10c 314,678 b Less: accumulated depreciation 12,026 11 Investments—publicly traded securities 0 0 11 12 0 0 Investments-other securities. See Part IV, line 11 . 12 13 0 0 13 Investments—program-related. See Part IV, line 11. 14 0 0 14 Intangible assets 15 0 0 15 16 337,340 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 345,469 17 5,539 5,999 17 0 18 0 18 0 19 25,000 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . 163,804 152,868 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 183,867 Total liabilities. Add lines 17 through 25 169,343 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 153,474 175,632 27 494 28 0 28 29 0 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32

Retained earnings, endowment, accumulated income, or other funds.

Total liabilities and net assets/fund balances

153,474

337,341

33

34

176,126

345,469

Form	990	(2015)	
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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)	Form (000 (001 F)				
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) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 2 Accrual 3 Cother Interval Tother If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or the part and the part XII the part X				450	F	age 12
Total expenses (must equal Part XIII, column (A), line 12)	ı aı					
Total expenses (must equal Part XIII, column (A), line 12)		Total revenue (must a supl But VIII)				. 🗆
A Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Lag Ves N Yes N Yes N Yes N Yes N Yes N If "Yes," check a box below to indicate whether the financial statements for the year were compiled or line or the year line or the year line or th		rotal revende (must equal Fart VIII, Column (A), line (2)	1			77,577
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		Povonus loss expenses Cubband in a full in a f	2		4	00,229
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 2 Accounting method used to prepare the Form 990: 3 Accounting method used to prepare the Form 990: 4 Accounting method used to prepare the Form 990: 5 Accounting method used to prepare the Form 990: 7 Accounting method used to prepare the Form 990: 6 Accounting in this Part XII 7 Yes N 7 Yes N 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O.) 9 In the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2 In the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		Not assets or fund halances at his size of the size of	3		(2	22,652
Investment expenses		Not upropliced gains (leaves) we investigate the first equal Part X, line 33, column (A))	4		1	76,126
Prior period adjustments		Denated continue and use of facilities	5			0
Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	100000	Investment expenses				0
10 Net assets or fund balances (explain in Schedule O)		Prior period adjustments	7			0
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))		Other changes in not seed and make the seed of the see	8			0
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		Net assets or fund balances et and of year Caretial in Schedule O)	9			
Check if Schedule O contains a response or note to any line in this Part XII		33. column (B))				
Check if Schedule O contains a response or note to any line in this Part XII	Part	XII Financial Statements and Poporting	10		1	53,474
Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		Check if Schedule O contains a response or note to any line in this Bort VII				_
Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		The state of the s				. 🗸
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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	1	Accounting method used to prepare the Form 990: Cash Z Accrual Cothor			Yes	No
if res, check a box below to indicate whether the financial statements for the year were compiled or		If the organization changed its method of accounting from a prior year or checked "Other" explain in				
if res, check a box below to indicate whether the financial statements for the year were compiled or	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		22		1
i botti.		If "Yes," check a box below to indicate whether the financial statements for the year were compi reviewed on a separate basis, consolidated basis, or both:	iled or	20		
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?	b	Were the organization's financial statements audited by an independent accountant?		2h	1	
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:		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		Separate basis Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsiaht			
of the audit, review, or compilation of its financial statements and selection of an independent accountant?		of the audit, review, or compilation of its financial statements and selection of an independent account	tant?	20	/	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		If the organization changed either its oversight process or selection process during the tax year expl	lain in	20	V	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in			
the Single Audit Act and OMB Circular A-133?		the Single Audit Act and OMB Circular A-133?		3a		1
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	go the dits.			*
Form 990 (20°				Forn	990	(2015)