

Short Form

OMB No. 1545-1150

Form **990-EZ**

Return of Organization Exempt From Income Tax

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

- Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2015Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service**A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ABRASIVE MEDIA INCNumber and street (or P. O. box, if mail is not delivered to street address) Room/suite
438 Houston St Ste 257City or town, state or province, country, and ZIP or foreign postal code
Nashville, TN37203**D** Employer identification number

20-1909472

E Telephone number

(615) 331-3131

F Group Exemption
Number. ☐**G** Accounting Method: ☐ Cash ☒ Accrual Other (specify) ☐**I** Website: abrasiveMedia.org**H** Check ☒ if the organization is **not**
required to attach Schedule B
(Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 73,189****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	20,740
	2	Program service revenue including government fees and contracts	2	52,449
	3	Membership dues and assessments	3	0
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory 5a		0
	b	Less: cost or other basis and sales expenses 5b		0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c		0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		0
Expenses	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b		0
	c	Less: direct expenses from gaming and fundraising events. 6c		0
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d		0
	7a	Gross sales of inventory, less returns and allowances 7a		0
	b	Less: cost of goods sold 7b		0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c		0
	8	Other revenue (describe in Schedule O) 8		0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9		73,189
	Net Assets	10	Grants and similar amounts paid (list in Schedule O) 10	
11		Benefits paid to or for members 11		0
12		Salaries, other compensation, and employee benefits 12		24,278
13		Professional fees and other payments to independent contractors 13		15,089
14		Occupancy, rent, utilities, and maintenance 14		12,845
15		Printing, publications, postage, and shipping 15		3,147
16		Other expenses (describe in Schedule O) 16		17,816
17		Total expenses. Add lines 10 through 16 17		73,175
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18		14
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19		6,510
	20	Other changes in net assets or fund balances (explain in Schedule O) 20		0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 21		6,524

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421 Form **990-EZ** (2015)

Form 990-EZ (2015)

Page **2****Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments.	6,510	22 6,524
23 Land and buildings.	0	23 0
24 Other assets (describe in Schedule O).	0	24 0
25 Total assets.	6,510	25 6,524
26 Total liabilities (describe in Schedule O).	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	6,510	27 6,524

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? To help artists in Nashville grow, connect, produce, and give back to their communities.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Th3 Anomaly is the world's first gallery-sized graphic novel. Composed of 321 paintings by resident artist David Landry, the completed work was presented this year as a live gallery showing and a printed gallery novel. Over 10,000 individuals have interacted with this project since its creation.(Grants \$ 0) If this amount includes foreign grants, check here ☐**28a** 8,918**29** FALL is Nashville's premier contemporary and aerial dance company. Performing for audiences of over 1000 people this year in a variety of both traditional and non-traditional performance venues, FALL continues abrasiveMedia's goal of bringing great art to people of all backgrounds.(Grants \$ 0) If this amount includes foreign grants, check here ☐**29a** 3,493**30** Blue Moves is a modern dance company which brings dance to the community for free or affordable ticket prices. Blue Moves performed for over 500 people in 2015-2016 and shared digital media allowing dance to be shared with audiences in Nashville and beyond.(Grants \$ 0) If this amount includes foreign grants, check here ☐**30a** 2,943

Class Program: abrasiveMedia offers professional artists the opportunity to grow their audiences and share their skills with their students, while offering our community classes at a below market cost. Collaborative Projects: abrasiveMedia enables many artists to come together to work on collaborative projects. chatterbird (Nashville's first independent chamber music ensemble) and Dear Apocalypse (a meditation on PTSD through music, poetry, and dance) reached over 300 people. Art Crawls: abrasiveMedia hosts a new local or regional artist each month, drawing approximately 6,000 audience members over the course of a year.

(Grants \$ 0) If this amount includes foreign grants, check here ☐**31a** 7,776**32** Total program service expenses (add lines 28a through 31a) **32** 23,130**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Form **990-EZ** (2015)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in theinstructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b	No
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed. ▶		
42a	The organization's books are in care of ▶ Charles Harvey Telephone no. ▶ (615) 331-3131 Located at ▶ 438 Houston St Ste 257 Nashville, TN ZIP + 4 ▶ 37203		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	No
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	No
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

Form **990-EZ** (2015)

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	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	47	No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	No
b	If "Yes," was the related organization a section 527 organization?	49b	No
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ▶ 052 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A☒ Yes ☐ No**Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.**

Sign Here	Signature of officer		2017-02-20		
	Charles Harvey CFO		Date		
Paid Preparer Use Only	Type or print name and title	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Print/Type preparer's name				
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Additional Data

Software ID:
Software Version:
EIN: 20-1909472
Name: ABRASIVE MEDIA INC

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Lea Collins	Board Chair	0	0	0	0
James Todd	Vice Chair	0	0	0	0
Jon Royal	Director	0	0	0	0
Marsha Barsky	Director	0	0	0	0
Charles Harvey	Director	0	0	0	0
Lori Todd	Director	0	0	0	0