# Extended to May 15, 2018

**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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or the	e 2016 calendar year, or tax year beginning   JŢ	J L 1 , $2016$ and	ending J	<u>UN</u> 30, 2017				
<b>B</b> c	heck if pplicable	C Name of organization			D Employer identifi	cation number			
	Addres								
	Name change	e Doing business as			20-3	063200			
	Initial return	Number and street (or P.O. box if mail is not deliv	vered to street address)	Room/suite	E Telephone numbe	r			
	Final return/				615-	383-5760			
	termin ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts \$ 122572				
	Ameno return	Nashville, in 3/213			H(a) Is this a group re				
	□Applic tion	F Name and address of principal officer. <b>DI CI</b>	nt Kimbro		for subordinates	s? Yes X No			
	pendir	<sup>9</sup>   P O Box 159156 Nashville	e TN 37215		H(b) Are all subordinates i	ncluded? Yes No			
		empt status: X 501(c)(3) 501(c) ( )◀		or 527	If "No," attach a	list. (see instructions)			
		e: ▶ www.nashvilleinharmony.			H(c) Group exemption				
			sociation Other >	<b>L</b> Year	of formation: 2005	M State of legal domicile: TN			
Pa	rt I	Summary							
ø		Briefly describe the organization's mission or most	significant activities: <u>Usin</u>	g musi	<u>.c to build</u>	community			
Governance		and create social change.							
ern		Check this box   if the organization discont		ssets.					
Š		Number of voting members of the governing body (				9			
જ		Number of independent voting members of the gov				9			
ies		Total number of individuals employed in calendar ye				0			
Activities		Total number of volunteers (estimate if necessary) .				150			
Aci		Total unrelated business revenue from Part VIII, col				0.			
	b	Net unrelated business taxable income from Form 9	990-T, line 34	<u></u>		0.			
	_				Prior Year	Current Year			
ne					43829.	48711.			
Revenue					47209.				
Re		Investment income (Part VIII, column (A), lines 3, 4,			118.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			<u>-3305.</u>	•			
		Total revenue - add lines 8 through 11 (must equal F			87851.				
		Grants and similar amounts paid (Part IX, column (A			<u> </u>	0.			
		Benefits paid to or for members (Part IX, column (A)			0.	0.			
Expenses		Salaries, other compensation, employee benefits (P			0.	0.			
oen		Professional fundraising fees (Part IX, column (A), lir Total fundraising expenses (Part IX, column (D), line			0.	0.			
Ä		Other expenses (Part IX, column (A), lines 11a-11d,			89690.	126412.			
		Total expenses. Add lines 13-17 (must equal Part IX			89690.				
		Revenue less expenses. Subtract line 18 from line 1			-1839 <b>.</b>	-5207.			
or		Tieveride lead experieed. Gabtraet line Te from line		Be	ginning of Current Year	End of Year			
lanc	20	Total assets (Part X, line 16)			17547.	12340.			
Ass	21	Total liabilities (Part X, line 26)			0.	0.			
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from I	line 20		17547.	12340.			
Pa	rt II	Signature Block							
Und	er pena	Ities of perjury, I declare that I have examined this return, i	including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than officer	r) is based on all information of wl	hich preparer	has any knowledge.				
Sign	า	Signature of officer			Date				
Her	е								
		Type or print name and title							
			Preparer's signature		Date Check C	X PTIN			
Paid		Alice Crafts, CPA, LLC			self-employ				
	arer	Firm's name Alice Crafts, CPA	A, LLC		Firm's EIN	20-3829763			
Use	Only	Firm's address P. O. Box 150329							
		Nashville, TN 372	215		Phone no. 61	5-331-0500			
Max	tha IE	RS discuss this return with the preparer shown above	vo2 (coo instructions)			X Voc No			

Part III | Statement of Program Service Accomplishments

# Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: Using music to build community and create social change. Did the organization undertake any significant program services during the year which were not listed on the If "Yes." describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. 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. $1160\underline{42}$ including grants of \$ Participated with a float in the 2016 Nashville, TN Christmas Parade in December, 2016 - the first GLBTQIA music organization to do so. Partnered with Knapptime Creative and five filmmakers to present Holiday Road, a musical and visual celebration of the holiday season at Tennessee Performing Arts Center in December, 2016. Partnered with Music for Seniors and the Frist Center for the Visual Arts to perform at their annual holiday concert in December, 2016. Partnered with Scarritt-Bennett Center to perform as part of their holiday music series in December, 2016. ) (Revenue \$ (Code: ) (Expenses \$ including grants of \$ (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ Other program services (Describe in Schedule O.) 116042. Total program service expenses

# Form 990 (2016) Nashville in Harmony 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			
	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			
	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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			7.7
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
d	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			77
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Λ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			77
40	the organization's liability 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	40-		v
L	Schedule D, Parts XI and XII  Was the experienting included in consolidated independent sudited financial attempate for the tay year?	12a		X
a	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
J	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	1.10		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		Х

# Form 990 (2016) Nashville in Harmony Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		Х
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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		
С	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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		Х
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		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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		Х
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? If "Yes," complete Schedule R, Part VI	37		Х
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	X	

# Form 990 (2016) Nashville in Harmony Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
			_		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming				
	(gambling) winnings to prize winners?			1c		<u></u>
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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		<u></u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		L	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	L	3b		<u></u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a				l
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	L	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		L	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne organization solic	cit			l
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	ions or gifts				l
	were not tax deductible?		<u>L</u>	6b		L
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the	payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required				l
	to file Form 8282?		<u>L</u>	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	[_'	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as require	d?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 109	)8-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		Х
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		🕒	9b		Х
10	Section 501(c)(7) organizations. Enter:	1 1				
	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	10b				
11	Section 501(c)(12) organizations. Enter:	1 1				
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u> </u>	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.		F	40		
а	Is the organization licensed to issue qualified health plans in more than one state?		<u> </u>	13a		
	<b>Note.</b> 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	1401				
	organization is licensed to issue qualified health plans	13b	-+			
	Enter the amount of reserves on hand	13c	-+	-		v
				14a		X
<u>a</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	<del>- U</del>	<u></u> 1 7	14b		

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent	9		
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		Х
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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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	Х	
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
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		Х
	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	Х	
	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	Х	
	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		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	10.0		
16a	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		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
	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	10.0	ı	
17	List the states with which a copy of this Form 990 is required to be filed ►TN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	ıle	
	for public inspection. Indicate how you made these available. Check all that apply.	unuk		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, as	nd finan	cial	
19	statements available to the public during the tax year.		Jiui	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	Brandon Brown - 615-417-8690			
	P O Box 159156. Nashville. TN 37215			

#### Form 990 (2016)

# 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.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	١,,	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	99			sated		organization	(W-2/1099-MISC)	from the
	related organizations	nstee	trust		99	suadu		(W-2/1099-MISC)		organization and related
	below	dual tr	tional		nploy	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Judy Kibler	5.00									
Board member at Large		Х						0.	0.	0.
(2) Jim Johnson	5.00									
Board Member at Large		Х						0.	0.	0.
(3) Carla Engle	5.00									
Board member at Large		Х						0.	0.	0.
(4) Don Schlosser	8.00									
Artistic Director (ex-offi		Х						16224.	0.	0.
(5) Bridget Meadows	5.00									
President elect				Х				0.	0.	0.
(6) Brandon Brown	8.00									
Treasurer				Х				0.	0.	0.
(7) Brent Kimbro	5.00							_	_	_
President				Х				0.	0.	0.
(8) Terry Trigg	5.00								_	_
Secretary				Х				0.	0.	0.
(9) Derrick Rohl	5.00									
Board Member at Large								0.	0.	0.
(10) Beth Thorneycroft	5.00							0.	0.	0
Board member at Large								0.	0.	0.
-						1				
						ļ				

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	iH b	ghe	st C	Compensated Employee	es (continued)				
	(A) Name and title	(B) Average hours per	box	not c , unle	Posi heck i ss per id a di	ition more rson	than is bot	h an	(D) (E)  Reportable Reportable compensation compensatio				(F) timate nount	
		week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer	Key employee	Highest compensated and particular to the state of the st		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	ons compensati			e ion ed
	Sub-total Total from continuation sheets to Part V								16224.		0.			0.
	Total (add lines 1b and 1c)  Total number of individuals (including but r							<b></b>	16224.	000 of reportab	0.			0.
_	compensation from the organization									,oco or reportab			Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s											3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	ım of reportab	le co	mpe	ensa	tior	and	d otl	3	the organization		4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue comper	nsat	ion f	rom	any	unr	elat				5		X
Sec	tion B. Independent Contractors	piete Scriedan	<del>e</del>	01 30	JCII J	<i>Ders</i>	SOIT .					3	Į.	
1	Complete this table for your five highest co the organization. Report compensation for	=	-								npens	ation f	rom	
	<b>(A)</b> Name and business	address	NC	ONE	3				<b>(B)</b> Description of s	ervices	С	(Compe		n
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lii	mite	d to		se li: )	stec	d above) who received m	ore than			000 //	

Form 990 (2016) Nashville in Harmony
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b			11978.				
s, C Am	С	Fundraising events	1c					
ar Ja	d	Related organizations	1d					
imi	е	Government grants (contributi	ons) <b>1e</b>					
tio S	f	All other contributions, gifts, grant	s, and					
ફ		similar amounts not included abov	/e <b>1f</b>	36733.				
dut	g	Noncash contributions included in lines	1a-1f: \$	_				
<u>a Ö</u>	h	Total. Add lines 1a-1f		<b></b>	48711.			
				Business Code				
<u>e</u>	2 a	Concert revenue		711130	56013.	56013.		
er	b			711130	13855.	13855.		
n S	С	Other		711130	699.	699.		
rar Rev	d	<u> Honorariums</u>		711130	560.	560.		
Program Service Revenue	е							
ъ	f	All other program service reve	nue		71107			
		Total. Add lines 2a-2f			71127.			
	3	Investment income (including	•	*				
		other similar amounts)						
	4			[ ]				
	5	Royalties	(i) Real	(ii) Personal				
	6 a	Gross rents	(i) Heal	(ii) i ersonai				
	O a	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		<b>•</b>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	(7 = = = = = = = = = = = = = = = = = = =	(.,, ==				
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
ne	8 a	Gross income from fundraising	g events (not					
eun		including \$	of					
3eV		contributions reported on line	1c). See					
Other Reven		Part IV, line 18						
th		Less: direct expenses						
		Net income or (loss) from fund		<b>&gt;</b>				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses		•				
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less		2734.				
		and allowances						
		Less: cost of goods sold  Net income or (loss) from sales		1307.	1367.			1367.
	C	Miscellaneous Revenue		Business Code	1307•			1307.
	11 2	IVIISCEIIAITEOUS NEVEITU		Pusiness Code				
	b							
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			121205.	71127.	0.	1367.

# Form 990 (2016) Nashville in Harmony Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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				
	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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				_
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	250.	250.		
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	23264.	23264.		
12	Advertising and promotion	340.	340.		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21 22	Payments to affiliates	596.	596.		
23		370•	370.		
24	Other expenses. Itemize expenses not covered				
27	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	Performance expenses	62971.	62971.		
h	Tour expense	13527.	13527.		
c	Performance attire	12618.	12618.		
d	Insurance	3104.		3104.	
-	All other expenses	9742.	2476.	7166.	100.
25	Total functional expenses. Add lines 1 through 24e	126412.	116042.	10270.	100.
26	<b>Joint costs.</b> 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)				

Form 990 (2016)

Part X Balance Sheet

		Check if Schedule O contains a response or not	te to any	/ line in this Part X			
			<u>.</u>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			9213.	1	4915.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	14958(c	)(3)(B), and contributing			
ţ		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
ğ	8	Inventories for sale or use			6843.	8	6530.
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	1				
		basis. Complete Part VI of Schedule D	10a	8315.			
	b	Less: accumulated depreciation		7420.	1491.	10c	895.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		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			17547.	16	12340.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and former	officers	s, directors, trustees,			
Ě		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 📖 and			
ses		complete lines 27 through 29, and lines 33 an					
anc	27	Unrestricted net assets				27	
Bal	28	Temporarily restricted net assets				28	
<u>n</u>	29					29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958	), check here ▶ LX			
S Of		and complete lines 30 through 34.			^		^
set	30	Capital stock or trust principal, or current funds			0.	30	0.
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed			0.	31	0.
Zet	32	Retained earnings, endowment, accumulated in			<u> 17547.</u>	32	12340.
_	33	Total net assets or fund balances			17547.	33	12340.
	34	Total liabilities and net assets/fund balances	<u></u>		17547.	34	12340.

12340. Form **990** (2016)

Pai	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		121	205.			
-	Total expenses (must equal Part IX, column (A), line 12)	2			<u>412.</u>			
2		3		-520				
3	Revenue less expenses. Subtract line 2 from line 1			175				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u> </u>	J4/•			
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		12:	<u>340.</u>			
Pai	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: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	3	X			
	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:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		21	<b>)</b>	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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 th	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		20	<b>:</b>				
	If the organization changed either its oversight process or selection process during the tax year, explain in School	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Aud	lit					
	Act and OMB Circular A-133?		3	а	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	<b>.</b>				

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization Nashville in Harmonv 20-3063200 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 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, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 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 university: 10 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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 in your governing document? (vi) Amount of other (i) Name of supported (iii) Type of organization in your gove (described on lines 1-10 organization support (see instructions) support (see instructions) Yes 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.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(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						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support	<del></del>	ı		1	1	Г
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(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.)						
	<b>Total support.</b> Add lines 7 through 10		,				
	Gross receipts from related activities,	•				12	
13	First five years. If the Form 990 is for						<b>.</b> .
S <sub>2</sub>	organization, check this box and storection C. Computation of Publ	here De	rcentage				P
				l (f)		44	0/
	Public support percentage for 2016 (		•	* * * *		14	<u>%</u>
	Public support percentage from 2015 33 1/3% support test - 2016. If the o					15	%
10a							
	stop here. The organization qualifies						
D	33 1/3% support test - 2015. If the c						
47-	and <b>stop here.</b> The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fact		•	•	•	•	
	meets the "facts-and-circumstances"						
D	10% -facts-and-circumstances tes						
	more, and if the organization meets the				-		
10	organization meets the "facts-and-circ <b>Private foundation.</b> If the organization						
10	Filvate Iounidation. If the organization	m ala noi check a	DON OUT HITE TO, IC	,a, 100, 11a, 01 11	D, CHECK HIS DUX &	41 14 355 II 1311 UULIUI I	·

Schedule A (Form 990 or 990-EZ) 2016

### 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	73871.	50620.	74508.	44914.	48711.	292624.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	45918.	111783.	55631.	47209.	73861.	334402.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	furnished by a governmental unit to						
6		119789.	162403.	130139.	92123.	122572.	627026.
	a Amounts included on lines 1, 2, and						0.
ı	b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
							0.
						<u>'</u>	02,020
Cal	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	119789.	162403.	130139.	92123.	122572.	627026.
		72.	30.		118.		220.
I	(less section 511 taxes) from businesses						
		72.	30.		118.		220.
	Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	Other income. Do not include gain or loss from the sale of capital						
13		119861.	162433.	130139.	92241.	122572.	627246.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3) organiza	ation,
	-						<b>&gt;</b>
	•	• • •				T T	
				olumn (f))		15	
Girls, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Gross receipts from administoring, merchandities sold of services person any activity that is related to the organization's burnelated trade or business under section 513  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf  6 Total. Add lines 1 through 5  7 a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons lead to service the services of a single persons are services or facilities furnished by a governmental unit to the organization's benedicties generor lead and the services of a single persons by Amounts included on lines 1, 2, and 3 received from disqualified persons lead to service the services of a single persons lead to the services of a single persons		99.94 %					
						<u> </u>	0.4
19							
ı	b 33 1/3% support tests - 2015. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	ınd
_				· ·		-	<b>&gt;</b>
20	Urwata foundation If the examination	n aid not chack a	nov on line 1/1 10/	a or Tub chock th	ue nav and caa ind	etructione	

#### Part IV

#### **Supporting Organizations**

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) nurnoses
- 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?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 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		
	3b		
	20		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
. ^	10b	00 EZ	2016
19	90 or 99	ou-EZ)	2016

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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.	11c		
Sect	tion B. Type I Supporting Organizations			
			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 <b>Part VI</b> 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,			
	supervised, or controlled the supporting organization.	2		
Sect	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			
	the supported organization(s).	1		
Sect	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			
	supported organizations played in this regard.	3		
Sect	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 yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3</i> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ıctions		
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 <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
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? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	edule A (Form 990 or 990 EZ) 2016 Nashville in Harmony			20-3063200 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	n Nov. 20, 1970 (explain ii	n Part VI.) <b>See instructions.</b> A
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	1
Sect	ion 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	ion 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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		
Sect	ion 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			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

emergency temporary reduction (see instructions)

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	е	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	1	T	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
_1_	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
_3_	Excess distributions carryover, if any, to 2016:			
а				
b				
c	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
<u>_i</u>	Carryover from 2011 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Schedule A	(Form 990 or 990-EZ) 2016 Nashville in Harmony	20-3063200 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, I Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for all (See instructions.)	ine 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V,

### **SCHEDULE D**

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

**Employer identification number** 

	Nashville in Harmor	ny	20-3063200
Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Fu	nds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(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	writing that the assets held in donor a	dvised funds
•	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ac		
U	for charitable purposes and not for the benefit of the donor or		
	• •		
Pai	t II Conservation Easements. Complete if the org.		
	Purpose(s) of conservation easements held by the organization		50, 1 art 10, 1110 7.
٠	Preservation of land for public use (e.g., recreation or ed	` <u> </u>	historically important land area
		· —	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	led conservation contribution in the to	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			· · · · · · · · · · · · · · · · · · ·
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	•	
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	the organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		<del>_</del>
5	Does the organization have a written policy regarding the peri	• • • •	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing	conservation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing cons	ervation easements during the year
	<b>&gt;</b> \$		6 1/11/51/0
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 descri	bes the organization's accounting for
<b>D</b> -:	conservation easements.	i Aut Llistovical Transcruss	v Other Similar Assets
a	t III Organizations Maintaining Collections of		r Other Similar Assets.
_	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under SFAS 116 (AS	,,	•
	historical treasures, or other similar assets held for public exh		nerance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASI		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of	r public service, provide the following amounts
	relating to these items:		<b>.</b>
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		ncial gain, provide
	the following amounts required to be reported under SFAS 11	• •	
	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

Schedule D (Form 990) 2016

895

7420

8315.

d Equipment

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ..... 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(8)

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

### 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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

OMB No. 1545-0047

Employer identification number 20-3063200

Nashville in Harmony Form 990, Part III, Line 4a, Program Service Accomplishments: Participated in and performed at the Women's March in January, 2017, to show solidarity to marginalized communities in Nashville, TN and around the world. Partnered with One Voice Charlotte (NC) and Intersection Orchestra to perform Codebreaker, a work celebrating the life and work of Alan Turing, the WWII cryptographer who helped break the German enigma code only to be punished for his homosexuality. Performances were held in March, 2017 (Charlotte, NC) and April, 2017 (Nashville, TN). Performed at The Temple in April, 2017, to celebrate a service of diversity in Nashville, TN. Debuted The Major Minors, our vouth chorus of fifteen teenagers, in June, 2017. Partnered with the Global Education Center to present STAND at Langford Auditorium, Nashville, TN, in June, 2017. The musical was a celebration of pride and solidarity. Form 990, Part VI, Section A, line 6: Chorus members pay non-refundable dues in an amount and at times set up by the Board of Directors, except that the Board of Directors shall have the power to establish reasonable written policies to permit waivers.

## Form 990, Part VI, Section A, line 7a:

The Nominating Committee shall prepare a slate and interview all nominees for all elected positions. Nominations may come from either the Nominating Committee or Chorus Members. Once all interviews have been conducted, the Nominating Committee prepares a slate consisting of its nominees and any additional nominees presented by Chorus Members. Nominees are elected based on a majority vote by the members (present at this rehearsal). If no candidate receives a majority, candidates are elected by a plurality of the votes cast by the members present at the election rehearsal.

#### Form 990, Part VI, Section B, line 11b:

Copies of the annual 990 return are distributed to the Board of Directors prior to filing.

### Form 990, Part VI, Section B, Line 12c:

Periodic reviews are undertaken to insure the organization operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status. Each director, principal officer and members of all committees with governing board-delegated powers shall periodically sign a statement, which affirms such person:

- Has received a copy of the conflicts of interest policy,
- 2. Has read and understands the policy,
- 3. Has agreed to comply with the policy, and
- 4. Understands that Nashville in Harmony is charitable and in order to

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization  Nashville in Harmony	Employer identification number 20-3063200
maintain its federal tax exemption it must engage primari	ly in activities
that accomplish one or more of its tax-exempt purposes.	
Form 990, Part VI, Section C, Line 19:	
Copies of governing documents, financial statements, and	
available to the public upon request.	
Form 990, Part IX, Line 11g, Other Fees:	
Accompaniest:	
Program service expenses	7040.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	7040.
Music Director:	
Program service expenses	16224.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	16224.
Total Other Fees on Form 990, Part IX, line 11g, Col A	23264.

Form 990 Page 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	_ine 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
	Program Services														
1	Risers	08/16/10	200DB	5.00	ну1	L7	5699.				5699.	5699.		0.	5699.
2	Technology	06/20/15	200DB	5.00	MQ1	L7	2616.				2616.	1125.		596.	1721.
	* 990 Page 10 Total Program Services						8315.				8315.	6824.		596.	7420.
	* Grand Total 990 Page 10 Depr						8315.				8315.	6824.		596.	7420.