**Return of Organization Exempt From Income Tax** 

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

benefit trust or private foundation)

OMB No. 1545-0047 Open to Public

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service JUL 1. 2008 and ending JUN 30, A For the 2008 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Please label or Nashville in Harmony print or Name change type. Doing Business As 20-3063200 Initial return Number and street (or P.O. box if mail is not delivered to street address) See Room/suite E Telephone number Specific Termin-O Box 159156 615-383-5760 Amended return City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion pending <u>Nashville, TN 37215</u> H(a) Is this a group return F Name and address of principal officer: for affiliates? Yes X No H(b) Are all affiliates included? I Tax-exempt status: X 501(c) (3 ) (insert no.) 4947(a)(1) or If "No." attach a list. (see instructions) J Website: ▶ www.nashvilleinharmony.org **H(c)** Group exemption number ▶ **K** Type of organization: **X** Corporation Trust Other > Year of formation: 2005 **M** State of legal domicile:  ${f TN}$ Part I Summary Briefly describe the organization's mission or most significant activities: Using music to build community Governance and create social change. Check this box | if the organization discontinued its operations or disposed of more than 25% of its assets. 2 9 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 0 5 Total number of employees (Part V, line 2a) 95 Total number of volunteers (estimate if necessary) 6 Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a Net unrelated business taxable income from Form 990-T, line 34 ..... Prior Year **Current Year** 15117. 31415. Contributions and grants (Part VIII, line 1h) Revenue 21494. 13332. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -332.58. 44805. 36279. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ....... Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 37250. 42974. 37250 42974. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -971 1831. Revenue less expenses. Subtract line 18 from line 12 Assets or End of Year Beginning of Year 14077. 15908. Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 14077. 15908. Part II **Signature Block** 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 Signature of officer Date Here Type or print name and title Preparer's identifying number (see instructions) Date Check if Preparer's Paid signature employed > X Preparer's Firm's name (or Alice Crafts, CPA, EIN ▶ Use Only yours if self-employed), P. O. Box 150329 address, and ZIP + 4 Phone no.  $\triangleright 615-331-0500$ Nashville, TN 37215

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

1	Briefly describe the organization's mission: Using music to build community and create social change.
	obility mable to balla commandey and cloade boolar changes
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes", describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes", describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	See Schedule O for Continuation(s)
4a	(Code: ) (Expenses \$ 37128 • including grants of \$ ) (Revenue \$ 12020 • )
	Our major concerts were Over the Bridges and Through the Woods on
	December 12 and December 13, 2008 at Sarratt Cinema at Vanderbilt
	University and Love Can Build a Bridge on May 16, 2009 at the Ingram
	Center for the Performing Arts with special guests, The Indianapolis
	Women's Chorus.1
	In addition to the formal, ticketed concert performances, the Chorus
	also performed the following free concerts:
	October 4, 2008 - Regions Bank Free Day of Music at the Schermerhorn
	November 23, 2008 - Bordeaux Long Term Care
	December 1, 2008 - World AIDS Day at the Renaissance Center in Dickson,
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
-10	(Codd). ) (Expended \$\psi\$ including grants of \$\psi\$ ) (Nevertible \$\psi\$)
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶\$ 37128. (Must equal Part IX, Line 25, column (B).)
	Form <b>990</b> (2008)

832002 12-18-08

# Form 990 (2008) 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	Х	<u> </u>
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? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any accounts where 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; serve as a custodian for amounts not listed in Part X; or provide			77
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			37
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		X
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was	40		v
40	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school as 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 U.S.?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	416		Х
45	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity	45		х
16	located outside the United States? If "Yes," complete Schedule F, Part II  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
16	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	-		
	person outstanding as of the end of the organization's tax year? 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, or substantial	· <u> </u>		
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
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		Х
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, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
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		X

## Form 990 (2008) Nashville in Harmony Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a		2		
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	eporta	able gaming			
	(gambling) winnings to prize winners?			10	X	
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		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instru	ictions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	ассоц	ınt)?	. 4a		X
b	If "Yes," enter the name of the foreign country: ▶			_		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank	and			
	Financial Accounts.					
5а	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 trans-	action	?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Rega	rding Prohibited			
	Tax Shelter Transaction?			. 50	:	
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of mor	e than	\$75?	. 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as red	quired			
	to file Form 8282?			. 70	:	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	persor	nal			
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont					X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required	?		7 <u>c</u>		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-	C as re	equired?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec	ction 5	609(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or					
	excess business holdings at any time during the year?			8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			<u>9</u> a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter: N/A	ı	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter: N/A	1	ī			
	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			12	a	
b	If "Yes." enter the amount of tax-exempt interest received or accrued during the year N/A	12b				

Form 990 (2008) Nashville in Harmony 20-3063200 Pa
Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	9		
	Enter the number of voting members that 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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or 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	11		X
Sec	tion B. Policies		1	1
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		37	
	to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40	v	
40	in Schedule O how this is done	12c	Х	v
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
_		150		Х
a	The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?	15a		X
ь	Describe the process in Schedule O. (see instructions)	15b		- 22
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
·va	taxable entity during the year?	16a		Х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	IUa		2.
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		ı
17	List the states with which a copy of this Form 990 is required to be filed ▶ <u>TN</u>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	and fina	ıncial	
-	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:	•	
	Mr. Kerry McCalla - 615.791.6198			
	P O Box 159156, Nashville, TN 37215			
83200	6	Form	990	(2008)

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

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if the organization did not o		y of	ficer			r, trı	uste	e, or key employee.	Γ	
(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average			Posi				Reportable	Reportable	Estimated
	hours		(check all tha			hat apply)		compensation from	compensation from related	amount of other
	per week	ector						the	organizations	compensation
		or dir	e e			ated		organization	(W-2/1099-MISC)	from the
		ustee	truste		e G	suadı		(W-2/1099-MISC)		organization
		ual tr	tional		nploye	st con yee				and related
		Individual trustee or director	Institutional trustee	Officer	key en	Highest compensated employee	-orme			organizations
Claire Miley										
President	5.00							0.	0.	0.
Beth Thorneycroft	3,00								<u> </u>	
Secretary	10.00							0.	0.	0.
Kerry McCalla	1000							<u> </u>	<u> </u>	0.
Treasurer	10.00							0.	0.	0.
T. Allen Morgan	10.00									<u></u>
Board member at Large	6.00							0.	0.	0.
Bev Clendenen	0.00									
Board Member at Large	1.00							0.	0.	0.
Mark Manasco								•	•	•
Board member at Large	2.00							0.	0.	0.
Melissa Starchild										-
Board member at Large	5.00							0.	0.	0.
Eric Tyson										
Board member at Large	6.00							0.	0.	0.
Rose Mary Drake										
President Elect	10.00							0.	0.	0.
-										
							l			

(A)	(B) (C) Average Position							(D)	(E)	(F)			ed
		Individual trustee or director		all	that	арр		compensation from the organization (W-2/1099-MISC)	compensation from related organization	on d s	com fr org	nount o other pensa om the anizati	of tion e ion ed
					tha	<b>▶</b> n \$1	00,0	0 •		0.			0.
the organization list any former officer,										<b>.</b>		Yes	No
any individual listed on line 1a, is the surelated organizations greater than \$150	um of reportab 0,000? <i>If</i> "Yes,	le co	omp mple	ensa ete S	atior Sche	n and edule	d otl e <i>J f</i>	her compensation from for such individual	the organization		4		X
organization? If "Yes," complete Sched											5		Х
nplete this table for your five highest co	mpensated in	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of con	npensa	ation f	rom	
(A)	address							(B) Description of s	services	C			n
	ncluding those 0	e in	1) wl	no re	ecei	ved i	mor	e than \$100,000 in com	pensation		Eorm	9 <b>0</b> 0 //	2003/
	al	Average hours per week  all number of individuals (including those in 1a) who re appensation from the organization  the organization list any former officer, director or tru 1a? If "Yes," complete Schedule J for such individual any individual listed on line 1a, is the sum of reportable related organizations greater than \$150,000? If "Yes, any person listed on line 1a receive or accrue compengranization? If "Yes," complete Schedule J for such B. Independent Contractors  Inplete this table for your five highest compensated in organization.  (A)  Name and business address	Name and title  Average hours per week    Co	Name and title  Average hours per week  Independent for the organization  Average hours per week  Independent per week  Independent contractors of including those in 1) week per week  Average hours per week  Independent per week  Average hours per week  Independent	Name and title  Average hours per week  Average hours	Name and title  Average hours per week    Position (check all that per week   Position (check all that	Name and title  Average hours per week  Position (check all that apper week)  Position (check all that apper	Name and title  Average hours  Per week  Apart part week  Apart part week  Apart part week  Apart part part week  Apart part part part part part part part	Name and title  Average hours per week  Average hours	Name and title    Average   hours   per   week	Name and title  Average hours per week  Position (chack all that apply)  Position (w2/1099 MISC)  Position (w2/10	Name and title  Average hours  Per week    Per week	Name and title  Average hours  Per week  Per w

Form **990** (2008)

0.

13332.

d All other revenue

e Total. Add lines 11a-11d

**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

11 a \_ b \_

832009 02-02-09 44805.

58.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl	ete column (A) but are	not required to compl	ete columns (B), (C), an	d (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and			j	
-	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	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 contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	119.		119.	
14	Information technology				
15	Royalties				
16	Occupancy	2250.		2250.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Contract fees	13583.	13583.		
b	Other show elements	9466.	9466.		
С	Performance attire	4561.	4561.		
d	Printing and postage	3464.	2660.	402.	402.
	Video and sound recordi	2125.	2125.		
f	All other expenses	7406.	4733.	2673.	
25	Total functional expenses. Add lines 1 through 24f	42974.	37128.	5444.	402.
26	Joint Costs. Check here  if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

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Form 990 (2008)

Part X | Balance Sheet

			<b>(A)</b> Beginning of year		(B End of	) f vear				
-		Cook non interest heaving	14077.	1	2.10	159	NΩ			
	1	Cash - non-interest-bearing	140//•			100	00.			
	2	Savings and temporary cash investments		2						
	3	Pledges and grants receivable, net		3						
	4	Accounts receivable, net		4						
	5	Receivables from current and former officers, directors, trustees, key		_						
		employees, or other related parties. Complete Part II of Schedule L		5						
	6	Receivables from other disqualified persons (as defined under section								
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		_						
		Part II of Schedule L		6						
ets	7	Notes and loans receivable, net		7						
Assets	8	Inventories for sale or use		8						
	9	Prepaid expenses and deferred charges		9						
		Land, buildings, and equipment: cost basis 10a								
	b	Less: accumulated depreciation. Complete								
		Part VI of Schedule D 10b		10c						
	11	Investments - publicly traded securities		11						
	12	Investments - other securities. See Part IV, line 11		12						
	13	Investments - program-related. See Part IV, line 11		13						
	14	Intangible assets		14						
	15	Other assets. See Part IV, line 11		15						
	16	Total assets. Add lines 1 through 15 (must equal line 34)	14077.	16		159	<u>08.</u>			
	17	Accounts payable and accrued expenses		17						
	18	Grants payable		18						
	19	Deferred revenue		19						
	20	Tax-exempt bond liabilities		20						
es	21	Escrow account liability. Complete Part IV of Schedule D		21						
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,								
iab		highest compensated employees, and disqualified persons. Complete Part II								
_		of Schedule L		22						
	23	Secured mortgages and notes payable to unrelated third parties		23						
	24	Unsecured notes and loans payable		24						
	25	Other liabilities. Complete Part X of Schedule D		25						
	26	Total liabilities. Add lines 17 through 25	0.	26			0.			
		Organizations that follow SFAS 117, check here  and complete								
es		lines 27 through 29, and lines 33 and 34.								
ü	27	Unrestricted net assets		27						
3ale	28	Temporarily restricted net assets		28						
β	29	Permanently restricted net assets		29						
Net Assets or Fund Balanc		Organizations that do not follow SFAS 117, check here   X and								
ō		complete lines 30 through 34.								
ets	30	Capital stock or trust principal, or current funds	0.	30			0.			
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31			0.			
et /	32	Retained earnings, endowment, accumulated income, or other funds	14077.	32		159	08.			
Ž	33	Total net assets or fund balances	14077.	33		159	08.			
	34	Total liabilities and net assets/fund balances	14077.	34		159	08.			
Pa	rt XI	Financial Statements and Reporting								
			_			Yes	No			
1	Acco	unting method used to prepare the Form 990: $oxed{X}$ Cash $oxed{\Box}$ Accrual $oxed{\Box}$	Other							
2a	Were	the organization's financial statements compiled or reviewed by an independent	accountant?		2a		X			
b	Were	the organization's financial statements audited by an independent accountant?			2b		X			
С	If "Ye	es" to lines 2a or 2b, does the organization have a committee that assumes respor	nsibility for oversight of the	audit,						
	revie	w, or compilation of its financial statements and selection of an independent acco	untant?		2c					
За	As a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
	Act a	ct and OMB Circular A-133?								
<u>b</u>	If "Y∈	es," did the organization undergo the required audit or audits?			3b	000				

832011 12-18-08

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

Department of the Treasury

Internal Revenue Service

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Name of the organization

			<u>le in Harmon</u>						20	<u>-3063</u>	<u> 200</u>		
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) (see ins	tructions)					
The orga	nization is not	a private foundation	because it is: (Please ch	neck only <b>c</b>	ne organiz	zation.)							
1 🗀	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in <b>se</b>	ection 170	(b)(1)(A)(i	).					
2	A school des	scribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)									
3	A hospital or	a cooperative hospi	tal service organization	described	in <b>section</b>	170(b)(1)	<b>(A)(iii).</b> (At	tach Sche	dule H.)				
4	A medical re	search organization	operated in conjunction	with a hos	pital desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital	's nam	ne,	
	city, and sta	te:											
5	An organizat	ion operated for the	benefit of a college or u	niversity o	wned or op	perated by	a govern	mental uni	t describe	d in			
	section 170	0(b)(1)(A)(iv). (Comple	ete Part II.)										
6	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in <b>sectio</b>	n 170(b)(	1)(A)(v).						
7	An organizat	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general p	ublic desc	ribed i	in	
	section 170(b)(1)(A)(vi). (Complete Part II.)												
8	A community	y trust described in <b>s</b>	ection 170(b)(1)(A)(vi).	(Complete	Part II.)								
9 X	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from												
	activities rela	ated to its exempt fu	nctions - subject to certa	ain excepti	ons, and (	2) no more	than 33 <sup>-</sup>	1/3% of its	support f	rom gross	invest	ment	
	income and	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	ınization at	ter June 3	0, 197	75.	
	See section	509(a)(2). (Complete	e the Part III.)										
10	1		perated exclusively to te	· ·	-			•	-				
11	J		perated exclusively for the		′ '			· .		•		or	
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that												
	describes the type of supporting organization and complete lines 11e through 11h.												
_	a Type I b Type II c Type III - Functionally integrated d Type III - Other												
e			t the organization is not									ın	
			han one or more publicly						9(a)(1) or s	ection 509	(a)(2).		
f			ten determination from					e III					
			nis box									. Ш	
g			organization accepted ar									Γ	
			irectly controls, either al							44.0	Yes	No	
			upported organization?										
			n described in (i) above?										
			person described in (i) about the organizations							11g(iii)		<u> </u>	
h	Provide the i	iollowing information	about the organizations	s trie organ	iization su	oports.							
` '	e of supported	(ii) EIN	(iii) Type of organization		organization sted in your		u notify the	organizátio	on in col. I	(vii) Am		ıf	
OI	ganization		(described on lines 1-9		document?		r support?	(i) organiz U.S.	ed in the .?	sup	port		
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No				
			, , ,										
-													
-													
Total													
	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see t	he Instruc	tions for I	Form 990.		Schedul	e A (Form	990 or 99	0-EZ)	2008	

Pa	art II Support Schedule for	Organizations	s Described in	Sections 170	)(b)(1)(A)(iv) ar	nd 170(b)(1)(A	<u>()(vi)</u>
	(Complete only if you checked	d the box on line s	5, 7, or 8 of Part I.)				
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and		, ,	•	1	, ,	
	membership fees received. (Do not	I					
	include any "unusual grants.")	I					
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to	1					
	or expended on its behalf	1					
3	The value of services or facilities						
Ū	furnished by a governmental unit to	I					
	the organization without charge	I					
1	Total. Add lines 1 - 3						
5	The portion of total contributions						
3	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)						
6	·						
	Public Support. Subtract line 5 from line 4. ction B. Total Support						
_	endar year (or fiscal year beginning in)	(=) 2004	(h) 2005	(a) 2006	(4) 2007	(a) 2009	(f) Total
	Amounts from line 4	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
_							
8	Gross income from interest,	1					
	dividends, payments received on	1					
	securities loans, rents, royalties	1					
_	and income from similar sources						
9	Net income from unrelated business	1					
	activities, whether or not the	1					
	business is regularly carried on						
10	Other income. Do not include gain	I					
	or loss from the sale of capital	I					
	assets (Explain in Part IV.)						
	<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	the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a secti	ion 501(c)(3)	. $\square$
<u></u>	organization, check this box and stop	here					<u> </u>
	ction C. Computation of Publ					1	
	Public support percentage for 2008 (I		•	* * * * * * * * * * * * * * * * * * * *			%
	Public support percentage from 2007						%
16a	a 33 1/3% support test - 2008. If the o						
	stop here. The organization qualifies						
k	o 33 1/3% support test - 2007. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, checl	k this box
	and stop here. The organization qual						
17a	a 10% -facts-and-circumstances tes	<b>t - 2008.</b> If the orç	ganization did not	check a box on lin	ne 13, 16a, or 16b,	, and line 14 is 10	)% or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and <b>stop</b>	here. Explain in P	art IV how the or	ganization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		▶□
L	10% -facts-and-circumstances tos	+ 2007 If the or	anization did not	chack a hov on lin	o 12 16a 16b or	17a and line 15	ic 10% or

Schedule A (Form 990 or 990-EZ) 2008

more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ...

Schedule A (Form 990 or 990-EZ) 2008 Nashville in Harmony 20-3063200 Page 3

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

<u> </u>	Mon 71 abilo capport						
Cal	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			15048.	36611.		51659.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				4627.		4627.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
•	ization'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 without charge						
6	Total. Add lines 1 - 5			15048.	41238.		56286.
	Amounts included on lines 1, 2, and			13040.	41230.		30200.
7 6	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
	: Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						56286.
	ction B. Total Support		•	•		•	
Cal	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6			15048.	41238.		56286.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part IV.)						56286.
	First five years. If the Form 990 is for	the organization	's first, second, thir	d. fourth, or fifth tax	x vear as a sectio	on 501(c)(3) orga	
		<u></u>	<u></u>		•	( / ( / )	,
-	Public support percentage for 2008 (li			column (fl)		15	100.00 %
						16	100.00 %
	Public support percentage from 2007 ction D. Computation of Inves					10	100.00 %
	Investment income percentage for 200					17	.00 %
	Investment income percentage from 2					18	<u>%</u>
	33 1/3% support tests - 2008. If the						
.00	more than 33 1/3%, check this box an						. []
k	33 1/3% support tests - 2007. If the	organization did r	not check a box or	line 14 or line 19a,	and line 16 is mo	ore than 33 1/3%	6, and
	line 18 is not more than 33 1/3%, chec		-				on •
20	Private foundation. If the organization	ı dıd not check a	1 DOX on line 14, 19	a, or 19b, check thi	s box and see in	structions	<b>_</b>

Schedule A (Form 990 or 990-EZ) 2008

#### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

Nashville in Harmony

Employer identification number 20-3063200

Form 990, Part III, Line 4a, Program Service Accomplishments

TN

December 14, 2008 - TPAC Lobby Concert before the Nutcracker

March 14, 2009 - HRC Dinner, Loew's Vanderbilt Hotel

April 17, 2009 - L Club, downtown private residence

May 3, 2009 - The Frist Center for the Visual Arts

May 10, 2009 - Bordeaux Long Term Care

Form 990, Part VI, Section A, line 4: The orgnization was formerly operating under Temporary Bylaws. Relevant revisions to the Bylaws were made and adopted on March 29, 2009. The revised Bylaws are attached as part of this filing.

Form 990, Part VI, Section A, line 6: Chorus members and members of the Board of Directors 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 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008 183211 12-18-08

#### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

Nashville in Harmony

Employer identification number 20-3063200

members present at the election rehearsal.

Form 990, Part VI, Section A, line 10: Copies of the annual 990 return are distributed to all Board of Directors prior to filing. The board members have at least 30 days to review and comment.

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 annually sign a statement, which affirms such person:

- 1. 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 maintain its federal tax exemption it much engage primarily 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 other policies are available to the public upon

request.