OMB No. 1545-1150

orm	<b>990</b>	-EZ
orm	<u>990</u>	-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2016

Department	of the Treasury	Do not enter social security numbers on this form as	-	-	Open to Public Inspection					
	venue Service	► Information about Form 990-EZ and its instructions								
-			and ending		, <b>201</b> 7					
	f applicable:	C Name of organization			tification number					
	s change	NECAT		27-0024						
Name c	•	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone nur	nber					
Initial re	eturn									
Final ret	turn/terminated	120 WHITE BRIDGE ROAD	46	(615)354						
Amende	ed return	City or town, state or province, country, and ZIP or foreign postal code		F Group Exempt	ion					
Applicat	tion pending	NASHVILLE, TN 37209		Number Number						
G Accou	unting Method:	□ Cash 🛛 Accrual Other (specify) ►	ŀ	I Check ► 🗌 if th	e organization is <b>not</b>					
I Webs	ite: ► <u>www</u> .	NECATNETWORK.ORG		required to attach S	Schedule B					
J Tax-e	exempt status (	(check only one) - 🕱 501(c)(3) 🗌 501(c)( ) ◀ (insert no.) 🗌 4947(a)	(1) or 527	(Form 990, 990-EZ	, or 990-PF).					
K Form	of organization:	☑ Corporation	er							
L Add lin	nes 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000	or more, or if tota	al assets						
(Part II, c	olumn (B) belov	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			168,719					
Part I		e, Expenses, and Changes in Net Assets or Fund Ba								
		the organization used Schedule O to respond to any question i	•		,					
1		s, gifts, grants, and similar amounts received			104,443					
2		rvice revenue including government fees and contracts			64,220					
3	-	dues and assessments			04,220					
					FC					
4				4	56					
3		Int from sale of assets other than inventory	5a							
		Less: cost or other basis and sales expenses								
		ain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)								
6	-	I fundraising events								
	a Gross incon	ncome from gaming (attach Schedule G if greater than								
June	\$15,000)		6a							
Revenue	<b>b</b> Gross incom	ne from fundraising events (not including <u></u>	of contribution	ons						
Å,	from fundrai	sing events reported on line 1) (attach Schedule G if the								
	sum of such	gross income and contributions exceeds \$15,000)	6b							
	c Less: direct	expenses from gaming and fundraising events	6c							
	d Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and s	subtract							
	line 6c)			6d						
7	7a Gross sales	of inventory, less returns and allowances	7a							
	b Less: cost o		7b							
8		ue (describe in Schedule O)								
g		<b>ue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			168,719					
10		similar amounts paid (list in Schedule O)			100,715					
11		d to or for members								
12	•	her compensation, and employee benefits			111 250					
0 12					111,258					
səs 13 uəd 14		I fees and other payments to independent contractors			16,578					
		rent, utilities, and maintenance								
		blications, postage, and shipping			2,672					
16		nses (describe in Schedule O)			39,260					
17		nses. Add lines 10 through 16			169,768					
<i>"</i> 18		deficit) for the year (Subtract line 17 from line 9)		18	(1,049					
19 sets	• Net assets of	or fund balances at beginning of year (from line 27, column (A)) (must ag	gree with							
Ass	end-of-year	figure reported on prior year's return)		19	34,262					
	Other chang	es in net assets or fund balances (explain in Schedule O)		20						
<u>ti</u> 20										
Net Assets 20 21	-	or fund balances at end of year. Combine lines 18 through 20		► 21	33,213					

Form 990-EZ (2016) <b>NECAT</b>			27-0	0247	33 Page 2
Part II Balance Sheets (see the instructions for Part II					
Check if the organization used Schedule O to re	espond to any questio	n in this Part II .			🛛
		(A) Be	ginning of year		(B) End of year
<b>22</b> Cash, savings, and investments			24,579	22	27,713
<b>23</b> Land and buildings			0	23	0
24 Other assets (describe in Schedule O)			11,016	24	7,839
25 Total assets			35,595	25	35,552
<b>26 Total liabilities</b> (describe in Schedule O)			1,333	26	2,339
27 Net assets or fund balances (line 27 of column (B) must agree			34,262	27	33,213
Part III Statement of Program Service Accomplishr	•	,	_		Expenses
Check if the organization used Schedule O to r			[]	(Reau	ired for section
What is the organization's primary exempt purpose? <b>TELEVISIO</b>	N BROADCAST CENT	ER		· ·	(3) and 501(c)(4)
Describe the organization's program service accomplishments for ea	ach of its three largest pro	ogram services,			zations; optional for
as measured by expenses. In a clear and concise manner, describe persons benefited, and other relevant information for each program t		e number of		others	-
28 PROVIDING A TELEVISION BROADCAST CENTER '	TO WHICH ALL				
RESIDENTS OF NASHVILLE AND DAVIDSON COUN	TY HAVE ACCESS F	OR			
USE IN MATTERS THAT CONCERN THE VIEWING	PUBLIC AND FOR				
(Grants \$ ) If this amount	includes foreign grants, c	heck here	► 📋	28a	136,273
29					
(Grants \$ ) If this amount	includes foreign grants, c	heck here	► 📋	29a	
30					
	includes foreign grants, c	heck here	► 📋	30a	
<b>31</b> Other program services (describe in Schedule O)			· · · · · <u>·</u> ·		
	includes foreign grants, c			31a	
32 Total program service expenses (add lines 28a through 31a)				32	136,273
Part IV List of Officers, Directors, Trustees, and Key Em					· _
Check if the organization used Schedule O to respon	d to any question in this F	Part IV	•••••	•••	
	(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to emplo		e) Estimated amount of
(a) Name and title	hours per week	(Forms W-2/1099-MISC)	benefit plans, and	ovee   .	other compensation
	devoted to position	(if not paid, enter -0-)	deferred compensat	tion	
TRISH CRIST					
CEO	40.00	75,000	1,:	250	0
TYLER PITTMAN					
DIRECTOR	0.00	C		0	0
ERIN BENNETT					
DIRECTOR	0.00	C		0	0
MATIA POWELL					
DIRECTOR	0.00	C		0	0
JOHN LASITER					
DIRECTOR	0.00	C		0	0
JOHN FERGUSON					
NON VOTING DIRECTOR	0.00	C		0	0
GISELA MOORE					
DIRECTOR	0.00	C		0	0
JIM ED NORMAN					
DIRECTOR	0.00	C		0	0
MARK ROWAN					
BOARD CHAIR DIRECTOR	0.00	C		0	0
CAREN GABRIEL					
DIRECTOR	0.00	C		0	0
CAROLINE SPROUSE					
DIRECTOR	0.00	C		o	0
JOE WOOLLEY					
DIRECTOR	0.00	C		0	0
AQIYLA REED					
SECRETARY DIRECTOR	0.00	c		0	0
EEA					Form 990-EZ (2016)

Form 990-EZ (2016)

Part W         Other Information         Note the Schedule A and personal banefit contract statement requirements in the instructions for Part V). Check if the organization used Schedule O to respond to any question in this Part V         Note that the part V           0         Did the organization engage in any significant durings may droved by reported to the 1857 11 "Yes," provide a detailed description of each activity in Schedule O.         33         X           0         Were any significant durings make to be organization a man. Otherwise, explain the the organization target and the the organization and the significant durings main of thems?         34         X           33         X         X         X         X         X         X           34         Uth ergonazzition is the organization tile a form 390-T for the year? <i>II</i> "No, "provide an explanation of the asset         36         X           35         Did the organization in deal on the organization and the a form 390-T for the year? <i>II</i> "No, "provide an explanation of a sester         36         X           36         Did the organization in deal on the organization and the part organization an	Form 9	90-EZ (2016) <b>NECAT</b> 27-0024	733	F	Page 3
Solution         Vess         No           33         Did the organization engage in any significant activity no Schedule O         33         X           44         Were any significant charges made to the organization's name. Otherwise, explain the charge on Schedule O (schedule C)         34         X           35         D d the organization bare workled bio schedule O in the charge on Schedule O (schedule C)         35         X           35         D d the organization have workled bio schedule O in the charge on Schedule O (schedule C)         35         X           36         D d the organization have unrelated biosines goes income of 11.000 er more during the year for biosines activities (schedule T) and year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for the system of the schedule income or more during the year for the schedule income or more during the year for the schedule income or more during the year for the the year or the year for the year for the year wore du	Pa	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
Solution         Vess         No           33         Did the organization engage in any significant activity no Schedule O         33         X           44         Were any significant charges made to the organization's name. Otherwise, explain the charge on Schedule O (schedule C)         34         X           35         D d the organization bare workled bio schedule O in the charge on Schedule O (schedule C)         35         X           35         D d the organization have workled bio schedule O in the charge on Schedule O (schedule C)         35         X           36         D d the organization have unrelated biosines goes income of 11.000 er more during the year for biosines activities (schedule T) and year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for biosines income of 11.000 er more during the year for the system of the schedule income or more during the year for the schedule income or more during the year for the schedule income or more during the year for the the year or the year for the year for the year wore du					. 🗆
33       Diff the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a dataied decipion of each activity in Schedule O       33       X         34       Were any significant changes make to the organization group engine activity in Schedule O       34       X         35       Diff the organization heave unellade business gross income of 31.000 or more to ung the year from business activities (such as income of 31.000 or more to ung the year from business activities (such as income of 31.000 or more to ung the year from business activities (such as income of 31.000 or more to ung the year from business activities (such as income of 31.000 or more to ung the year from business activities (such as income of 31.000 or more to ung the year from business activities (such as income of 31.000 or more to ung the year from to use to ung the year from the year of 31.000 or more to ung the year from business activities (such as income of 31.000 or more to ung the year from the year of 32.000 or more to ung the year from the year of 32.000 or more to ung the year from the year of 32.000 or more to ung the year from the year of 32.000 or more significant dopotion in the posterion or significant dopotion in the significant dopotion in the significant dopotion in the significant dopotion in the posterion or significant dopotion in the posterion or significant dopotion in the signific				Yes	No
description of each activity in Schedule O       33       X         44       Were any significant charges made to the organization's name. Otherwise, explain the charge on Schedule O (see introduction)       34       X         35 a       Did the organization have unrelated business grass income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?       35 a       X         36 b       If 'Yes,' is in the SSA, has the organization that after mitsoft for the year? if 'ho,' provide an explanation in Schedule O       35 a       X         37 b       If 'Yes,' is in the SSA, has the organization astector \$011(c)(4,0) organization subject to section \$033(c)) notice, reporting, and proxy tax negativements during the year? If 'Yes,' complex Schedule C, Part III       36 b       X         38 D       Did the organization undergo a liquidation, dissolution, termination, or significant disposition of not assets during the year?       37 b       X         39 D       Did the organization burder for the 2PoPL for the year?       38 b       X         30 D       Did the organization burder on incore any each load path year?       38 b       X         39 a       Did the organization burder on incore any each load path year and situ distantions. There amount of policital contributions incore any each load path year and situ distantions. There amount of the situ year over the year over any each load path year and situ distantions. There amount of the infituation in a promy year and situ distantions. There amount of the	33	Did the organization engage in any significant activity not previously reported to the IRS2 If "Ves." provide a		100	
34       Ware any significant charges made to the granization and. Charges, explain the semided documents if they reflect a charge to the organization name. Charges, explain the semider documents business grants and semider documents of 15(.0)(.4), 501 (.6)(.5) or 501 (	55		22		v
copy of the amended documents if they reflect a change to the organizations name. Otherwise, explain the change on Schedule (2) is instructions)       34       X         35 a Did the organization have unrelated business gross income of \$1.000 or more duing the year for business activities (uch as those reporting on 10me 2, 6a, and 7a, among duines Schedule (2) Amol 11       356       X         36 Did the organization undergo a liquidation, desnitudin, sternituding a the and part of the tax year covered and part 11 wes, complete apticable part 11 weys, 'no time 4, and emer the total amount involved       37a       X       X         37 a Enter amount of political expenditues, direct or indirect, as described in the instructions       37a       37a       X         38 Did the organization the Form 1124P-OL for the total amount involved       38b       38a       X         39 Section 501(c)(7) organizations. Enter       38a       38a       X         39 Circles 10(c)(7) organizations. Enter amount of tax imposed on the organization during the year, or dis engage in an axcess bandit turnaction in a prix year       38a       X         40 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Enter amount of tax imposed on the organization during the year       40b       X	24		33		
ab db expendence       34       X         35 a Dd the corparization have uncleaded busines gross income of \$1,000 cr more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?       35a       X         b th "Yea," to line 35a, has the organization lined a Form 190-T for the year? if "No," provide an explanation if Schedule 0       35b       X         b th "Yea," to line 35a, has the organization lined a Form 190-T for the year? if "No," provide an explanation if Schedule 0       35c       X         37a       Date to organization nucleos and provide an explanation of schedule 0       35a       X         37a       Date to organization nucleos and provide an explanation of schedule 0       37a       3c       X         37a       Date to organization nucleos and provide an explanation for an explanation brown of non orne kare any inductor, ta described in the instructions in a finite explanation form of mole any or and any organization brown of non or mole any or and the end of the tax year covered by this return?       3ba       3ba <t< th=""><th>34</th><th></th><th></th><th></th><th></th></t<>	34				
35 a D dife organization have unrelated business gross income of \$1,000 or more during the year from business activities (suits as those organization filed a Form 990-T for the year? <i>If 'No, 'provide an explanation in Schedule 0</i> .       35 b       35 b         b If 'Yes, 'to line 35a, has the organization filed a Form 990-T for the year? <i>If 'No, 'provide an explanation in Schedule 0</i> .       35 b       35 b         c Was the organization a section 501(e)(4), 501(e)(5), or 511(e)(6) organization subject to section 6035(e) notice, reporting, and proxy tax requirements during the year? If 'Nes, 'complete Schedule C, Part II       36 c       X         37 a Enter amount of policia expenditures, direct or indirect, as described in the instructions       37 a       37 a       37 a       37 a       38 b       38 a       X         38 a D dth e organization here form, or make any loans to, any officer, director, instale, or key employee or were any such loans machie na prive and still outstanding at the end of the tax year covered by this return?       38 a       X         39 Section 501(c)(7) organizations. Enter       38 a       38 a       38 a       X         40 a Section 501(c)(3), and 501(c)(2) organizations. Enter amount of tax imposed on the organization in any tory var that has not been reported on any of tis prior Form 390 or 990 or 990-E27 if 'Yes'. complets Schodule L, Part I       38 b       X         40 a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax inposed       any ord in prior year       40 b       X         41 List the stat					
activities (such as those reported on line 2, 6ia, and 7a, among others)?       35a       X         b If 'Ves', 10 im 35a, has the organization fied a for 900-FG for the spar/ 1 Wo, 'provide an explanation in 5Chedulo 0, explained on in 5Chedulo 0, explained on provide and proxy tax requirements during the yar? If 'Ves', 'complete Schedule 1, explained not provide any placetable parts of Schedulo C, Part II       35c       X         37a       That environment and proxy tax requirements during the yar? If 'Ves', 'complete Schedule 1, explained disposition of net assets during the year? If 'Ves', 'complete applicable parts of Schedulo C, Part II       35c       X         37a       Enter amount of policite dependitures, date of chindect, as described in the instructions .       37a       37a       37b       X         38a       Did the organization hore for mo, or make any local to any officer, director, trustee, or key employee or were any such loara mads in a prior year and sill odstanding at the end of the tax year covered by this return?       38a       X         39       Section 501(c)(3) congarizations. Enter amount of tax imposed on the organization during the yar and the ange in any section 4956       39a       39a         39       Section 501(c)(3).501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed shere that short of any of the programization.       39a       39a         30       Section 501(c)(3).501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization and applic to grams 800 or 990-E27 If 'Yes'. complete Schedule L, Part I       40b		<b>o</b>	34		Х
b       If Yes,* to line 35a, has the organization lised a Form 900-T for the year? If YNo.* provide an explanation in Schedule 0       36b         c       Was the organization asset control 601(d)(4), 501(c)(6), or 501(c)(6), organization site propriet as public to section 6033(e) notice, reporting, and proxy tax requirements during the year? If YNo.* complete Schedule C. Part III       36c       X         37       Enter amount of policial expondures, direct or indirect, as described in the instructions       17a       17a       37b       X         38       Did the organization file Graphete apphabelic parts of Schedule N	35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
c       Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(c) note:       356       X         36       Did the organization undergo a liquidation, dissolution, termination, or significant deposition of net assets       38       X         37       Enter amount of political expenditures, direct or indirect, as described in the instructions:       > [37]       37       X         38       Did the organization form from, or make any locan to, any officer, director, trustee, or key employee or were any such harms made in a prior year and sill outstanding at the end of the taxy year covered by this return?       38a       X         39       Did the organization bording the year of like or gionization hording the second officer.       38a       X         39       Section 501(c)(7) organizations:       Enter       38a       X         39       Section 501(c)(7) organizations:       Enter       38a       X         30       Did the organization bording the year, ord fill engage in any section 4956 >       5       5         30       Section 501(c)(7) organizations:       Did the organization norm of disc in discuption frames of the organization engage in any section 4956 >       5         30       Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations.       Did the organization for engage in any section 4956 >       5         40       Section 501(c)(3), 501(c)(4), and 501(c)(2) organ		activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
reporting_and proxy tax regularments during the year? If Yes', complete Schedule C, Part II       36       X         36       Did the organization nucleogo a logidation, discubition, termination, or significant disposition of net assets       36       X         37       Enter amount of political expenduture, direct or indirect, as described in the instructions       171       374       Enter amount of political expenduture, direct or indirect, as described in the instructions       173       X         38       Did the organization to borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such hoars made in a priver and sill outsidening at the end amount involved       38a       X         39       Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year or did it end age in any schedule 1. Part I and enter the total amount involved       38a       38a       X         30       Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Dittle organization endges in any section 4855	b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
36       Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N       36       X         37       Enter amount of political expenditures, direct or indirect, as described in the instructors       37a	С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
36       Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N       36       X         37       Enter amount of political expenditures, direct or indirect, as described in the instructors       37a		reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
during the year? If 'Yes': complete applicable parts of Schedule N       36       X         37 a       Enter amount of political expenditures, direct or indirect, as described in the instructors       37a       37b       X         38 a       Did the organization the Form 1120+OL for this year?       37b       X         38 a       Did the organization the Form 1120+OL for this year?       38b       X         39 a       Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year order by this return?       38a       X         30 a       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: socion 4955 b       39a       39a       39a         30 a       Section 501(c)(3), S01(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization the proported on any of this prior Forms 900 or 900-E2? If 'Yes,' complete Schedule L, Part I       40b       X         41 bit the state with which a do 501(c)(2) organizations. Enter amount of tax imposed on organization managers or disputified persons during the year under sections 4912.       40b       X         42 bit the organization managers or disputified persons during the year under sections 4912.       40b       X         43 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or disputified persons during the year under sections 4912.       40c       X         42 List the states	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			ĺ
37a       Enter amount of political expenditures, direct or indired, as described in the instructions               37a              37b              X7a              37b              X7a              X7a <th></th> <th></th> <th>36</th> <th></th> <th>Х</th>			36		Х
b Did the organization file Form 1120-POL for this year? 37b X   38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such hoars made in a prory year and still outstanding at the end of the tax year covered by this return? 38a X   38a Section 501(c)(3) organizations. Enter anount of tax imposed on the organization during the year outered by this return? 38a X   40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: staction 4911 +	37 a				
38 a       Did the organization borrow from, or make any loas to, any officer, function, trustee, or key employee or vere any such loams made in a prior year and still outstanding at the end of the tax year covared by this return?       38 a       X         39 Section 501(c)(7) organizations. Enter:       38 a       39 Section 501(c)(7) organizations. Enter:       39 Section 501(c)(7), 01 organizations. Enter:       40 Section 501(c)(7), 01 organizations. Section 4912 to the very rever very very very very very ve			37h		x
arr such loars made in a pitor year and still outstanding at the end of the tax year covered by this return?       38a       X         b       if 'Yes,' complete Schedule L, Part II and enter the total amount involved       38b       38b         a       Initiation fees and capital contributions included on line 9       38a       38a         40a       Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶					
b # 1* Vest* complete Schedule L, Part II and enter the total amount involved       38         39       Section 501(c)(3) organizations. Enter:       38         a Initiation fees and captited contributions included on line 9       38         40       Section 501(c)(3) arganizations. Enter amount of tax imposed on the organization aggin any section 4955 <b>&gt;</b> b Gross receipts, included on line 9 (1) (20) organizations. Did the organization aggin in any section 4955 <b>&gt;</b> b Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization aggin in any section 4956 <b>&gt;</b> c Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Enter amount of tax imposed on organization managers or disqualified persors during the year under sections 4912.         405       Section 501(c)(3), 501(c)(4), and 501(c)(22) organizations. Enter amount of tax imposed on organization. At any time during the tax year, was the organization aparty to a prohibited tax shelter transaction? II Yes,* complete Form 888-T         41       List the states with which a copy of this return is filed <b>&gt;</b> TN         42       The organization back are in care of <b>&gt;</b> TN         42       The organization back are in account securities account, or other mancel al account?       Yes         14       List the states with which a copy of this return is filed <b>&gt;</b> TN         42       The organization fore an interest in or a signature or other authority over a financial account; it is are in area of the foreign county; ves       6	00 a		29-		v
39       Section 501(c)(7) organizations. Enter:       39a       39a         40       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization dung the year under: section 4911 ▶	h		30a		
a Initiation fees and capital contributions included on line 9       39a         b Gross receipts, included on line 9, is optiblic use of club facilities       39b         30 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization and program section 4915 >       is section 4916 >         b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization and program section 4956 >       is section 4916 >         b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization in a prior year that has not been reported on any of its prior Forms 990 or 900-E27 If "Yes," complete Schedule L, Part I       40b       X         c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4995, and 4968			-		
b       Gross receipts, included on line 9, for public use of club facilities       39b         40a       Section 4011 \>					
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 •; section 4912 •; section 4915 •; section 4915 •; section 4915 •; section 4916 •; section 4916 •; section 4917 •; section 4918 •; section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			-		
<ul> <li>section 4911 &gt;; section 4955 &gt;</li> <li>b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958</li> <li>excess benefit transaction during the year or ddi it engagina an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I</li> <li>c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958</li> <li>d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbused by the organization</li> <li>All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T</li> <li>d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbused by the organization and party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T</li> <li>d All organization's books are in care of &gt; TRISH CRIST</li> <li>Located at &gt; 120 WHITE BRIDGE ROAD, NASHVILLE, TN</li> <li>ZIP +4 &gt; 37209</li> <li>b At any time during the calendary ever, did the organization malterest in or a signature or other athorization accountly in the organization malterest for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).</li> <li>c At any time during the calendary ever, did the organization maintain an office outside the United States?</li> <li>d Yes, "enter the name of the foreign county: &gt;</li></ul>			-		
b       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction duing the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 900 or 990-E2? If Yess," complete Schedule L, Part I       40b       X         c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4812, 4955, and 4958       40b       X         d       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40 or eimbursed by the organization.       ★       40e       X         d       Beciton 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40 or eimbursed by the organization.       ★       40e       X         41       List the states with which a copy of this return is filed       ★       TM       217       Telephone no.       ★ 615-354-1273         Located at > 120 WHITE BRIDGE ROAD, NASKVILLE, TN       ZiP + 4 > 37209       Yes       No         b       At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial accounty for dreign county:       Yes       No         Section 4947(a)(1) novement charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year       42c       X <t< th=""><td>40 a</td><td></td><td></td><td></td><td></td></t<>	40 a				
excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I       40b       X         c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       40c       X         d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T       40e       X         41       List the states with which a copy of this return is filed brances and the organization have an interest in or a signature or other authority over a financial account in a foreign country: brance and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR).       Yes       No         43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the anem of the foreign country: brance and filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FEAR).       42c       X         44a       Did the organization maintain an office outside the United States?       42c       X         44a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         44a       Did the organization practice and prayer. <th></th> <th>section 4911 ►; section 4912 ►; section 4955 ►</th> <th></th> <th></th> <th></th>		section 4911 ►; section 4912 ►; section 4955 ►			
that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I       40b       X         c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed       an organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       and 501(c)(2), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line       40c       X         d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line       40c       X         40c reimbursed by the organization       b	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
<ul> <li>c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.</li> <li>d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization</li> <li>All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T</li> <li>Located at &gt; 120 wHITE BRIDGE ROAD, NASHVILLE, TN</li> <li>ZIP +4 &gt; 37209</li> <li>b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bark account, securities account, or other financial account)?</li> <li>Yes, "enter the name of the foreign country: ►</li> <li>See the instructions for exceptions and filing requirements for FinCEN Form 1041-Check here and enter the amount of tax-exempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the xay ear</li> <li>44a</li> <li>Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ</li> <li>Did the organization operate one or more hospital facilities during the year?</li> <li>If "Yes," to line 44c, has the organization field a Form 720 to report these payments? If "No," provide an explanation in Schedule O</li> <li>44a</li> <li>X</li> <li>Did the organization neceive any payments for indoor tanning services during the yay need to be completed instead of</li> <li>45a</li> <li>X</li> <li>Did the organization neceive any payments for indoor tanning of section 512(b)(13)?</li> <li>45a</li> <li>X</li> </ul>		excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
on organization managers or disqualified persons during the year under sections 4912,         4955, and 4958         d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line         40c cimbursed by the organization         e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter         transaction? If "Yes," complete Form 8886-T         40c         42a         List the states with which a coty of this return is filed ▶ TN         42a         42a The organization's books are in care of ▶ TRISH CRIST         Located at ▶ 120 WHITE BRIDGE ROAD, NASHVILLE, TN         Located at > 120 WHITE BRIDGE ROAD, NASHVILLE, TN         See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account?         If "Yes," enter the name of the foreign country: ▶         See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         c At any time during the calendar year, did the organization maintain an office outside the United States?         42a         Me enter the mame of the foreign country: ▶         43         Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here         and enter the amount of tax-exempt interest received or accrued during the tax year? <td< th=""><th></th><th>that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I</th><th>40b</th><th></th><th>Х</th></td<>		that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
4955, and 4958       4         d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line       400 relimbursed by the organization         e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter       40e         transaction? If "Yes," complete Form 8886-T       40e         41       List the states with which a copy of this return is filed  ▶ TN         42 a The organizations books are in care of ▶ TRISH CRIST       Telephone no. ▶ 615-354-1273         Located at ▶ 120 WHITE BRIDGE ROAD, NASHVILLE, TN       ZIP + 4 ▶ 37209         b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bark account, securities account, or other financial account)?       42b       X         fl "Yes," enter the name of the foreign country: ▶	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line       40c reimbursed by the organization         e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter       40e       X         41       List the states with which a copy of this return is filed       >TN       40e       X         42       The organization's books are in care of  > TRISH CRIST       Telephone no. > 615-354-1273       40e       X         42       The organization's books are in care of  > TRISH CRIST       Telephone no. > 615-354-1273       7209         b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: >		on organization managers or disqualified persons during the year under sections 4912,			
40c reimbursed by the organization       All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter       40e       X         41       List the states with which a copy of this return is filed       TN       40e       X         42       The organization's books are in care of > TRISH_CRIST       Telephone no. > 615-354-1273       37209         b       At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       Yes       No         fl "Yes," enter the name of the foreign country:       See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       42c       X         c       At any time during the calendar year, did the organization maintain an office outside the United States?       43         44a       X       If "Yes," enter the name of the foreign country:		4955, and 4958			
40c reimbursed by the organization       All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter       40e       X         41       List the states with which a copy of this return is filed       TN       40e       X         42       The organization's books are in care of > TRISH_CRIST       Telephone no. > 615-354-1273       37209         b       At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       Yes       No         fl "Yes," enter the name of the foreign country:       See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       42c       X         c       At any time during the calendar year, did the organization maintain an office outside the United States?       43         44a       X       If "Yes," enter the name of the foreign country:	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
transaction? If "Yes," complete Form 8886-T       40e       X         41       List the states with which a copy of this return is filed ▶ TN       Telephone no. ▶ 615-354-1273         42 a The organization's books are in care of ▶ TRISH CRIST       Telephone no. ▶ 615-354-1273         Located at ▶ 120 WHITE BRIDGE ROAD, NASHVILLE, TN       ZIP + ▶ 37209         b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       Yes       No         11< "Yes," enter the name of the foreign country: ▶       See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Yes       No         c At any time during the calendar year, did the organization maintain an office outside the United States?       42c       X         If "Yes," enter the name of the foreign country: ▶					
41       List the states with which a copy of this return is filed ▶ <u>TN</u> 42 a The organization's books are in care of ▶ <u>TRISH CRIST</u> Telephone no. ▶ <u>615-354-1273</u> Located at ▶ <u>120 WHITE BRIDGE ROAD, NASHVILLE, TN</u> ZIP + 4 ▶ <u>37209</u> b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       42b       X         If "Yes," enter the name of the foreign country: ▶       See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       42c       X         c At any time during the calendar year, did the organization maintain an office outside the United States?       42c       X         18 "Yes," enter the name of the foreign country: ▶	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
41       List the states with which a copy of this return is filed ▶ <u>TN</u> 42 a The organization's books are in care of ▶ TRISH CRIST       Telephone no. ▶ 615-354-1273         Located at ▶ 120 WHITE BRIDGE ROAD, NASHVILLE, TN       ZIP + 4 ▶         37209       b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       42b       X         If "Yes," enter the name of the foreign country: ▶       See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       42c       X         43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year       43       44a       X         44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44c       X         c Did the organization perete one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44b       X         b Did the organization receive any payments for indoor tanning services during the year?       44c       X		transaction? If "Yes," complete Form 8886-T	40e		Х
42 a The organization's books are in care of ▶ TRISH CRIST       Telephone no. ▶ 615-354-1273         Located at ▶ 120 WHITE BRIDGE ROAD, NASHVILLE, TN       ZIP + 4 ▶ 37209         b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       Yes       No         if "Yes," enter the name of the foreign country: ▶	41				-
Located at ▶ 120 WHITE BRIDGE ROAD, NASHVILLE, TN       ZIP + 4 ▶       37209         b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       Yes       No         if "Yes," enter the name of the foreign country: ▶	42 a		54-1	273	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       Yes       No         42b       X         If "Yes," enter the name of the foreign country:       See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       42c       X         c At any time during the calendar year, did the organization maintain an office outside the United States?       42c       X         43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year       43         44 a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         b       Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44b       X         c       Did the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       44d       X         45 a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45a       X         b       Did the organization neceive any payment from or engage in any transaction with a controlled entity within th					
<ul> <li>a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</li></ul>	b			Yes	No
If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization receive any payments for indoor tanning services during the year? If "Nes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i> <i>explanation in Schedule O</i> b Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of					
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and       Image: Completed instead of Foreign Country:         •       42c       X         If "Yes," enter the name of the foreign country:       •         43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here       •         and enter the amount of tax-exempt interest received or accrued during the tax year       •       43         44 a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       •       •         b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44b       X         c       Did the organization receive any payments for indoor tanning services during the year?       If "No," provide an explanation in Schedule O       •       44c       X         45 a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45a       X         b       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       45a       X			1210		
Financial Accounts (FBAR).       42c       X         If "Yes," enter the name of the foreign country: ▶       43       42c       X         43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year       43       Yes       No         44 a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44b       X         c       Did the organization receive any payments for indoor tanning services during the year?       44c       X         d       If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       44d       44d         45 a       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       45a       X					
c At any time during the calendar year, did the organization maintain an office outside the United States?       42c       X         If "Yes," enter the name of the foreign country:       -         43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here					
If "Yes," enter the name of the foreign country: ▶         43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here	~		420		v
43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here	C		426		
and enter the amount of tax-exempt interest received or accrued during the tax year       43         44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44 a       X         b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44 a       X         c Did the organization receive any payments for indoor tanning services during the year?       44 b       X         d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       44d       44d         45 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of       45a       X	10				
44 a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44b       X         c       Did the organization receive any payments for indoor tanning services during the year?       16 "No," provide an explanation in Schedule O       44d       X         45 a       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of       44d       X	43			🖻	
44 a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44b       X         c       Did the organization receive any payments for indoor tanning services during the year?       44b       X         d       If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 44d       44d       X         45 a       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of       45a       X		and enter the amount of tax-exempt interest received or accrued during the tax year			
completed instead of Form 990-EZ       44a       X         b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44b       X         c       Did the organization receive any payments for indoor tanning services during the year?       44c       X         d       If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 44d       44d         45 a       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       45a       X         b       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of       45a       X				Yes	No
<ul> <li>b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ</li> <li>c Did the organization receive any payments for indoor tanning services during the year?</li> <li>d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></li> <li>44d</li> <li>44d</li> <li>44d</li> <li>44d</li> <li>44d</li> <li>44d</li> <li>45a</li> <li>b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of</li> </ul>	44 a				
completed instead of Form 990-EZ       44b       X         c Did the organization receive any payments for indoor tanning services during the year?       44c       X         d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       44d       44d         45 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       45a       X         b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of       45a       X			44a		X
c       Did the organization receive any payments for indoor tanning services during the year?       44c       X         d       If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       44d       44d         45 a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45a       X         b       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of       45a       X	b				
d       If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       44d         45 a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45a       X         b       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       45a       X         b       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of       6       6		completed instead of Form 990-EZ	44b		
explanation in Schedule O       44d         45 a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45a       X         b       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of       46a       X	С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
45 a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45a       X         b       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of       45a       X	d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		explanation in Schedule O	44d		
meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
		Form 990-EZ (see instructions)	45b		Х

Form 9	90-EZ (20 <sup>2</sup>	16) <b>NECAT</b>					27-00	24733	F	Page 4
									Yes	No
46	Did the	organization engage, directly or indirect	tly, in political campaign activ	ities on beha	alf of or in op	position				
		lidates for public office? If "Yes," complete						. 46		Х
Par		Section 501(c)(3) organizatio								
		All section 501(c)(3) organization	ons must answer quest	ions 47-49	9b and 52,	and com	plete the ta	bles for li	ines	
		50 and 51.								
		Check if the organization used	Schedule O to respond	l to any qu	uestion in t	his Part V	Ι			
									Yes	No
47	Did the	organization engage in lobbying activit	ies or have a section 501(h)	election in eff	fect during th	e tax				
	year? If	f "Yes," complete Schedule C, Part II						. 47		Х
48	Is the o	rganization a school as described in se	ction 170(b)(1)(A)(ii)? If "Yes	," complete S	Schedule E			. 48		Х
49a		organization make any transfers to an						. 49a		Х
b		" was the related organization a section		-						
50		te this table for the organization's five hi	-						1	
		ees) who each received more than \$10					-			
	omploy					(d) Health				
		(a) Name and title of each employee	(b) Average hours per week		portable pensation	contributions	to employee	(e) Estimate		
		(a) Name and the of each employee	devoted to position		2/1099-MISC)	benefit plans,	and deferred nsation	other co	mpensa	tion
				(	2.1000 11100)	compo				
	_									
NONI	5									
f	Total nu	umber of other employees paid over \$1	00,000 ▶							
51	Comple	te this table for the organization's five hi	ghest compensated independ	ent contracto	ors who each	received mo	ore than			
		00 of compensation from the organizatio								
		· · · · ·								
	(a)	Name and business address of each independent	contractor	(t	<ul><li>Type of servic</li></ul>	e	(c)	Compensatio	n	
NONI	2									
d		umber of other independent contractors	<b>e</b>		▶					
52	Did the	organization complete Schedule A? N	ote: All section 501(c)(3) org	anizations m	nust attach a			_	_	
	comple	ted Schedule A					<b>&gt;</b>	X Yes		No
Under	penalties	s of perjury, I declare that I have examined th	is return, including accompanying	g schedules ar	nd statements,	and to the bes	t of my knowled	dge and belie	ef, it is	
true, c	correct, ar	nd complete. Declaration of preparer (other t	han officer) is based on all inform	ation of which	preparer has a	any knowledge				
		TRISH CRIST								
Sig	n	Signature of officer				Date				
Her	e	TRISH CRIST, CEO								
		Type or print name and title								
	1	Print/Type preparer's name	Preparer's signature		Date	(	Check X if	PTIN		
Paid		R SCOTT DIXON	R SCOTT DIXON		03-22-20		elf-employed	P01387	764	
	aror				pJ-22-20	×		F01307	, , ,	
Prepa		Firm's name <b>R SCOTT DIXON</b>				Firm's E	- IIN 💌			
Use (	July	Firm's address ► 424 CHURCH ST								
N.4 -		NASHVILLE TN				Phone	no. 615-2	256-2260		Na
	ine IRS (	discuss this return with the preparer sho	will above? See instructions	• • • •			<u></u> ▶	X Yes		No
EEA								Form <b>9</b> 9	90-EZ	(2016)

### Public Charity Status and Public Support

			Public Charity Status and Public Support						
SCHEDULE A					)1(c)(3) organization or a s		•••	2016	
•		<b>0 or 990-EZ)</b> of the Treasury		Atta	ch to Form 990 or Forn	Open to Public			
		venue Service	<ul> <li>Information ab</li> </ul>	out Schedule A (Fo	rm 990 or 990-EZ) and its i	instructions	s is at www	v.irs.gov/form990.	Inspection
Name	e of th	e organization						Employer identifica	tion number
NEC		_						27-002473	
	rt I			· · · ·	ganizations must co			.) See instructions	
	orga		•		s 1 through 12, check onl	•	,		
1					urches described in <b>sect</b>	• •			
2					Schedule E (Form 990 c				
3				•	n described in section 1			(4)(A)(III) Entar the	
4				rated in conjunctio	n with a hospital describ	ed in sect		(I)(A)(III). Enter the	
5			e, city, and state:	fit of a college or i	university owned or opera	ated by a c	iovernmen	tal unit described in	
Ū		-	)(1)(A)(iv). (Complete	-		alea by a g	joverninen		
6	$\square$	•		•	init described in section	170(b)(1)	(A)(v).		
7	X		•	•	of its support from a gov			m the general public	
		•	ection 170(b)(1)(A)(vi					<b>o</b> 1	
8		A community t	rust described in secti	on 170(b)(1)(A)(v	i). (Complete Part II.)				
9		An agricultura	l research organization	described in sect	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant colle	ge
		or university of	r a non-land-grant colle	ge of agriculture (s	see instructions). Enter the	e name, cit	ty, and stat	e of the college or	
		university:							
10		•	•	. ,	3 1/3% of its support from				
		•		•	subject to certain excepti siness taxable income (le		,		
		•			section 509(a)(2). (Com		,	IOIII DUSINESSES	
11			-		test for public safety. Se				
12	Π	•	•	•	the benefit of, to perform				3
		•	•	•	bed in section 509(a)(1)			• • •	
		Check the box	in lines 12a through 12	2d that describes th	ne type of supporting orga	anization a	nd comple	te lines 12e, 12f, and 1	2g.
	а	Type I. A	supporting organization	n operated, superv	rised, or controlled by its	supported	organizat	ion(s), typically by givi	ng
		the suppor	rted organization(s) the	power to regularly	v appoint or elect a major	rity of the d	lirectors or	trustees of the	
		supporting	organization. <b>You mu</b>	ist complete Part	IV, Sections A and B.				
	b			•	ontrolled in connection w		-	.,	
					on vested in the same pe	rsons that o	control or r	manage the supported	
	•		on(s). You must comp			nontion w	ith and fu	nationally integrated w	ith
	С				anization operated in cor u must complete Part I				
	d				g organization operated i				n(s)
		- •			generally must satisfy a d				
					e Part IV, Sections A a		•		
	е	Check this	box if the organization	received a written	determination from the IF	RS that it is	a Type I,	Type II, Type III	
		functional	y integrated, or Type III	non-functionally ir	ntegrated supporting orga	anization.			
	f								••••
	g		lowing information abo	••	Č (	1			
	(	<ol> <li>Name of supported</li> </ol>	l organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you	rganization Ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docum		instructions)	instructions)
						Yes	No		
(A)									
(B)									
(B)									
(C)									
(D)									

(E)

Total

nplete only if you check III. If the organization f ic Support cal year beginning in) ► ontributions, and es received. (Do not usual grants.") evied for the benefit and either paid I on its behalf ervices or facilities governmental unit to the thout charge total contributions by ther than a unit or publicly anization) included on				•		(f) Total 421,966
cal year beginning in) ► ontributions, and es received. (Do not nusual grants.") evied for the benefit and either paid l on its behalf ervices or facilities governmental unit to the ithout charge total contributions by ther than a unit or publicly	111,756					
ontributions, and es received. (Do not nusual grants.") evied for the benefit and either paid l on its behalf ervices or facilities governmental unit to the ithout charge es 1 through 3 total contributions by ther than a unit or publicly	111,756					
es received. (Do not nusual grants.") evied for the benefit and either paid l on its behalf ervices or facilities governmental unit to the ithout charge total contributions by ther than a unit or publicly	179,192	19,232	92,813	80,650	117,515	421,966
benefit and either paid on its behalf ervices or facilities governmental unit to the ithout charge es 1 through 3 total contributions by ther than a unit or publicly						
governmental unit to the ithout charge as 1 through 3 total contributions by ther than a unit or publicly						
as 1 through 3 total contributions by ther than a unit or publicly		186,972	237,045	293,871	263,743	1,160,823
total contributions by ther than a unit or publicly		206,204	329,858	374,521	381,258	1,582,789
ther than a init or publicly						
init or publicly						
1 ,						
eds 2% of the amount						
11, column (f)						73,675
Subtract line 5 from line 4						1,509,114
I Support						
cal year beginning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
ine 4	290,948	206,204	329,858	374,521	381,258	1,582,789
from interest, dividends, ived on securities loans, and income from similar	22	20	7	6	56	111
m unrelated business her or not the business ried on						
Do not include gain or ale of capital assets t VI.)			41,953	64,249	51,148	157,350
. Add lines 7 through 10 .						1,740,250
from related activities, etc. (s	see instructions) .				12	
s. If the Form 990 is for the one heck this box and stop here						▶□
putation of Public Su						
percentage for 2016 (line 6, c				-		<u>86.72 %</u>
percentage from 2015 Sched						92.59 %
ort test - 2016. If the organiz						▶ 🛛
nere. The organization qualif ort test - 2015. If the organiz	zation did not check	a box on line 13 o	r 16a, and line 15 i	is 33 1/3% or more	e, check	_
cop here. The organization q d-circumstances test - 2016						••• • 🗆
FUIGUIDSIANCES TEST = 2010	-					
				• •		
and if the organization meets		•	•			
and if the organization meets e organization meets the "fac						••••
and if the organization meets e organization meets the "fac						
and if the organization meets e organization meets the "fac 	0			-	h.,	
and if the organization meets organization meets the "fac <b>d-circumstances test - 201</b> nore, and if the organization i	meets the "facts-and	oumotopoor" + "	I ho organization		IV	
and if the organization meets organization meets the "fac <b>d-circumstances test - 201</b> nore, and if the organization need VI how the organization mee	meets the "facts-and ets the "facts-and-cir		•	•	•	
and if the organization meets organization meets the "fac <b>d-circumstances test - 201</b> nore, and if the organization i	meets the "facts-and ets the "facts-and-cir 	line 13, 16a, 16b,	17a, or 17b, check	k this box and see	•	
and i e org		cumstances test - 2015. If the organization and if the organization meets the "facts-an	cumstances test - 2015. If the organization did not check a b and if the organization meets the "facts-and-circumstances" to	cumstances test - 2015. If the organization did not check a box on line 13, 16a, and if the organization meets the "facts-and-circumstances" test, check this box		-

#### 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.

Department of the Treasury Internal Revenue Service Name of the organization 2016 Open to Public Inspection

OMB No. 1545-0047

Employer identification number

## NECAT

27-0024733

#### 01. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT DEPRECIATION FROM 4562 2,525 PAYROLL TAXES 8,552 PRODUCTION EXPENSES 1,939 DUES AND SUBSCRIPTIONS 1,411 ADVERTISING AND PROMOTIONAL 1,626 INTERNET SERVICE FEES 3,154 CONVENTIONS MEETINGS AND CONFERENCE 2,164 OFFICE SUPPLIES AND EXPENSES 1,628 INSURANCE 3,683 MISCELLANEOUS EXPENSES 373 7,037 EVENT EXPENSES SERVICE FIRM PROCESSING FEES 3,109 RETIREMENT PLAN EXPENSE 1,850 ADMINISTRATIVE EXPENSES 209 02. Description of other assets (Part II, line 24) CATECODV DECIMINING OF VEAD END OF VEAD

CATEGORY	BEGINNING OF YEAR	END OF YEAR	
ACCOUNTS RECEIVABLE	2,825	1,000	
PREPAID EXPENSES	2,363	2,151	
PROPERTY AND EQUIPMENT	5,828	4,688	

# O3. Description of total liabilities (Part II, line 26) CATEGORY BEGINNING OF YEAR END OF YEAR

ichedule O (Form 990 or 990-EZ) (2016) Iame of the organization		P Employer identification number
IECAT		27-0024733
AYROLL TAXES PAYABLE	1,333	0
CCOUNTS PAYABLE	0	1,599
CCRUED EXPENSES	0	740

Form	4562	<b>Depreciation and Amortization</b> (Including Information on Listed Property)							OMB No. 1545 <b>2016</b>			
Denartn	nent of the Treasury		•	Attach t	o your ta	x return.		,			Attachment	
	Revenue Service (99)	Information	about Form 45	62 and its se	parate ins	structions	s is	at www.irs.g	ov/form	4562.	Sequence No.	179
Name(s	) shown on return				Business o	r activity to w	hich	this form relates			Identifying number	
NEC						<u>RM 990</u>	)E.	z – 1			27-00247	33
Par	t I Election	n To Expense	e Certain Pro	operty Und	er Sect	ion 179						
	Note: If y	ou have any liste	ed property, com	plete Part V be	efore you	complete	Par	rt I.				
1	Maximum amount	(see instructions)								1		
2	Total cost of section	on 179 property p	laced in service	(see instruction	ns)		•			2		
3	Threshold cost of s	section 179 prop	erty before reduc	tion in limitatio	n (see ins	tructions)				3		
4	Reduction in limitat	tion. Subtract line	e 3 from line 2. If	zero or less, e	nter -0-		•			4		
5	Dollar limitation for	tax year. Subtrac	ct line 4 from line	1. If zero or le	ess, enter ·	-0 If mari	ried	l filing				
	separately, see ins	tructions					•			5		
6		(a) Description of pro	operty		(b) Cost (b	usiness use c	only)	(c) Elec	cted cost			
7	Listed property. En	iter the amount fr	om line 29 🛛 🔒			· · · L	7					
8	Total elected cost	of section 179 pr	operty. Add amo	ounts in column	(c), lines	6 and 7	•			8		
9	Tentative deductio	n. Enter the <b>sm</b> a	aller of line 5 or l	line 8			•			9		
10	Carryover of disall	owed deduction f	rom line 13 of yo	our 2015 Form	4562 .					10		
11	Business income li	mitation. Enter th	e smaller of bus	iness income (	not less tl	han zero) (	or li	ine 5 (see instr	uctions)	11		
12	Section 179 expen	se deduction. Ad	d lines 9 and 10,	but don't enter	r more tha	an line 11				12		
13	Carryover of disall	owed deduction t	o 2017. Add line	s 9 and 10, les	s line 12	►	13	3				
Note:	Don't use Part II o	or Part III below f	for listed property	y. Instead, use	Part V.							
Par	t II Special	Depreciation	n Allowance	and Other	Deprec	ciation	(Do	on't include lis	ed prop	erty.) (	See instructions.)	
14	Special depreciation	on allowance for o	qualified property	(other than list	ted proper	rty) placed	in :	service				
	during the tax year	(see instructions	)							14		
15	Property subject to	section 168(f)(1	) election							15		
16	Other depreciation	(including ACRS	S)							16		
Par		S Depreciation										
			•	Se	ection A			,				
17	MACRS deduction	s for assets place	ed in service in t	ax years begin	ning befor	re 2016				17	2,	273
	If you are electing				-		r m	ore general			·	
	asset accounts, ch	eck here										
	Sec	ction B - Assets							reciatio	n Syste	em	
	(a) Classification of p	property	(b) Month and year placed in service	(c) Basis for dep (business/investn only-see instrue	nent use	(d) Recove period	ry	(e) Convention	(f) Meth	nod	(g) Depreciation ded	uction
19a	3-year property											
b	5-year property				954	Ę	5	HY	200	DB		191
с	7-year property				430	5		HY	200			61
d	10-year property											
	15-year property											
	20-year property											
	25-year property					25 yrs			S/	Ľ		
	Residential rental					27.5 yr		MM	S/			
	property					27.5 yr		MM	S/			
i	Nonresidential real					39 yrs		MM	S/			
•	property					00 910	•	MM	S/			
		tion C - Assets	Placed in Servi	ce During 201	6 Tax Yes	ar Usina t	he				stem	
20a	Class life				- 10A 100				spreciat S/			
	12-year					12 yrs			S/			
	40-year					40 yrs		MM	S/			
Par		ary (See instruc	tions)			40 yi S	•	IVIIVI	3/	-		
	Listed property. Ei									21		
				•••••	•••••	· · · · ·	•	· · · · · · · · ·	•••	21		
	Total. Add amount									20	0	EDE
	here and on the ap			•	•	Г	e ins	SUUCTIONS	••	22	۷,	525
	For assets shown a portion of the basis						23	3				