-- 990-EZ

Short Form Return of Organization Exempt From Income Tax

0010

2016

OMB No. 1545-1150

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

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

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

Open to Public Inspection

B Check expelicable: Chinese Arts Alliance of Nashville Pool destruthermisted Amendativation perdim Areptication perdim Ar	A F	or the	2016 calendar year, or tax year beginning Jan 1 , 2016, and ending	Dec 31	, 20 16				
Number and street (or P.O. box, if muit is not delivered to street address)	Вс	heck if ap	plicable: C Name of organization ? DEm	oloyer iden	tification number				
Institution Princil esturibrishment Answelder Fixed		Address cl	hange Chinese Arts Alliance of Nashville	061666626					
First parks whereholded Clip or rown, state or province, country, and ZIP or foreign postal code F Group Examption Application pending Asshville, TN 37212 Sea Accounting Method: Class Account of the (specify) Mashville, TN 37212 H Check Class Accounting Method: Comporation Trust Association Clher Class Accounting Method: Comporation Trust Association Clher Class Comporation Trust Association Clher Class Comporation Trust Association Clher Class Class Comporation Trust Association Clher Class Clas									
Anadytic ratum Ana			23 to Dai tott Avenue						
Assistation pending Mashville, TN 37212 Number			City or town state or province, country, and ZIP or toreign postal code	oup Exem	ption				
Website: ▶ www.ChinescArtsAllianco.org Times Ti			N. 1. 21. TN 07040	mber 🕨	?				
Tax-exempt status (check only one)	G /	ccount	ing Method: ✓ Cash	▶ V if t	he organization is not				
K Form of organization:	I V	/ebsite	: www.ChineseArtsAlliance.org require	ed to attac	h Schedule B				
L Add lines 5h, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets [Part II, column (is) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Shipping and Individual (see the Instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Individual (see the Instructions of Instructions	JT	ax-exen	npt status (check only one) —	990, 990-	EZ, or 990-PF).				
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I	KF	orm of	organization: Corporation Trust Association Other						
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I									
Check if the organization used Schedule O to respond to any question in this Part I 1	(Par	t II, coli	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$					
1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 1,164 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 5 C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 C Gaming and fundraising events 6 G Gaming and fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gross alses of inventory, less returns and allowances 7 Less: cost of goods sold 1 Less: cost of goods so	P	art I			COST PAR STREET				
Program service revenue including government fees and contracts 2 30,880 Membership dues and assessments 3 1,164 Investment income 4 1 1 For Gross amount from sale of assets other than inventory 5	200		Check if the organization used Schedule O to respond to any question in this Part I						
## A membership dues and assessments	?	1	Contributions, gifts, grants, and similar amounts received	1	10,565				
4 Investment income 5a Gross amount from sale of assets other than inventory 5b Casin or (loss) from sale of assets other than inventory 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from gaming (attach Schedule G if greater than \$15,000). c Less: direct expenses from gaming and fundraising events (a Net income or (loss) from gaming and fundraising events (a Net income or (loss) from gaming and fundraising events (a Net income or (loss) from gaming and fundraising events (a Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7b C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7b C Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 12 10,000 13 Professional fees and other payments to independent contractors 13 10,642 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Otal expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Net assets or fund balances at end of year. Combine lines 18 through 20 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Vet assets or fund balances at end of year. Combine lines 18 through 20 22 Vet asset or fund balances at end of year. Combine lines 18 through 20 24 Vet assets or fund balances at end of year. Combine lines 18 through 20 25 Vet asset or fund	?	2	Program service revenue including government fees and contracts	2	30,880				
Sa Gross amount from sale of assets other than inventory Sa Sb Cain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Sc Gaming and fundraising events Gaming and fundraising		3	Membership dues and assessments		1,164				
b Less: cost or other basis and sales expenses	?	4	Investment income	4	1				
C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5a							
6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000)		b							
a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances. 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8									
\$15,000)		6							
sum of such gross income and contributions exceeds \$15,000) . 6b	ത	а	A.F. a.a.						
sum of such gross income and contributions exceeds \$15,000) . 6b	Ž								
sum of such gross income and contributions exceeds \$15,000) . 6b	»Xe	b	Compared to the contract of th						
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 subtract line 6c)	Ä								
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				_					
line 6c) 7a Gross sales of inventory, less returns and allowances 7a		11 119		_					
Ta Gross sales of inventory, less returns and allowances		u		6.1					
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		70	2 1	00					
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				+					
8 Other revenue (describe in Schedule O)				70					
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8									
Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at end of year. Combine lines 18 through 20 Octamenda similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 10,000 13 10,642 14 15 16 17 18 18 19 19 18 19 19 10 10 10 10 11 11 12 10 10 10		3573			42.610				
11 Benefits paid to or for members					,,				
Salaries, other compensation, and employee benefits 12 10,000 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 29,858		1000000							
Professional fees and other payments to independent contractors 13 10,642 14 Occupancy, rent, utilities, and maintenance	9	12		12	10,000				
16 Other expenses (describe in Schedule O) 12	pense	13	Professional fees and other payments to independent contractors 2	13	10,642				
16 Other expenses (describe in Schedule O) 12		14	Occupancy, rent, utilities, and maintenance	14	494				
16 Other expenses (describe in Schedule O) 2	ŭ	15	Printing, publications, postage, and shipping	15	282				
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	20018	16		16	18,148				
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		17	Total expenses. Add lines 10 through 16	17	39,566				
121 Net assets or fund balances at end of year. Combine lines 18 through 20 21 29,858	S	100000		18	3,044				
121 Net assets or fund balances at end of year. Combine lines 18 through 20 21 29,858	set	19							
121 Net assets or fund balances at end of year. Combine lines 18 through 20 21 29,858	let Ass		end-of-year figure reported on prior year's return)	19	26,814				
121 Net assets or fund balances at end of year. Combine lines 18 through 20 21 29,858		20	Other changes in net assets or fund balances (explain in Schedule O)						
	<u> </u>	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21					

Pa	Balance Sheets (see the instructions t					
	Check if the organization used Schedule	O to respond to ar				
			_	(A) Beginning of year		nd of year
22	Cash, savings, and investments			26,814		29,857
23	Land and buildings				23	*
24	Other assets (describe in Schedule O)				24	
25	Total assets			26,814		29,857
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			26,814	27	29,857
Par		22			Eve	enses
A ()	Check if the organization used Schedule		, , , , , , , , , , , , , , , , , , , 	Part III	(Required f	
		Charitable arts organ			501(c)(3) ar	nd 501(c)(4)
	ribe the organization's program service accomplis				organizatio others.)	ns; optional for
	neasured by expenses. In a clear and concise m		services provided	, the number of	others.)	
	ons benefited, and other relevant information for ea					
28	Chinese New Year Celebration @ Hillsboro Village (V				70	
	bration for the public. The program includes Chinese	~		se New Year		
	songs sing-along, lion dance and dragon dance. Th					
2		includes foreign gra			28a	3,000
29	Chinese Lion dance, Chinese Dragon Dance, Chinese					
	and dragon dance at festivals, arts event, Chinese New Year Celebration and Moon Festival Ce		at various venues.	we also nosted		
	*****				00	40.400
20		includes foreign gra			29a	12,400
30	Chinese Music and Dance, "Asian Fusion #1" and "A					
	creative dances that involved musicians, collaborate					
	ctions includes Chinese dance, modern dance, Chine				00	4.000
04		includes foreign gra		<u> ▶ ⊔</u>	30a	4,200
31	Other program services (describe in Schedule O)				24	
20	(Grants \$) If this amount Total program service expenses (add lines 28a t	includes foreign gra	nts, check here .	🕨 📙	31a	
oz Par					32	19,600.
rai	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule				nstructions	for Part IV)
	Check if the organization used Schedule		(c) Reportable ?	(d) Health benefits,	'ı'-'-	· · · ⊔
	? (a) Name and title	(b) Average hours per week	compensation	contributions to employ		
	(a) manie and due	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		ompensation
lara	aret Ch'ng, Board of Director (Treasurer)		(ii not paid, enter o)	deletted outsperiodite		
	Elizabethan Drive, Nashville, TN 37211	.2 hours/week			+	
	Friedman, Board of Director	.2 Hourstweek				
		.2 Hours/week				
	Olet Avo S Nachvillo TN 27202	.2 hours/week				
	21st Ave. S., Nashville, TN 37203					
	y Hui-Lio, Board of Director (Secretary)					
112	y Hui-Lio, Board of Director (Secretary) Sherbrooke Lane, Nashville, TN 37211	.2 hours/week				
2112 Jo A	y Hui-Lio, Board of Director (Secretary) Sherbrooke Lane, Nashville, TN 37211 Lippe, Board of Director	.2 hours/week				
2112 Jo A 724 E	y Hui-Lio, Board of Director (Secretary) Sherbrooke Lane, Nashville, TN 37211 Lippe, Board of Director Benton Avenue, Nashville, TN 37204	.2 hours/week				
2112 Io A 724 E Sallie	y Hui-Lio, Board of Director (Secretary) Sherbrooke Lane, Nashville, TN 37211 Lippe, Board of Director Benton Avenue, Nashville, TN 37204 Mayne, Board of Director (Chair)	.2 hours/week				
2112 lo A 724 E Sallie	y Hui-Lio, Board of Director (Secretary) Sherbrooke Lane, Nashville, TN 37211 Lippe, Board of Director Benton Avenue, Nashville, TN 37204 Mayne, Board of Director (Chair) Brentwood Chase Drive, Brentwood, TN 37027	.2 hours/week .2 hours/week .2 hours/week				
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instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part detailed description of each activity in Schedule O	Yes	No
Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		19
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 55a Did frees," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		V -
Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 C Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		
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 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<u> </u>
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		<u> </u>
Telephone no. ■ 17a Enter amount of political expenditures, direct or indirect, as described in the instructions ■ 17a Bid the organization file Form 1120-POL for this year?		V E
b If "Yes," complete Schedule L, Part II and enter the total amount involved		~
b Gross receipts, included on line 9, for public use of club facilities		✓ [
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 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		
on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		V 3
40c reimbursed by the organization		
transaction? If "Yes," complete Form 8886-T		
42a The organization's books are in care of ▶ Jen-Jen Lin Telephone no. ▶ 615-38		
Located at > 2510 Barton Avenue, Nashville, IN ZIP + 4 > 37212		l
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over	-4115 Yes	No
a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	162	V
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? . 42c If "Yes," enter the name of the foreign country: ▶	684 10066600	<u> </u>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	Yes	No
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	res	✓
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		V
c Did the organization receive any payments for indoor tanning services during the year?		V
 45a 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 Form 990-EZ (see instructions)		V

Form 990	0-EZ (2016)						P	age 4	
same M		2					Yes	No	
	Did the organization engage, directly or to candidates for public office? If "Yes,"					25/15/6/02/6/2			924
-			, Part 1		• • •	46			?
Part \	All section 501(c)(3) organization		etions 17-19h and	52 and con	anlete the	tables f	or line	26	
	50 and 51.	no must answer que	Stions 47 400 and	02, and con	ipicie inc	tables i	OI III IC		
	Check if the organization used So	chedule O to respond	d to any question in t	his Part VI					
	One of the organization does of						Yes	No	
47	Did the organization engage in lobbying	g activities or have a	section 501(h) election	n in effect d	uring the t	tax			
	year? If "Yes," complete Schedule C, Pa	art II				47		~	?
48	Is the organization a school as described	in section 170(b)(1)(A)(ii)? If "Yes," complete	Schedule E		. 48		~	2
	Did the organization make any transfers	10 March 10				. 49a		V	
	If "Yes," was the related organization as					. 49b			
	Complete this table for the organization							d key	
	employees) who each received more that	an \$100,000 of compe	nsauon irom ine orga	-		e, enter in	ione.		
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		e (e) Estimated amou			
	(a) Name and the or each employee	devoted to position	(Forms W-2/1099-MISC)			ed other compensation			
				00///			No.		
					11				
	A A C								
				10		19			
	Total number of other employees paid of								
	Complete this table for the organization			contractors	who each	received	more	than	
	\$100,000 of compensation from the org	janization. II there is n	one, enter none.	- T		*****			
	(a) Name and business address of each independent	ndent contractor	(b) Type of sen	/ice	(c)	Compensati	on		
					7			- 5	
	Ac								
no su a compresso de la compre									
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	Total number of other independent cont	of the production which the second	nen erreneriño menera						
52	Did the organization complete Sched	dule A? Note: All s	, , , , ,	ınizations m					
	completed Schedule A		<u>, ,, , , , , , , , , , , , , , , , , ,</u>			.► ✓ Yes		No	
	enalties of perjury, I declare that I have examined thi rect, and complete. Declaration of preparer (other th					owledge and	d belief,	it is	
					11/ N	>1 (n			
Sign	Signature of officer	~-		Date	-1117	11			
Here	Jen-Jen Lin, Director					,			
	Type or print name and title								
Paid	Print/Type preparer's name	Preparer's signature	Da	ate	Check	if PTIN			
Paid Prepa		=			self-employ	/ed			
Use (Firm	s EIN ▶				
J36 (Firm's address ▶	2200 A 20 CONTRACTOR (2000 CONTRACTOR (2			e no.	5000 Segue, politikos - 1000 segue 100 - 1000	1 1		
May th	ne IRS discuss this return with the prepar	er shown above? See	instructions			Vos	. []	No	