TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

May 31, 2016

Prepared for	Heather Kemp The Junior League of Nashville, Inc. 2202 Crestmoor Road Nashville, TN 37215
Prepared by	Crosslin PLLC 3803 Bedford Avenue, Suite 103 Nashville, TN 37215
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Inspection

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990. Tax year beginning JUN 1, 2015 and ending MAY 31, A For the 2015 calendar year, or tax year beginning

Open to Public

OMB No. 1545-0047

B c	Check if applicable	C Name of organization	D Employer identifi	cation number					
	Addres								
F	Name change		62-0	476815					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s							
	Final return/	2202 CRESTMOOR ROAD)269-9393					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	16,688,948.					
	Ameno		H(a) Is this a group re	eturn					
	Applic tion	F Name and address of principal officer: ILEA LIER REMI		for subordinates? Yes X No					
	pendir	SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No					
1 1	Гах-ехе		527 If "No," attach a	list. (see instructions)					
J۷	Nebsit	e: WWW.JLNASHVILLE.ORG	H(c) Group exemptio						
			'ear of formation: 1922 N	A State of legal domicile: $\overline{ extbf{T} extbf{N}}$					
Pa	art I	Summary							
ø	1	Briefly describe the organization's mission or most significant activities: THE JUNI	OR LEAGUE OF	NASHVILLE					
Activities & Governance		IS AN ORGANIZATION OF WOMEN COMMITTED TO PRO							
ern	1	Check this box $lacktriangle$ if the organization discontinued its operations or disposed of r	I						
Š	1		3	11					
ø		Number of independent voting members of the governing body (Part VI, line 1b)		11					
ties		Total number of individuals employed in calendar year 2015 (Part V, line 2a)		1627					
ţ		Total number of volunteers (estimate if necessary)		0.					
Ä		Total unrelated business revenue from Part VIII, column (C), line 12		0.					
	d	Net unrelated business taxable income from Form 990-T, line 34							
		Contributions and grants (Dart VIII line 1b)	Prior Year 515,006.	Current Year 521,823.					
Revenue	1	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	0.	0.					
Ver	1	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	747,506.	265,429.					
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-35,407.	-18,544.					
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,227,105.	768,708.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	52,729.	1,569,015.					
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.					
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	152,435.	135,324.					
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.					
<u>be</u>		Total fundraising expenses (Part IX, column (D), line 25) 58,719.							
ũ	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	429,029.	391,734.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	634,193.						
	19	Revenue less expenses. Subtract line 18 from line 12	592,912.	-1,327,365.					
let Assets or und Balances			Beginning of Current Year	End of Year					
sets alan	20	Total assets (Part X, line 16)	16,436,042.	15,030,087.					
t As	21	Total liabilities (Part X, line 26)	820,631.	1,991,842.					
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20	15,615,411.	13,038,245.					
	art II	Signature Block							
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is					
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.						
		Signature of officer	I Date						
Sigi		•	Date						
Her	е	HEATHER KEMP, PRESIDENT Type or print name and title							
			Date Check	TI PTIN					
Paid	4	Print/Type preparer's name KEVIN E. HICKMAN Preparer's signature	2/20/2017 if						
	parer	Firm's name CROSSLIN PLLC	Firm's EIN	27-5360847					
-	e Only Firm's address 3803 BEDFORD AVENUE, SUITE 103								
230	Jy	NASHVILLE, TN 37215	Phone no. (6	15) 320-5500					
May	/ the IF	IS discuss this return with the preparer shown above? (see instructions)	[1 Holle Ho. (0	X Yes No					
iviay	y une II	to disouse the return with the preparer shown above: (see instructions)		103 140					

Page 2

Form	1990 (2015) THE JUNIOR LEAGUE OF NASHVILLE, INC. 62-0476815 P.	age 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: THE JUNIOR LEAGUE OF NASHVILLE IS AN ORGANIZATION OF WOMEN COMMITTED	
	TO PROMOTING VOLUNTARISM, DEVELOPING THE POTENTIAL OF WOMEN, AND	
	IMPROVING THE COMMUNITY THROUGH EFFECTIVE ACTION AND LEADERSHIP OF	
	TRAINED VOLUNTEERS. ITS PURPOSE IS EXCLUSIVELY EDUCATIONAL AND	
2	Did the organization undertake any significant program services during the year which were not listed on	
		_ No
	If "Yes," describe these new services on Schedule O.	₽
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	⊾ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	1
	revenue, if any, for each program service reported.	
4a		
	TRAINING WOMEN FOR VOLUNTEER LEADERSHIP, PROVIDING VOLUNTEER SERVICES	;
	AND COMMUNITY PROGRAM SUPPORT, THE JUNIOR LEAGUE OF NASHVILLE, INC.	
	CONTRIBUTES AN AVERAGE OF 51,360 VOLUNTEER HOURS ANNUALLY, AS WELL AS	5
	PROVIDING FINANCIAL SUPPORT IN COMMUNITY GIFTS.	
4b	(Code:) (Expenses \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	, (
	Other program convices (Deceribe in Schedule O.)	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 2,037,354.	

Form 990 (2015) THE JUNIOR L Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	, 1 , , ,	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	44,		v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		-22
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form 990 (2015) THE JUNIOR LEAGUE Part IV Checklist of Required Schedules (continued)

			Yes	NO
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2015) THE JUNIOR LEAGUE OF NASHVILLE, Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this part v					Ш
			1 10		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	18			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re				77	
	(gambling) winnings to prize winners?	 I	I	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_				
	filed for the calendar year ending with or within the year covered by this return		4		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the control of t			2b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					v
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			.		х
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		Λ
D	If "Yes," enter the name of the foreign country:		-t- (FDAD)			
E-0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			E-0		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		21
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
Va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?			6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contribut			Ua		
b	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).			OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices	provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
Ĭ	to file Form 8282?		•	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	ne			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b		
10	Section 501(c)(7) organizations. Enter:		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	? 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	اءد ا	1			
_	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		44-		X
				14a		Λ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e∪		14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a		Ť		
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►TN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization of the forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires at the forms 1023 (or 1024 if applicable).	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	AMY SMOTHERMAN - (615)269-9393			
	2202 CRESTMOOR RD NASHVILLE TN 37215			

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization ne	or any related	orga	aniza	ation	cor	npei	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	x, unless person is both an ficer and a director/trustee)			is bot	h an	compensation	compensation	amount of
	week	_	Jer an	lu a u	recio	ii us	iee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			satec			(***2/1099*****130)	organization
	organizations	truste	al trus		yee	mper		(** 2) 1000 111100)		and related
	below	idual	Institutional trustee	ie	Key employee	est co oyee	ıer			organizations
	line)	Indiv	Instii	Officer	Key 6	Highest compensated employee	Former			
(1) HEATHER KEMP	30.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) KRYSTAL CLARK	15.00									
PRESIDENT-ELECT		Х		Х				0.	0.	0.
(3) NECIE ELIZABETH PABLE	15.00							_	_	_
EXECUTIVE VICE PRESIDENT		Х		Х				0.	0.	0.
(4) ANNA MORAN	8.00								_	
NOMINATING CHAIR		Х		Х				0.	0.	0.
(5) BETHANY RHOTEN	8.00								_	_
RECORDING SECRETARY		Х		Х				0.	0.	0.
(6) ELLIE GOLDMAN	15.00								_	_
TREASURER		Х		Х				0.	0.	0.
(7) MAGGIE DEVIER	8.00									
ACTIVE DIRECTOR		Х						0.	0.	0.
(8) KRISTIN TORREY	8.00									
ACTIVE DIRECTOR		Х						0.	0.	0.
(9) SUANN DAVIS	8.00									
SUSTAINER DIRECTOR		Х						0.	0.	0.
(10) JILLIAN WATERS	8.00									
SUSTAINER DIRECTOR		Х						0.	0.	0.
		l								
			\vdash	\vdash	_					
		ł								
			_		_					
		ł								

532007 12-16-15 Form **990** (2015)

Page 8

(A) Name and title Average hours per week (list any per week (list any per week) (lis	Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	<u>rees</u>	, an	<u>d H</u> i	ighe	st C	Compensated Employe	es (continued)				
Compensation from the organizations Compensation Compensation from the organizations Compensation C	(A)	(B)	(C)						(D)	(E)			(F)	
Compensation Comp	Name and title		(do not check more than or				than		· ·			1		
(list any) hours for related organizations (w2/1099-MISC) compensation from the organizations w2/1099-MISC) compensation										•				of
1b Sub-total C Total from continuation sheets to Part VII, Section A D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			tor											tion
1b Sub-total C Total from continuation sheets to Part VII, Section A C Total from continuation sheets to Part VII, Section A D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			r direc				ted						•	
1b Sub-total C Total from continuation sheets to Part VII, Section A C Total from continuation sheets to Part VII, Section A D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			stee o	rustee			oen sa'		(W-2/1099-MISC)					
1b Sub-total C Total from continuation sheets to Part VII, Section A C Total from continuation sheets to Part VII, Section A D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		~	ual tru	ional t		ployee	tcom							
1b Sub-total C Total from continuation sheets to Part VII, Section A C Total from continuation sheets to Part VII, Section A D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			pivipu	nstituti	fficer	ey em	ighesi mploy	ormer				orga	ailizali	JI 15
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Vest No	-		=	=	0	~	T 00	ш.						
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Vest No			1											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Vest No														
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Vest No							-							
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Vest No			1											
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Vest No							-							
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Vest No			-											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Vest No	1h Sub-total								0.		0.			0.
d Total (add lines 1b and 1c)														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) None None None Total number of independent contractors (including but not limited to those listed above) who received more than														
Section B. Independent Contractors 1 Complete this table for your five highest compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Yes No Yes No Yes No Yes No Individual isted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X X Solid any person listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than									eceived more than \$100	0,000 of reportat	ole			
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) NONE (B) Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	compensation from the organization													(
line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation 1 One services Compensation 1 One services (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than													Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services 2 Compensation Total number of independent contractors (including but not limited to those listed above) who received more than					-	-	-		-			_		37
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than												3		<u> </u>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	•	=							· ·	tne organization				x
rendered to the organization? If "Yes," complete Schedule J for such person	5			•						idual for services		4		
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than											,	5		X
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		,												
(A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	npens	ation	from	
Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
2 Total number of independent contractors (including but not limited to those listed above) who received more than		addraga	376	\ ****	-					an ilaa				_
•	Name and business	address	ИС	ומכ	<u> </u>			_	Description of s	services		ompe	risatioi	<u> </u>
•														
•								\dashv						
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•														
•	2 Total number of independent contractors (neluding but a	ot III	mita	d +c	the	SC 15	otoo!	d abovo) who received a	noro than				
			iot III	ııııe	u iU		_	31 0 0	a above, who received h	IOIE IIIAII				

Form 990 (2015) THE JUN:
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	e or note to any lin	e in this Part VIII			
				,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
ìrar our		Membership dues		279,086.				
s, G Am		Fundraising events		93,745.				
Sift lar,		Related organizations						
imi		Government grants (contribut						
tion r S	f	All other contributions, gifts, gran	ts, and					
ibu		similar amounts not included abo	ve 1f	148,992.				
d O	g	Noncash contributions included in lines	1a-1f: \$	400.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		>	521,823.			
				Business Code				
9	2 a							
e Zi	b							
Program Service Revenue	С	·						
	d							
	е		_					
P	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)		>	274,849.			274,849.
	4	Income from investment of ta	x-exempt bond	proceeds >				
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	15,852,264					
	b	Less: cost or other basis						
		and sales expenses	15,861,684					
	С	Gain or (loss)	-9,420					
		Net gain or (loss)			-9,420.			-9,420.
nue		Gross income from fundraisinincluding \$ 93	g events (not					
eve.		contributions reported on line						
Ä		Part IV, line 18		40,012.				
Other Rever	h	Less: direct expenses		58,556.				
Ö		Net income or (loss) from fund		, , , , , , , , , , , , , , , , , , ,	-18,544.			-18,544.
		Gross income from gaming ac			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, , , , , ,
	o u	Part IV, line 19		,				
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
	10 a	and allowances		,				
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a			Dusiness Code				
	ii a b							
	c C	All other revenue						
		Total. Add lines 11a-11d						
	e 12	Total revenue. See instructions.		r	768,708.	0.	0.	246,885.
	14	i viai i eveliue. Dee iiisii uuliulis.		🟲 1	, , , , , , , , , , ,	ı °•l	٠.	1 270,000.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) (D) (C) Do not include amounts reported on lines 6b. Total expenses Program service expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1,569,015 1,569,015. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 33,860. 112,868. 79,008. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 13,537. 9,476. 4,061. Other employee benefits 9 6,243. 8,919. 2,676. 10 Payroll taxes Fees for services (non-employees): 11 a Management 11,837. 11,837. Legal 45,785. 45,785. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 5,527. 5,045. 482. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 59,656. 53,634. 6,022. 13 Office expenses 19,857. 19,857. 14 Information technology 15 Royalties 45,067. 43,940. 1,127. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 56,689. 53,288. 3,401. Depreciation, depletion, and amortization 22 25,820. 25,820. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 67,402. 67,402. ASSOCIATION DUES 32,772.32,772. TRAINING AND EDUCATION 12,128. 12,569. MISCELLANEOUS 441. 8,753. 6,649. d EVENT COSTS 2,104. e All other expenses 2,096,073. 2,037,354. 0. 58,719. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2015) Part X Balance Sheet

Pa	π λ	Balance Sneet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
					312,328.		261,021.
	1	Cash - non-interest-bearing			691,283.	1	300,000.
	2	Savings and temporary cash investments			091,403.	2	300,000.
	3	Pledges and grants receivable, net			350.	3	6,686.
	4	Accounts receivable, net		330.	4	0,000.	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensat				E	
	6	Part II of Schedule L Loans and other receivables from other disqualifi				5	
	"	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of section					
w		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	-	Land, buildings, and equipment: cost or other	I				
		basis. Complete Part VI of Schedule D	10a	1,869,392.			
	b	Less: accumulated depreciation	10b	1,292,784.	590,991.	10c	576,608.
	11	Investments - publicly traded securities	.0.0		12,638,393.	11	11,321,722.
	12	Investments - other securities. See Part IV, line 1			1,201,717.	12	1,622,566.
	13	Investments - program-related. See Part IV, line 1		, , , , , , , , , , , , , , , , , , ,	13	, ,	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		1,000,980.	15	941,484.	
	16	Total assets. Add lines 1 through 15 (must equa			16,436,042.	16	15,030,087.
	17	Accounts payable and accrued expenses	2,512.	17	8,255.		
	18	Grants payable		596,022.	18	1,759,750.	
	19	Deferred revenue			222,097.	19	223,837.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
es	22	Loans and other payables to current and former	officer	s, directors, trustees,			
Ė		key employees, highest compensated employees	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated	third p	parties		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			000 631	25	1 001 040
	26				820,631.	26	1,991,842.
		Organizations that follow SFAS 117 (ASC 958)		k here ▶ 🔼 and			
ces		complete lines 27 through 29, and lines 33 and			1 727 351		1 813 068
<u>a</u>	27	Unrestricted net assets			4,727,354. 9,887,077.	27	4,843,968. 7,252,793.
Fund Balances	28	Temporarily restricted net assets			1,000,980.	28 29	941,484.
Pur Pur	29	•) aback bara	1,000,000.	29	741,404.
ř		Organizations that do not follow SFAS 117 (AS) 456	oj, check here 📂 📖			
ts o	20	and complete lines 30 through 34.				20	
se	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equ				30 31	
Net Assets or	31 32	Retained earnings, endowment, accumulated inc		_		32	
Se	33	Total net assets or fund balances		_	15,615,411.	33	13,038,245.
	34	Total liabilities and net assets/fund balances			16,436,042.	34	15,030,087.
	U-T	וייים וומטווונופט מוזע וופנ מסספנס/זעוזע טמומוזעפט			_0, _00,012.		

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	7 (2,09 -1,39		73.
3 4 5 6	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities	3 4 5 6	15,63 -1,2	L5,4	11.
7 8 9	Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	7 8 9			0.
10 Pa	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) rt XII Financial Statements and Reporting	10	13,0		45.
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		-		X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		2a		Λ
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sch		2c	Х	
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Act and OMB Circular A-133?	ngle Audit	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits explain why in Schedule O and describe any steps taken to undergo such audits.	ired audit	3h		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE JUNIOR LEAGUE OF NASHVILLE, INC.

Employer identification number 62-0476815

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.			
he (organ	ization is not a private found	ation because it is: (For lines 1 through 11, o	heck only	one box.)				
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1	I)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in		
_		section 170(b)(1)(A)(iv). (C		g ,		, 9				
6		A federal, state, or local gov	-	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	П	An organization that norma	ū				• •	nublic described in		
•		section 170(b)(1)(A)(vi). (Co	-	and part of its support	rom a gov	ommonta	unit of from the general	pablic accorded in		
8		A community trust describe		(1)(A)(vi) (Complete Par	+ II \					
	X					contributi	ana mambarahin faas a	and gross resoints from		
9		An organization that norma	•	•	-					
		activities related to its exen	•					•		
		income and unrelated busin		(less section 511 tax) in	om busine	sses acqu	ired by the organization	arter June 30, 1975.		
40		See section 509(a)(2). (Cor	. ,		.fat Caa.	ti F(20/-1/41			
10		An organization organized a	•	•	•					
11		An organization organized a	· ·	•	•		•			
		more publicly supported or	•					Sheck the box in		
		lines 11a through 11d that				-		. at ta		
а		Type I. A supporting orga		•		•				
		the supported organization			a majority (of the aire	ctors or trustees of the s	supporting		
		organization. You must o	•							
b		Type II. A supporting org	· ·					-		
		control or management o			ame perso	ons that co	ontrol or manage the sup	ported		
		organization(s). You mus	- ·							
С		Type III functionally inte	-				• •	ed with,		
		its supported organization		•						
d		Type III non-functionally								
		that is not functionally int	-	• •	-		-	iveness		
		requirement (see instructi	·	-						
е		Check this box if the orga					Type I, Type II, Type III			
		functionally integrated, or								
f		r the number of supported o								
g		ride the following information			(iv) lo the e	racnization	(-) ((-d) A		
	(1	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o listed i		(v) Amount of monetary support (see	(vi) Amount of other support (see		
		organization		above (see instructions))	governing o	document?	instructions)	instructions)		
					Yes	No				
ota	.1									

Schedule A (Form 990 or 990-EZ) 2015 THE JUNIOR LEAGUE OF NASHVILLE, INC. 62-0476815 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	(6)						
6	Public support. Subtract line 5 from line 4.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	(a) 2011	(6) 2012	(0) 2010	(4) 2014	(6) 2010	(i) Total
	Gross income from interest,						
Ü	dividends, payments received on						
	securities loans, rents, royalties						
•	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		1			10	
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	-			•		▶□
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2015 (li			column (f))		14	%
	Public support percentage from 2014					15	
	33 1/3% support test - 2015. If the o						
	stop here. The organization qualifies a	•		•		•	
h	33 1/3% support test - 2014. If the o						
_	and stop here. The organization qualit						▶
17a	10% -facts-and-circumstances test						or more.
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t				· ·	~	
h	10% -facts-and-circumstances test						
J	more, and if the organization meets th	_					
	organization meets the "facts-and-circ				-		
18	Private foundation. If the organization						
		. s.s not oncor a	20x 011 1110 10, 10	-a, 100, 114, 01 11	~, J.1001. HIIO DOX 6	555 156 4561011	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	ciew, piedee cemp	noto i uit iii)				
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	` ,	` ,	, ,	`,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	484,597.	519,122.	507,549.	515,006.	562,235.	2,588,509.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to	190,419.	69,228.	69,707.	65,723.	40 012	435,089.
_	or expended on its behalf	190,419.	09,440.	09,707.	05,725.	40,012.	433,003.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	675,016.	588,350.	577,256.	580,729.	602,247.	3,023,598.
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	12,510.	7,115.	8,938.	7,066.	7,792.	43,421.
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year Add lines 7a and 7b	12,510.	7,115.	8,938.	7,066.	7,792.	43,421.
	Public support. (Subtract line 7c from line 6.)	12/3101	7 7 2 2 3 4	0,3301	7,0001	7,7320	2,980,177.
	ction B. Total Support						2,500,277.
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	675,016.	588,350.	(c) 2013 577, 256.	(d) 2014 580, 729.	(e) 2015 602, 247.	3,023,598.
	Gross income from interest,	, , , , ,		7 - 7 - 7 - 7	, , , , ,	, , , , , ,	7 1 2 1 7 1 1 2
	dividends, payments received on securities loans, rents, royalties and income from similar sources	202,712.	189,505.	315,045.	215,592.	274,849.	1,197,703.
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	202,712.	189,505.	315,045.	215,592.	274,849.	1,197,703.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	877,728.	777,855.	892,301.	796,321.	877,096.	4,221,301.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
_	check this box and stop here						>
	ction C. Computation of Publ						50 60
	Public support percentage for 2015 (I			olumn (f))		15	70.60 %
	Public support percentage from 2014					16	72.42 %
	ction D. Computation of Inves						20 27
	Investment income percentage for 20					17	28.37 % 26.46 %
	Investment income percentage from 2					18	
198	a 33 1/3% support tests - 2015. If the						
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2014. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	and
00	line 18 is not more than 33 1/3%, che			·		ŭ	
20	Private foundation. If the organizatio	n aia not check a l	box on line 14, 19	a, or 19b, check th	iis box and see ins	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
-1 a		
4b		
4c		
5a		
- Gu		
5b		
5c		
6		
7		
,		
8		
0-		
9a		
9b		
9c		
10a		
10b		
n 990 or 99	0-EZ	2015

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		11a		
b		11b		
	• • • • • • • • • • • • • • • • • • • •	11c		
	tion B. Type I Supporting Organizations			
	2. Type / Cupper unit		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	4		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions))	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3а		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2015 THE JUNIOR LEAGUE OF NASHVILLE, INC. 62-0476815 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year

6

Schedule A (Form 990 or 990-EZ) 2015

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions).

Sche Pa i	dule A (Form 990 or 990-EZ) 2015 THE JUNIOR LE			2-0476815 Page 7
	Type in them I directionary intogration occ	(a)(3) Supporting Org	anizations _(continued)	
	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempted and the performance of t	ot purposes of supported		
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			

Schedule A (Form 990 or 990-EZ) 2015

a b

8 Breakdown of line 7:

c Excess from 2013d Excess from 2014e Excess from 2015

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

THE JUNIOR LEAGUE OF NASHVILLE, INC.

62-0476815

Organizati	rganization type (check one):							
Filers of:		Section:						
Form 990 c	or 990-EZ	X 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 990-F	PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Ru	ule							
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Ru	ıles							
se ar	ections 509(a)(1) a ny one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from , during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, ine 1. Complete Parts I and II.						
ye	ear, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for uelty to children or animals. Complete Parts I, II, and III.						
ye is pu	ear, contributions of checked, enter he urpose. Do not cor	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year						
but it must	answer "No" on F	Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

THE JUNIOR LEAGUE OF NASHVILLE, INC.

62-0476815

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$15,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 6,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

THE JUNIOR LEAGUE OF NASHVILLE, INC.

62-0476815

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page 4 Name of organization Employer identification number 62-0476815 THE JUNIOR LEAGUE OF NASHVILLE, INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE JUNIOR LEAGUE OF NASHVILLE, INC.

Employer identification number 62-0476815

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No_
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	orically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	the organization's accounting for
Da	conservation easements. rt III Organizations Maintaining Collections or	f Art Listariaal Transcurse or C	Ather Cimiler Assets
Pa			ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	· · ·	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		A could be also as a short Associate of the bishesis of
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items:		. .
	(i) Revenue included on Form 990, Part VIII, line 1		
•	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treation following a property of the following a pro		ai gain, provide
_	the following amounts required to be reported under SFAS 1		•
a	Revenue included on Form 990, Part VIII, line 1		
a	Assets included in Form 990, Part X		🕨 💲

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a Public exhibition b Scholarly research c Preservation for future generations c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During they say, did the organization sociect or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's exempt purpose in Part XIII. Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV; line 21. Is is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		t III Organizations Maintaining C	collections of Ar			ner Si	milar Asse			age Z
check all that apply): a	3			-				•		
a Public exhibition d	•		on, and other record	o, or ook arry or are	Tonowing that are a	oigiiiiic	ant 455 51 115	0011001101		•
b Scholarly research c □ Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds arther than to be maintained as part of the organization collection? □ Ves □ No Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Tall is the organization and agent in Part XIII and complete the following table:	а	`	d	L can or exc	hange programs					
C Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Feart VI Excorw and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c					nange programs					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1			•							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sed to traise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21. Is the organization an angent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance 1d Amount 1d Id Id Id Id Id Id Id		_	-11	- 1 41 6 41 4	hi		Day	. VIII		
to be sold to raise funds rather than to be maintained as part of the organization's collection?								t XIII.		
Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves	5							٦.,		٦
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves	Do									J NO
on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 1	Pai			ete if the organization	n answered "Yes" (n Form	1990, Part IV,	line 9, or	•	
C Beginning balance		on Form 990, Part X?						Yes] No
C Beginning balance	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:		Г		Amount	<u> </u>	
d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. A (a) Current year	•	Reginning halance				<u> </u>	10	Amount	_	
E Distributions during the year f Ending balance										
f Ending balance										
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?										
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.							IT 	V	$\overline{}$	TN ₂
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (c) Two years back (d) Three years back (e) Four		•		•		•		」 res	H] NO
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three										
1a Beginning of year balance 4,285,371. 4,245,708. 3,788,912. 3,343,146. 3,670,913. b Contributions 81,897. 30,150. 139,800. 127,995. c Net investment earnings, gains, and losses -95,675. 39,663. 438,611. 720,966. -330,752. d Grants or scholarships 39,849. 11,965. 415,000. 125,000. e Other expenditures for facilities and programs 1 4,231,744. 4,285,371. 4,245,708. 3,788,912. 3,343,146. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	ı uı	Endownient Funds: Complete F					roo yoare back	(a) Four	voare	hack
b Contributions	4.	Danimaina of very balance			. , .	+ ` '		` ,		
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶				4,245,700.		+				
d Grants or scholarships 39,849. 11,965. 415,000. 125,000. e Other expenditures for facilities and programs f Administrative expenses g End of year balance 4,231,744. 4,285,371. 4,245,708. 3,788,912. 3,343,146. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100.00 % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations i) ff 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land 125,000. 125,000. b Buildings 1,392,053. 946,561. 445,492. c Leasehold improvements d Equipment e Other Other			,	20 662	,					
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 4,231,744, 4,285,371, 4,245,708, 3,788,912, 3,343,146. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 100.00 % b Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment tunds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other depreciation basis (investment) basis (investment) basis (other) c Leasehold improvements d Equipment e Other Other 352,339, 346,223, 6,116.			,	39,003.	, , , , , , , , , , , , , , , , , , ,	+				
and programs f Administrative expenses g End of year balance 4,231,744. 4,285,371. 4,245,708. 3,788,912. 3,343,146. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100.00 % b Permanent endowment ▶			39,849.		11,965	<u> </u>	415,000.		125,	000.
g End of year balance	е									
g End of year balance										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100 ⋅ 00 % b Permanent endowment ▶										
a Board designated or quasi-endowment ▶	g	End of year balance	4,231,744.	4,285,371.	4,245,708	•	3,788,912.	3	,343,	146.
b Permanent endowment \	2	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as:					
Temporarily restricted endowment ▶	а	Board designated or quasi-endowment	100.00	_%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 3a(i) X 3a(ii) X 5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 125,000. 5 Buildings 1,392,053. 946,561. 445,492. c Leasehold improvements d Equipment e Other 352,339. 346,223. 6,116.	b	Permanent endowment	%							
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Vest No		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
(ii) unrelated organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) basis (other) 1a Land 125,000 b Buildings 1,392,053 946,561 445,492 c Leasehold improvements d Equipment e Other 352,339 346,223 6,116	3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the org	ganization			
(ii) unrelated organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land 125,000. b Buildings 1,392,053. 946,561. 445,492. c Leasehold improvements d Equipment e Other 352,339. 346,223. 6,116.		by:						ſ	Yes	No
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land 125,000 125,000 b Buildings 1,392,053 946,561 445,492 c Leasehold improvements d Equipment e Other 352,339 346,223 6,116		-						3a(i)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 125,000. b Buildings 1,392,053. 1,392,053. 145,492. c Leasehold improvements d Equipment e Other 352,339. 346,223. 6,116.								- ` ' 		X
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 125,000. Buildings 1,392,053. 1445,492. c Leasehold improvements d Equipment e Other 352,339. 346,223. 6,116.	b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Schedule R?				3b		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land 125,000. Buildings 1,392,053. 1445,492. C Leasehold improvements d Equipment e Other 352,339. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation 125,000. 125,000. 352,339. 346,223. 6,116.	4									
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land 125,000. Buildings 1,392,053. Leasehold improvements 4 Equipment Cother 1352,339. 346,223. (d) Book value 125,000. 125,000. 125,000.	Par			William Tarias.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value). Part IV. line 11a. 9	See Form 990. Part	X. line 1	0.			
basis (investment) basis (other) depreciation 1a Land 125,000. 125,000. b Buildings 1,392,053. 946,561. 445,492. c Leasehold improvements Equipment 352,339. 346,223. 6,116.		•	1		1		1	(d) Bool	k valu	
1a Land 125,000. 125,000. b Buildings 1,392,053. 946,561. 445,492. c Leasehold improvements 445,492. d Equipment 352,339. 346,223. 6,116.		Description of property	` '	` '	, , ,			(u) 200	· vaia	_
b Buildings 1,392,053. 946,561. 445,492. c Leasehold improvements Equipment 352,339. 346,223. 6,116.	12	Land	<u> </u>	, l		,		12	5.0	00.
c Leasehold improvements d Equipment e Other 352,339. 346,223. 6,116.						946	.561.			
d Equipment				+ + + + + + + + + + + + + + + + + + + +	_,,,,,,		, , , , , ,		-, -	
e Other 352,339. 346,223. 6,116.										
				35	2.339.	346	223.		6 1	16
						2 = 0	, 223.			

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 THE JUNIOR	LEAGUE	OF NAS	SHVILLE,	INC	•	62-047681	5 Page
Part VII Investments - Other Securities.			•				
Complete if the organization answered "Yes	" on Form 990,	Part IV, line	11b. See Form	1990, Pa	art X, line 12.		
(a) Description of security or category (including name of security)	(b) Boo	k value	(c) Metho	d of valu	uation: Cost o	or end-of-year marke	t value
(1) Financial derivatives							
(2) Closely-held equity interests							
(3) Other							
(A) MONEY MARKET MUTUAL FUNDS	S = 1,62	22,566.	END-0	F-YE	AR MARK	KET VALUE	
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,62	22,566.					
Part VIII Investments - Program Related.							
Complete if the organization answered "Yes							
(a) Description of investment	(b) Boo	k value	(c) Metho	d of valu	uation: Cost o	or end-of-year marke	t value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)							
Part IX Other Assets.							
Complete if the organization answered "Yes		Part IV, line	11d. See Form	1 990, Pa	art X, line 15.		
) Description					(b) Book	
(1) BENEFICIAL INTERESTS IN	TRUSTS					941	1,484
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)						0.4	1 404
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)					▶ 94.	1,484
Part X Other Liabilities.							
Complete if the organization answered "Yes	" on Form 990,				990, Part X, lir	ne 25.	
1. (a) Description of liability			(b) Book value				
(1) Federal income taxes							
(2)							
(3)							
(4)							

(5) (6) (7) (8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

-58,556.

768,708.

-58,556.

5

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

Sche	dule D (Form	990) 2015	THE	JUNIOR	LEAGUE	OF	NASHVILL	Ε,	INC.	62-	0476815	Page
Par	t XI Rec	onciliation o	f Rever	nue per Au	idited Fina	ncial	Statements \	Wit	h Revenue per R			
	Com	plete if the organ	ization ar	nswered "Yes	" on Form 990	, Part	IV, line 12a.					
1	Total revenu	ie, gains, and oth	er suppo	ort per audited	financial state	ement	s			1	-422	,13
2												
а	Net unrealiz	ed gains (losses)	on inves	tments			2a		-1,249,801 .			
b	Donated ser	vices and use of	facilities				2b		400.			
С	Recoveries	of prior year gran	ts				20	;				
d	Other (Desc	ribe in Part XIII.)					20	Ш				
е	Add lines 2a	through 2d								2e	-1,249	,401

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Subtract line 2e from line 1

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,155,029. Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: 400. 2a a Donated services and use of facilities **b** Prior year adjustments 2b 2c c Other losses d Other (Describe in Part XIII.) 400. e Add lines 2a through 2d 2e 2,154,629. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) -58,556. c Add lines 4a and 4b 2,096,073. 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ORGANIZATION'S APPROACH TO THE BOARD DESIGNATED INVESTMENTS IS TO MAINTAIN THE ACCUMULATED BALANCES AND PROTECT THE PRINCIPAL INVESTED. THE LEAGUE HAS IMPOSED A RESTRICTION ON THE ENDOWMENT FUND THAT NOTHING MAY BE SPENT UNTIL THE VALUE OF THE ENDOWMENT EXCEEDS \$1 MILLION. THE LEAGUE'S INTENTION WITH REGARD TO THE PERMANENT ENDOWMENTS IS TO MAINTAIN THE INITIAL GIFT IN PERPETUITY, INVESTMENT EARNINGS MAY BE USED TO SUPPLEMENT THE ANNUAL OPERATING BUDGET OF THE LEAGUE AT THE DIRECTION OF THE BOARD OF DIRECTORS, OR MAY BE USED TO PROVIDE STRATEGIC INVESTMENTS TO THE COMMUNITY THAT ALIGN WITH THE LEAGUE'S MISSION AND VISION.

NO PROVISION FOR FEDERAL INCOME TAXES IS MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS, AS THE LEAGUE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE LEAGUE FOLLOWS FASB ASC GUIDANCE CLARIFYING THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THIS GUIDANCE PRESCRIBES A MINIMUM PROBABILITY THRESHOLD THAT A TAX POSITION MUST MEET BEFORE A FINANCIAL STATEMENT BENEFIT IS RECOGNIZED. THE MINIMUM THRESHOLD IS DEFINED AS A TAX POSITION THAT IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT TO BE RECOGNIZED IS MEASURED AS THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE LEAGUE HAS NO TAX PENALTIES OR INTEREST REPORTED IN THE ACCOMPANYING FINANCIAL STATEMENTS TAX YEARS THAT REMAIN OPEN FOR EXAMINATION INCLUE YEARS ENDED MAY 31, 2013 THROUGH MAY 31, 2016.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS DIRECT EXPENSES

-58,556.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS DIRECT EXPENSES

-58,556.

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE JUNIOR LEAGUE OF NASHVILLE, INC.

Employer identification number 62-0476815

Part I Fundraising Activities required to complete this par	 Complete if the organization answe t. 	red "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not				
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a										
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity fundraiser listed in col. (i) (vi) Anount paid to (or retained by) fundraiser listed in col. (ii)										
		Yes	No							
otal			>							
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.										
					-					

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr	i e			ots greater than \$5,000.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			SHOP SAVE	MUSIC CITY		(add col. (a) through				
			SUPPORT	MASQUERADE	1	col. (c))				
<u>o</u>			(event type)	(event type)	(total number)	551. (5))				
Revenue	1	Gross receipts	11,584.	116,315.	5,858.	133,757.				
	2	Less: Contributions		93,745.		93,745.				
	3	Gross income (line 1 minus line 2)	11,584.	22,570.	5,858.	40,012.				
	4	Cash prizes								
S	5	Noncash prizes								
xpense	6	Rent/facility costs		8,584.		8,584.				
Direct Expenses	7	Food and beverages		19,019.		19,019.				
	8	Entertainment		3,365.		3,365.				
	9	Other direct expenses	4 60 5		1,407.	27,588.				
	10	Direct expense summary. Add lines 4 through	0: 1 (1)		>	58,556.				
	11	Net income summary. Subtract line 10 from I				-18,544.				
Pa	rt I		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than					
		\$15,000 on Form 990-EZ, line 6a.	1	n > Dull take for stand						
anc			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Revenue						, , , , , , , , , , , , , , , , , , ,				
æ	1	Gross revenue								
es	2	Cash prizes								
ens										
Exp	3	Noncash prizes								
Direct Expenses	4	Rent/facility costs								
	5	Other direct expenses								
		Other direct expenses	Yes %	Yes %	Yes %					
	6	Volunteer labor	No No	No No	No					
	7 Direct expense summary. Add lines 2 through 5 in column (d)									
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>					
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:							
		the organization licensed to conduct gaming a	-	states?		Yes No				
b	If "	No," explain:								
40-	101-	are any of the argonization?	avolted avoraged at a	armin atod during a the a t	unar?	Vee N-				
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No				
J	"	. 30, Одрин .								

Sch	edule G (Form 990 or 990-EZ) 2015 THE JUNIOR LEAGUE OF NASHVILLE, INC. 62-0)476815	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	
14	the the hame and address of the person who prepares the organization's gaming/special events books and records.		
	Name ▶		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	└─ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
	Fig. 1 "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	ines 9 9h 1	0h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	1103 5, 55, 10	56, 106,
	100, 10, and 170, as applicable. Also provide any additional information (see instructions).		

Schedule G	G (Form 990 or 990-EZ)	THE JUNIOR	LEAGUE O	F NASHVILLE,	INC.	62-0476815	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	rmation (continued)					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization							
	THE	JUNIOR	LEAGUE	OF	NASHVILLE,	INC.	
Part I General Inform	mation c	n Grante and					

THE JUNIO	R LEAGUE	OF NASHVILL	E, INC.				62-0476815
Part I General Information on Grants a	ınd Assistance						
Does the organization maintain records:	to substantiate the	amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	istance, and the select	tion
criteria used to award the grants or assis	stance?			-			Yes X No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	Domestic Organi	zations and Domestic	Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if additi	ional space is need	ded.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							MOVIE NIGHT, GENERAL
MONROE CARELL JR CHILDREN'S							CONTRIBUTION, SICKLE
HOSPITAL - 2200 CHILDREN'S WAY -							CELL, ASTHMA, AND CHILD
NASHVILLE, TN 37232	62-0476822		164,936.	0.			LIFE SUPPORT
							PROVIDE EDUCATION
DASIS CENTER							OPPORTUNITIES AND
1704 CHARLOTTE AVE #200							INFORMATIONAL MATERIALS
NASHVILLE, TN 37209	62-0968273		5,750.	0.			TO KEY INFLUENCERS IN THE
							INCREASE ACCESS TO
NASHVILLE PUBLIC LIBRARY							LITERARY MATERIALS FOR AT
FOUNDATION - 615 CHURCH STREET -							RISK, LOW INCOME AMERICAN
NASHVILLE, TN 37219	62-1681766		6,750.	0.			CHILDREN AND THEIR
							INCREASE ACCESS TO

TO KEY INFLUENCERS IN THE NASHVILLE, TN 37228 45-4955577 7,000 0 INCREASE ACCESS TO BOOK 'EM LITERARY MATERIALS FOR AT 161 RAINS AVENUE RISK, LOW INCOME AMERICAN NASHVILLE, TN 37204 58-2000621 6,000. 0 CHILDREN AND THEIR

7,000.

0

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

62-0479366

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2015)

LITERARY MATERIALS FOR AT

RISK, LOW INCOME AMERICAN

INFORMATIONAL MATERIALS

CHILDREN AND THEIR PROVIDE EDUCATION OPPORTUNITIES AND

MCNEILLY CHILD CARE CENTER

100 MERIDIAN STREET

NASHVILLE, TN 37207

END SLAVERY TENNESSEE

50 VANTAGE WAY SUITE 255

(a) Name and address of organization or government (b) EIN (c) IRC if app. YOU HAVE THE POWER 2401 WHITE AVENUE NASHVILLE, TN 37204 62-1616253	Section (d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant
2401 WHITE AVENUE			(book, FMV, appraisal, other)	HOH-CASH ASSISTANCE	or assistance
					PROVIDE EDUCATION OPPORTUNITIES AND
	12,000	0.			INFORMATIONAL MATERIALS TO KEY INFLUENCERS IN THE
	,	1			
		+			
		+			
		1			
		I]	

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance				
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	ne 2, Part III, column	(b), and any other a	dditional information.					
PART II, LINE 1, COLUMN (H):									
NAME OF ORGANIZATION OR GOVERNMENT	: OASIS	CENTER							
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE EDUCATION OPPORTUNITIES AND									
INFORMATIONAL MATERIALS TO KEY INFLUENCERS IN THE GREATER NASHVILLE AREA									
NAME OF ORGANIZATION OR GOVERNMENT	: NASHVI	LLE PUBLIC	LIBRARY F	OUNDATION					
(H) PURPOSE OF GRANT OR ASSISTANCE	: INCREA	SE ACCESS	TO LITERAR	Y					
MATERIALS FOR AT RISK, LOW INCOME	AMERICAN	CHILDREN	AND THEIR	FAMILIES,					
INCREASE EDUCATION SUPPORT PROGRAM	S, RAISE	AWARENESS	OF THE AC	HIEVEMENT					

GAPS FOR LOW INCOME FAMILIES.

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE ACCESS TO LITERARY
MATERIALS FOR AT RISK, LOW INCOME AMERICAN CHILDREN AND THEIR FAMILIES,

INCREASE EDUCATION SUPPORT PROGRAMS, RAISE AWARENESS OF THE ACHIEVEMENT

NAME OF ORGANIZATION OR GOVERNMENT: MCNEILLY CHILD CARE CENTER

GAPS FOR LOW INCOME FAMILIES.

HUMAN TRAFFICKING VICTIMS.

NAME OF ORGANIZATION OR GOVERNMENT: END SLAVERY TENNESSEE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE EDUCATION OPPORTUNITIES AND INFORMATIONAL MATERIALS TO KEY INFLUENCERS IN THE GREATER NASHVILLE AREA.

INCREASE ACCESS TO PROGRAMS THAT CAN PREVENT AN INCREASE IN THE NUMBER OF

NAME OF ORGANIZATION OR GOVERNMENT: BOOK'EM

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE ACCESS TO LITERARY

MATERIALS FOR AT RISK, LOW INCOME AMERICAN CHILDREN AND THEIR FAMILIES.

INCREASE EDUCATIONAL SUPPORT PROGRAMS. RAISE AWARENESS OF THE ACHIEVEMENT

GAPS FOR LOW INCOME FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: YOU HAVE THE POWER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE EDUCATION OPPORTUNITIES AND INFORMATIONAL MATERIALS TO KEY INFLUENCERS IN THE GREATER NASHVILLE AREA.

INCREASE ACCESS TO PROGRAMS THAT CAN PREVENT AN INCREASE IN THE NUMBER OF HUMAN TRAFFICKING VICTIMS.

PART I, LINE 2

AS PART OF RECEIVING FUNDS FROM THE JUNIOR LEAGUE OF NASHVILLE, THE

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE JUNIOR LEAGUE OF NASHVILLE, INC.

Employer identification number 62-0476815

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DEVELOPING THE POTENTIAL OF WOMEN AND IMPROVING THE COMMUNITY THROUGH EFFECTIVE ACTION AND LEADERSHIP OF TRAINED VOLUNTEERS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CHARITABLE. THE JUNIOR LEAGUE OF NASHVILLE REACHES OUT TO WOMEN OF ALL RACES, RELIGIONS, AND NATIONAL ORIGINS WHO DEMONSTRATE AN INTEREST IN AND A COMMITMENT TO VOLUNTARISM. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: IN JUNE 2016, THE ORGANIZATION BEGAN TWO NEW FOCUS AREAS: HUMAN TRAFFICKING AND CRADLE TO ADULT LITERACY. FORM 990, PART VI, SECTION A, LINE 7A: THE NOMINATING COMMITTEE OF THE BOARD PREPARES A SLATE BASED ON QUALIFICATIONS OF CANDIDATES FOR UPCOMING BOARD POSITIONS. THE SLATE IS PRESENTED TO THE ENTIRE MEMBERSHIP FOR VOTE. FORM 990, PART VI, SECTION A, LINE 7B: BYLAW CHANGES ARE VOTED ON BY ALL MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11:

A DRAFT COPY OF THE 990 IS EMAILED TO THE PRESIDENT, TREASURER, AND EXECUTIVE VICE PRESIDENT FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

Name of the organization THE JUNIOR LEAGUE OF NASHVILLE, INC.	Employer identification number 62-0476815
ANY CONFICTS THAT ARISE ARE DISCUSSED AT THE MONTHLY GOVE	RNING BOARD
MEETINGS AND DOCUMENTED. EACH CONFLICT THAT ARISES IS DEA	LT WITH ON A CASE
BY CASE BASIS.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION IS DETERMINED BY THE BOARD, HR COMMITTEE, AN	D MANAGING
DIRECTOR, AND IS BASED ON PERFORMANCE AND MARKET VALUE FO	R THAT POSITION.
FORM 990, PART VI, SECTION C, LINE 19:	
ANNUAL FINANCIAL STATEMENTS CAN BE FOUND ON WWW.GIVINGMAT	TERS.COM.
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE C	NLY MADE AVAILABLE
UPON REQUEST TO WOMEN WHO ACTIVELY PARTICIPATE IN THE ORG	ANIZATION'S
EFFORTS.	