



PURYEAR &
NOONAN, CPAs

February 2, 2023

STARS NASHVILLE
1704 CHARLOTTE AVENUE 200
NASHVILLE, TN 37203

Dear Cynthia:

Enclosed are the original and one copy of the 2021 Exempt Organization returns, as follows...

2021 Form 990

2021 Form 990-T

2021 TN Form FAE 170

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very truly yours,

Puryear & Noonan, CPAs



PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2022

Prepared For:

STARS NASHVILLE
1704 CHARLOTTE AVENUE 200
NASHVILLE, TN 37203

Prepared By:

Puryear & Noonan, CPAs
40 Burton Hills Blvd Ste 170
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 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2023.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer **STARS NASHVILLE** EIN or SSN **62-1285699**

Name and title of officer or person subject to tax **RODGER DINWIDDIE
CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>7,722,259.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize PURYEAR & NOONAN, CPAS to enter my PIN 01970
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Rodger Dinwiddie Date 02/23/2023

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

6293312345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature BETHANY HOVATER, CPA Date 02/02/23

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization STARS NASHVILLE Doing business as STARS/STUDENTS TAKING A RIGHT ST Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1704 CHARLOTTE AVENUE 200 City or town, state or province, country, and ZIP or foreign postal code NASHVILLE, TN 37203 F Name and address of principal officer: RODGER DINWIDDIE SAME AS C ABOVE	D Employer identification number 62-1285699 E Telephone number 615-279-0058 G Gross receipts \$ 7,955,580. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.STARSNASHVILLE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1984 M State of legal domicile: TN

Part I Summary				
	1 Briefly describe the organization's mission or most significant activities: SUPPORTS YOUNG PEOPLE THROUGH THE SOCIAL AND EMOTIONAL BARRIERS THEY FACE. OUR FIVE			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	39	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	39	
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	159	
	6 Total number of volunteers (estimate if necessary)	6	300	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,269,057.	Current Year 3,887,037.
9 Program service revenue (Part VIII, line 2g)		2,542,622.	3,824,477.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		54,228.	85,676.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-16,935.	-74,931.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,848,972.	7,722,259.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,117,858.	5,332,938.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 298,798.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	642,366.	900,030.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,760,224.	6,232,968.		
19 Revenue less expenses. Subtract line 18 from line 12	1,088,748.	1,489,291.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 8,264,302.	End of Year 8,528,213.	
	21 Total liabilities (Part X, line 26)	1,231,613.	574,612.	
	22 Net assets or fund balances. Subtract line 21 from line 20	7,032,689.	7,953,601.	

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	▶ Signature of officer RODGER DINWIDDIE, CEO Type or print name and title	Date		
Paid Preparer Use Only	Print/Type preparer's name BETHANY HOVATER, CPA	Preparer's signature BETHANY HOVATER, CPA	Date 02/02/23	Check if self-employed <input type="checkbox"/> PTIN P01981291
	Firm's name ▶ PURYEAR & NOONAN, CPAS	Firm's EIN ▶ 62-0788068	Phone no. 615-296-0500	
	Firm's address ▶ 40 BURTON HILLS BLVD STE 170 NASHVILLE, TN 37215			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part 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: TO HELP YOUNG PEOPLE PURSUE THEIR UNLIMITED POTENTIAL BY PROVIDING HOPE, HEALTH AND CONNECTION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 4,062,751. including grants of \$) (Revenue \$ 3,503,553.) OUR SCHOOL-BASED PREVENTION, INTERVENTION, AND MENTAL HEALTH COUNSELING SERVICES REACHED 61,667 YOUNG PEOPLE. WE PROVIDE A WIDE RANGE OF SERVICES TO INCLUDE SCHOOL-WIDE ASSEMBLIES, CLASSROOM PRESENTATIONS, CRISIS SUPPORT, SMALL GROUP AND INDIVIDUAL COUNSELING SESSIONS, AS WELL AS MENTAL HEALTH THERAPY. OUR SERVICES PRODUCE OUTCOMES TO INCLUDE INCREASED SCHOOL ATTENDANCE AND GRADES, INCREASED YOUTH ATTACHMENT TO SCHOOL/COMMUNITY, INCREASED INDIVIDUAL RESILIENCE, AND REDUCED SUSPENSIONS, EXPULSIONS, BULLYING, VIOLENCE, DELINQUENCY AND ALCOHOL AND OTHER DRUG USE (KANU, HEPLER, & LABI, 2015).

4b (Code:) (Expenses \$ 287,552. including grants of \$) (Revenue \$) YODA - OUR INTENSIVE ADOLESCENT OUTPATIENT TREATMENT SERVICES ARE LICENSED BY THE TENNESSEE DEPARTMENT OF MENTAL HEALTH SERVICES AND ACCREDITED BY THE COMMISSION FOR THE ACCREDITATION OF REHABILITATION FACILITIES (CARF). THE PROGRAM IS OFFERED MONDAY, TUESDAY, WEDNESDAY AND FRIDAY FROM 3:30 P.M. TO 6:30 P.M. AUGUST THROUGH MAY. SUMMER HOURS ARE 11:00 A.M. TO 2:00 P.M. JUNE THROUGH JULY. OUR PHILOSOPHY OF TREATMENT IS BASED ON THE UNDERSTANDING THAT ADDICTION IS A CHRONIC AND PROGRESSIVE DISEASE, AFFECTING THE INDIVIDUAL ACROSS MULTIPLE DOMAINS; SOCIAL, MENTAL, PHYSICAL AND SPIRITUAL. THEREFORE, WE BELIEVE THAT TREATMENT MUST BE HOLISTIC IN NATURE, HEALING THE MIND, BODY AND SPIRIT. 50 CLIENTS PARTICIPATED IN OUR TREATMENT PROGRAM.

4c (Code:) (Expenses \$ 276,896. including grants of \$) (Revenue \$ 0.) STARS TRAINING - STARS PROVIDES TRAINING AND PROFESSIONAL DEVELOPMENT FOR ENTIRE SCHOOL SYSTEMS, SCHOOL ADMINISTRATORS, TEACHERS, GUIDANCE COUNSELORS AND OTHER SCHOOL SUPPORT PERSONNEL TO ADDRESS NONACADEMIC BARRIERS THAT CHALLENGE STUDENTS ON A DAILY BASIS, SUCH AS BULLYING PREVENTION, RESTORATIVE PRACTICES, MOVE 2 STAND AND CULTURAL COMPETENCY. STARS TRAINING REACHED 14,061 PEOPLE THIS YEAR.

4d Other program services (Describe on Schedule O.) (Expenses \$ 707,323. including grants of \$) (Revenue \$ 320,924.)

4e Total program service expenses 5,334,522.

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	7
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section 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 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 on Schedule O.		
	1a 39		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 39		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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 on Schedule O		X

Section 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?		X
b	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?		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on 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?		X
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			

Section 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 **CYNTHIA WHETSTONE - 615-983-6801**
1704 CHARLOTTE AVENUE, SUITE 200, NASHVILLE, TN 37203

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RODGER DINWIDDIE CEO	50.00			X				170,386.	0.	6,927.
(2) CYNTHIA WHETSTONE CFO	50.00			X				90,647.	0.	10,462.
(3) SANDRA SCHMAHL COO	50.00			X				91,478.	0.	1,825.
(4) CHRISTOPHER SABIS HONORARY BOARD MEMBER	2.00	X						0.	0.	0.
(5) ROBIN BARRICK TREASURER	2.00	X		X				0.	0.	0.
(6) JILLIAN FRIST CO-DEVELOPMENT	2.00	X		X				0.	0.	0.
(7) DERRICK MASON SR HONORARY BOARD MEMBER	0.10	X						0.	0.	0.
(8) ALDEN WARD BOARD MEMBER	0.10	X						0.	0.	0.
(9) BILL BURROW BOARD MEMBER	0.10	X						0.	0.	0.
(10) CHRISTIAN VON ALLMEN BOARD MEMBER	0.10	X						0.	0.	0.
(11) LIZZIE MCKEAND BOARD MEMBER	0.10	X						0.	0.	0.
(12) RICHARD STONE BOARD MEMBER	0.10	X						0.	0.	0.
(13) JACQUES CABELL BOARD MEMBER	0.10	X						0.	0.	0.
(14) JOHN THETFORD ASSOCIATE BOARD LIAISON	2.00	X		X				0.	0.	0.
(15) SHELBY LOMAX BOARD MEMBER	0.10	X						0.	0.	0.
(16) WILLIAM KELLY HONORARY BOARD MEMBER	0.10	X						0.	0.	0.
(17) KIMBERLY WATTS BOARD MEMBER	0.10	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CARNELL ELLIOTT PAST CHAIR	2.00	X		X				0.	0.	0.
(19) COLTON MULLIGAN BOARD MEMBER	0.10	X						0.	0.	0.
(20) SHARON KAY BOARD MEMBER	0.10	X						0.	0.	0.
(21) RITA MCDONALD CHAIR	2.00	X		X				0.	0.	0.
(22) ANDREW QUINN BOARD MEMBER	0.10	X						0.	0.	0.
(23) RASHEEN HARTWELL BOARD MEMBER	0.10	X						0.	0.	0.
(24) SPERRY BELL SIMMONS CO-DEVELOPMENT	2.00	X		X				0.	0.	0.
(25) NICOLE JONES BOARD MEMBER	0.10	X						0.	0.	0.
(26) GREG KELLY BOARD MEMBER	0.10	X						0.	0.	0.
1b Subtotal								352,511.	0.	19,214.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								352,511.	0.	19,214.

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 **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ELLIS METZ BOARD MEMBER	0.10	X						0.	0.	0.
(28) JAMAAL OLDHAM SECRETARY	2.00	X		X				0.	0.	0.
(29) ROBERT ROSARIO BOARD MEMBER	0.10	X						0.	0.	0.
(30) ERIN TOMLINSON CHAIR ELECT	2.00	X		X				0.	0.	0.
(31) KATIE GRANT BOARD MEMBER	0.10	X						0.	0.	0.
(32) TRACEY HENRY BOARD MEMBER	0.10	X						0.	0.	0.
(33) MARY LEIGH PIRTLE BOARD MEMBER	0.10	X						0.	0.	0.
(34) TYLER LAYNE BOARD MEMBER	0.10	X						0.	0.	0.
(35) ANDREW MARANISS BOARD MEMBER	0.10	X						0.	0.	0.
(36) CASEY MULLIGAN BOARD MEMBER	0.10	X						0.	0.	0.
(37) JAMES WILLIAMS BOARD MEMBER	0.10	X						0.	0.	0.
(38) MARY WESSEL BOARD MEMBER	0.10	X						0.	0.	0.
(39) GRACE SWEENEY BOARD MEMBER	0.10	X						0.	0.	0.
(40) ANDREW SOLINGER BOARD MEMBER	0.10	X						0.	0.	0.
(41) RENEASE PERKINS BOARD MEMBER	0.10	X						0.	0.	0.
(42) ELLIE IVANCICH BOARD MEMBER	0.10	X						0.	0.	0.
(43) PATRICK FEARS BOARD MEMBER	0.10	X						0.	0.	0.
(44) JOHN BEARDEN BOARD MEMBER	0.10	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 1,265,274.					
	b Membership dues	1b					
	c Fundraising events	1c 125,298.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 1,934,224.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 562,241.					
	g Noncash contributions included in lines 1a-1f	1g \$ 90,576.					
	h Total. Add lines 1a-1f	▶ 3,887,037.					
Program Service Revenue	2 a PROGRAM SERVICE FEES	Business Code 611710	3,824,477.	3,824,477.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f	▶ 3,824,477.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 86,848.				86,848.	
	4 Income from investment of tax-exempt bond proceeds	▶					
	5 Royalties	▶ 121.				121.	
	6 a Gross rents	6a	(i) Real 51,704.				
		b Less: rental expenses ...	6b 64,578.				
		c Rental income or (loss)	6c -12,874.				
	d Net rental income or (loss)	▶ -12,874.				-12,874.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities 51,344.				
		b Less: cost or other basis and sales expenses	7b 52,516.				
		c Gain or (loss)	7c -1,172.				
	d Net gain or (loss)	▶ -1,172.				-1,172.	
	8 a Gross income from fundraising events (not including \$ 125,298. of contributions reported on line 1c). See Part IV, line 18	8a	54,049.				
		b Less: direct expenses	8b 116,227.				
		c Net income or (loss) from fundraising events	▶ -62,178.				
9 a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities	▶					
10 a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d	▶					
12 Total revenue. See instructions	▶ 7,722,259.	3,824,477.		0.	10,745.		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	404,210.	235,317.	142,146.	26,747.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,098,256.	3,703,919.	217,524.	176,813.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	59,094.	53,774.	2,803.	2,517.
9 Other employee benefits	444,759.	404,741.	21,084.	18,934.
10 Payroll taxes	326,619.	297,214.	15,492.	13,913.
11 Fees for services (nonemployees):				
a Management				
b Legal	6,799.		6,799.	
c Accounting	30,761.		30,761.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	31,756.		31,756.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	280,723.	252,052.	26,114.	2,557.
12 Advertising and promotion				
13 Office expenses	227,821.	168,901.	22,873.	36,047.
14 Information technology				
15 Royalties				
16 Occupancy	54,082.	40,165.	9,221.	4,696.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	78,614.	69,784.	3,840.	4,990.
20 Interest	8,183.		8,183.	
21 Payments to affiliates	5,000.		5,000.	
22 Depreciation, depletion, and amortization	80,761.	50,608.	24,134.	6,019.
23 Insurance	39,006.	23,796.	14,402.	808.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a TELEPHONE	23,505.	19,715.	2,716.	1,074.
b MISCELLANEOUS	18,271.	13,015.	3,403.	1,853.
c EQUIPMENT RENTAL & MAIN	7,484.		7,484.	
d MEMBERSHIP DUES & AWARD	7,264.	1,521.	3,913.	1,830.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,232,968.	5,334,522.	599,648.	298,798.
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,048,614.	1	1,099,055.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	522,838.	3	1,258,436.
	4 Accounts receivable, net	114,755.	4	192,448.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	24,359.	9	40,123.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,103,495.		
	b Less: accumulated depreciation	10b 1,351,560.	10c	
	11 Investments - publicly traded securities	3,722,561.	11	3,186,216.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,264,302.	16	8,528,213.	
Liabilities	17 Accounts payable and accrued expenses	319,042.	17	419,096.
	18 Grants payable		18	
	19 Deferred revenue	14,206.	19	5,516.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	150,000.	23	150,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	748,365.	25	0.
	26 Total liabilities. Add lines 17 through 25	1,231,613.	26	574,612.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,973,223.	27	6,488,620.
	28 Net assets with donor restrictions	1,059,466.	28	1,464,981.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	7,032,689.	32	7,953,601.
	33 Total liabilities and net assets/fund balances	8,264,302.	33	8,528,213.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,722,259.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,232,968.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,489,291.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,032,689.
5	Net unrealized gains (losses) on investments	5	-568,379.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,953,601.

Part XII Financial Statements and Reporting

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
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 on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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 separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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 on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization <p style="text-align:center">STARS NASHVILLE</p>	Employer identification number <p style="text-align:center">62-1285699</p>
---	--

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 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 the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2166750.	2118193.	1988106.	3269057.	3887037.	13429143.
2 Tax revenues levied for the organization'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	2166750.	2118193.	1988106.	3269057.	3887037.	13429143.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						216,492.
6 Public support. Subtract line 5 from line 4.						13212651.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	2166750.	2118193.	1988106.	3269057.	3887037.	13429143.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	86,264.	91,452.	101,507.	115,109.	138,673.	533,005.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	4,066.					4,066.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			208.			208.
11 Total support. Add lines 7 through 10						13966422.
12 Gross receipts from related activities, etc. (see instructions)					12	12,082,739.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	94.60 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	91.33 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

STARS NASHVILLE

Employer identification number

62-1285699

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization STARS NASHVILLE	Employer identification number 62-1285699
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>THE MEMORIAL FOUNDATION, INC.</u> <u>100 BLUEGRASS COMMONS BLVD, STE 320</u> <u>HENDERSONVILLE, TN 37075</u>	\$ <u>85,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>US SMALL BUSINESS ADMINISTRATION</u> <u>2 INTERNATIONAL PLAZA DR., SUITE 500</u> <u>NASHVILLE, TN 37217</u>	\$ <u>755,541.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION</u> <u>5600 FISHERS LANE</u> <u>ROCKVILLE, MD 20857</u>	\$ <u>283,668.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES</u> <u>500 DEADERICK STREET</u> <u>NASHVILLE, TN 37243</u>	\$ <u>764,982.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STARS NASHVILLE	Employer identification number 62-1285699
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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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization STARS NASHVILLE	Employer identification number 62-1285699
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for 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. 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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization STARS NASHVILLE Employer identification number 62-1285699

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 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? 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 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? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,809,961.	1,424,543.	1,408,793.	1,340,190.	1,268,164.
b Contributions					
c Net investment earnings, gains, and losses	-236,399.	398,206.	26,988.	79,404.	83,267.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	14,804.	12,788.	11,238.	10,801.	11,241.
g End of year balance	1,558,758.	1,809,961.	1,424,543.	1,408,793.	1,340,190.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 69.8210 %
 - b Permanent endowment 10.7240 %
 - c Term endowment 19.4550 %
- 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:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	335,000.			335,000.
b Buildings	3,537,866.		1,127,155.	2,410,711.
c Leasehold improvements				
d Equipment	230,629.		224,405.	6,224.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 2,751,935.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market 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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	7,186,702.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-568,379.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-568,379.	
3	Subtract line 2e from line 1	3	7,755,081.	
4	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	4a		
b	Other (Describe in Part XIII.)	4b	-32,822.	
c	Add lines 4a and 4b	4c	-32,822.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,722,259.	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	6,265,790.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	32,822.	
e	Add lines 2a through 2d	2e	32,822.	
3	Subtract line 2e from line 1	3	6,232,968.	
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	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,232,968.	

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 PURPOSE OF THE ENDOWMENT FUNDS ARE FOR LONG-TERM SUSTAINABILITY OF THE ORGANIZATION.

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES THE TAX BENEFITS OF UNCERTAIN TAX POSITIONS ONLY WHERE THE POSITION IS "MORE LIKELY THAN NOT" TO BE SUSTAINED ASSUMING EXAMINATION BY TAX AUTHORITIES. MANAGEMENT HAS ANALYZED THE ORGANIZATION'S TAX POSITIONS AND HAS CONCLUDED THAT NO LIABILITY FOR UNRECOGNIZED TAX BENEFITS SHOULD BE RECORDED RELATED TO UNCERTAIN TAX POSITIONS TAKEN ON RETURNS FILED FOR THE OPEN TAX YEARS (YEARS ENDED JUNE 30, 2019 THROUGH 2021), OR EXPECTED TO BE TAKEN IN THE ORGANIZATION'S TAX RETURN FOR THE

Part XIII Supplemental Information (continued)

YEAR ENDED JUNE 30, 2022. THE ORGANIZATION IDENTIFIES ITS MAJOR TAX JURISDICTIONS AS THE U.S. FEDERAL AND THE STATE OF TENNESSEE. HOWEVER, THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE ORGANIZATION BEEN CONTACTED BY ANY OF THESE JURISDICTIONS. THE ORGANIZATION IS NOT AWARE OF ANY TAX POSITIONS FOR WHICH IT IS REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL CHANGE IN THE NEXT TWELVE MONTHS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SEE SCHEDULE D SUPPLEMENTAL FINANCIAL INFORMATION -32,822.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SEE SCHEDULE D SUPPLEMENTAL FINANCIAL INFORMATION 32,822.

PART XI, LINE 4B & PART XII LINE 2D

RENTAL EXPENSES OF \$64,578 WERE INCLUDED IN TOTAL EXPENSES PER AUDITED FINANCIAL STATEMENTS, BUT REDUCE RENT INCOME ON FORM 990 PART VIII LINE 6B. INVESTMENT EXPENSES OF \$31,756 WERE NOT INCLUDED IN TOTAL EXPENSES PER AUDITED FINANCIAL STATEMENTS, BUT REDUCE INVESTMENT INCOME ON THE AUDITED FINANCIAL STATEMENTS.

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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		BENEFIT CONCERT (event type)	GOLF TOURNAMENT (event type)	1 (total number)		
Revenue	1	Gross receipts	127,469.	48,933.	2,945.	179,347.
	2	Less: Contributions	89,636.	32,717.	2,945.	125,298.
	3	Gross income (line 1 minus line 2)	37,833.	16,216.		54,049.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	20,025.	9,000.	1,000.	30,025.
	7	Food and beverages	10,865.	3,924.	420.	15,209.
	8	Entertainment				
	9	Other direct expenses	65,532.	4,283.	1,178.	70,993.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				116,227.
11	Net income summary. Subtract line 10 from line 3, column (d)				-62,178.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **STARS NASHVILLE** Employer identification number **62-1285699**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RODGER DINWIDDIE CEO	(i)	170,386.	0.	0.	6,927.	0.	177,313.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3 - RELATED ORG METHODS USED FOR COMPENSATION EXPLANATION

THE EXECUTIVE COMMITTEE AND/OR THE TREASURER REVIEWS BOTH FORM 990 OF

OTHER ORGANIZATIONS AND COMPENSATION SURVEYS TO USE AS A GUIDE FOR

DETERMINING COMPENSATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **STARS NASHVILLE** Employer identification number **62-1285699**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	24	12,570.	FAIR MARKET VALUE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	51,344.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (NON-ART AUCTI)	X	44	26,662.	FAIR MARKET VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

STARS IS REPORTING ON THE NUMBER OF ITEMS RECEIVED.

Horizontal lines for supplemental information input.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

STARS NASHVILLE

Employer identification number

62-1285699

FORM 990, ITEM C, DOING BUSINESS AS:

STARS/STUDENTS TAKING A RIGHT STAND

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EVIDENCE-BASED SCHOOL AND COMMUNITY PROGRAMS ADDRESS ISSUES LIKE
BULLYING, SUBSTANCE ABUSE, VIOLENCE AND OTHER MENTAL HEALTH ISSUES. IN
ADDITION TO OUR PROGRAMS AND SERVICES IN TENNESSEE, STARS IS ALSO AN
IMPORTANT NATIONAL RESOURCE FOR TRAINING AND PROFESSIONAL CONSULTATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES INCLUDES THE FOLLOWING PROGRAMS: THE KIDS ON
THE BLOCK PROGRAM THAT USES PUPPETS TO PROMOTE THE ACCEPTANCE OF ALL
CHILDREN AND ADULTS AND TO REDUCE BULLYING; THE DEAF AND HARD OF
HEARING PROGRAM DESIGNED TO REDUCE ALCOHOL, TOBACCO AND OTHER DRUGS
AMONG DEAF AND HARD-OF-HEARING STUDENTS; OPPORTUNITY NOW THAT PROVIDES
ACCESS TO EMPLOYMENT AND ON THE JOB TRAINING FOR DAVIDSON COUNTY
COLLEGE STUDENTS TEACHING SOCIAL AND EMOTIONAL SKILLS; OPIOID AWARENESS
PROGRAM DESIGNED TO INCREASE AWARENESS ON THE DANGERS OF OPIOIDS AND
STIMULANTS, AND THE AVAILABLE RESOURCES FOR OPIOID OVERDOSE PREVENTION.
THE VAPING AWARENESS/COALITION IS ALSO INCLUDED IN OTHER PROGRAM
SERVICES. THE GOAL OF THE SAMHSA FUNDED VAPING AWARENESS COALITION,
NASHVILLE THRIVES, IS TO INCREASE CAPACITY OF DIVERSE STAKEHOLDERS,
INCLUDING YOUTH SERVICE PROVIDERS AND COMMUNITY ORGANIZATIONS, TO
PREVENT THE ONSET AND DECREASE THE PROGRESSION OF ECIGARETTE AND OTHER
SUBSTANCE MISUSE AMONG CHILDREN AND YOUTH AGES 25 AND UNDER. THE

COALITION WORKS TO ENSURE EVERY NASHVILLIAN CAN IMPROVE, ACHIEVE AND

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization STARS NASHVILLE	Employer identification number 62-1285699
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SUSTAIN HEALTH AND WELL-BEING BY ADVOCATING, FACILITATING AND CREATING

COMMUNITY-DRIVEN POLICIES, SYSTEMS, RESOURCES AND SERVICES. 16,013

INDIVIDUALS WERE SERVED THROUGH THESE PROGRAMS.

EXPENSES \$ 707,323. INCLUDING GRANTS OF \$ 0. REVENUE \$ 320,924.

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

THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S FINANCIAL AUDIT COMMITTEE.

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

STARS BOARD OF DIRECTORS ANNUALLY REVIEW THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND SIGN THE DOCUMENT STATING THAT THERE IS NO CONFLICT OF INTEREST OR DISCLOSE ANY KNOWN CONFLICTS OF INTEREST. BOARD OF DIRECTORS ALSO DISCLOSE ANNUALLY ANY BUSINESS RELATIONSHIPS THEY HAVE WITH OTHER BOARD MEMBERS OR KEY EMPLOYEES.

FORM 990, PART VI, SECTION B, LINE 15:

SALARY AND COMPENSATION FOR ALL AGENCY EMPLOYEES ARE REVIEWED AND COMPARED TO MARKET DATA BY THE FINANCE COMMITTEE AND/OR TREASURER AS PART OF THE BUDGET APPROVAL PROCESS. ONCE THE FINANCE COMMITTEE APPROVES THE BUDGET, IT GOES TO THE EXECUTIVE COMMITTEE FOR FURTHER REVIEW AND APPROVAL, AND THEN TO THE FULL BOARD FOR FINAL APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC THROUGH THE ORGANIZATION'S WEBSITE, PUBLIC WEBSITES SUCH AS GUIDESTAR AND GIVING MATTERS AND THE DOCUMENTS ARE AVAILABLE UPON REQUEST.

Type and Entity: PRE-2018 NOL FED **DETAIL CARRYOVER SCHEDULE**

Section 382 Annual Limitation		Section 382 Carryover									
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/15	Amount Used for 06/30/16	Amount Used for 06/30/17	Amount Used for 06/30/18	Amount Used for 06/30/14	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2006	200.	200.					200.			
B	2007	2,462.	2,462.					2,462.			
C	2008	61,102.	24,417.	5,430.	5,465.	6,362.	5,066.	2,094.			
D	2009	25,011.									
E	2010	35,073.									
F	2011	1,902.									
G	2012	5,454.									
H	2018	2,988.									
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											
Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A											
B											
C											
D											
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2022

Prepared For:

STARS NASHVILLE
1704 CHARLOTTE AVENUE 200
NASHVILLE, TN 37203

Prepared By:

Puryear & Noonan, CPAs
40 Burton Hills Blvd Ste 170
Nashville, TN 37215

Amount Due or Refund:

No amount is due.

Make Check Payable To:

No amount is due.

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer STARS NASHVILLE	EIN or SSN 62-1285699
Name and title of officer or person subject to tax RODGER DINWIDDIE CEO	

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ...	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ...	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>0.</u>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here ▶	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize PURYEAR & NOONAN, CPAS to enter my PIN 01970
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ Rodger Dinwiddie Date ▶ 02/23/2023

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

62293312345
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ BETHANY HOVATER, CPA Date ▶ 02/02/23

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

For calendar year 2021 or other tax year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed.	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		STARS NASHVILLE	62-1285699
		Number, street, and room or suite no. If a P.O. box, see instructions. 1704 CHARLOTTE AVENUE, 200 City or town, state or province, country, and ZIP or foreign postal code NASHVILLE, TN 37203	E Group exemption number (see instructions)
C Book value of all assets at end of year ▶		8,528,213.	F <input type="checkbox"/> Check box if an amended return.

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ **CYNTHIA WHETSTONE** Telephone number ▶ **615-983-6801**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

Part III Tax and Payments	
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a
b Other credits (see instructions)	1b
c General business credit. Attach Form 3800 (see instructions)	1c
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d
e Total credits. Add lines 1a through 1d	1e
2 Subtract line 1e from Part II, line 7	2 0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4 0.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5 0.
6a Payments: A 2020 overpayment credited to 2021	6a
b 2021 estimated tax payments. Check if section 643(g) election applies	6b
c Tax deposited with Form 8868	6c
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d
e Backup withholding (see instructions)	6e
f Credit for small employer health insurance premiums (attach Form 8941)	6f
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439	6g
<input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	Total
7 Total payments. Add lines 6a through 6g	7
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached	8
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶	Yes		No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year		\$	
4 Enter available pre-2018 NOL carryovers here ▶ \$ <u>104,125.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code		Available post-2017 NOL carryover	
		\$	
		\$	
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	CEO Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name BETHANY HOVATER, CPA	Preparer's signature BETHANY HOVATER, CPA	Date 02/02/23	Check <input type="checkbox"/> if self-employed PTIN P01981291
	Firm's name ▶ PURYEAR & NOONAN, CPAS		Firm's EIN ▶ 62-0788068	
	Firm's address ▶ 40 BURTON HILLS BLVD STE 170 NASHVILLE, TN 37215		Phone no. 615-296-0500	

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/07	200.	200.	0.	0.
06/30/08	2,462.	2,462.	0.	0.
06/30/09	61,102.	24,417.	36,685.	36,685.
06/30/10	25,011.	0.	25,011.	25,011.
06/30/11	35,073.	0.	35,073.	35,073.
06/30/12	1,902.	0.	1,902.	1,902.
06/30/13	5,454.	0.	5,454.	5,454.
NOL CARRYOVER AVAILABLE THIS YEAR			104,125.	104,125.

2021 TAX RETURN FILING INSTRUCTIONS

TENNESSEE FORM FAE 170

FOR THE YEAR ENDING

June 30, 2022

Prepared For:

STARS Nashville
1704 Charlotte Avenue Suite 200
Nashville, TN 37203

Prepared By:

Puryear & Noonan, CPAs
40 Burton Hills Blvd Ste 170
Nashville, TN 37215

To Be Signed and Dated By:

Not applicable

Amount of Tax:

Total tax	\$	100
Less: payments and credits	\$	100
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
No payment required	\$	

Overpayment:

Not applicable

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has been prepared for electronic filing. If you wish to have it transmitted to the TN DOR, please contact our office and we will submit your electronic return. Do not mail the paper copy to the TN DOR.

Return Must be Mailed On or Before:

Return to us by May 15, 2023.

Special Instructions:

TENNESSEE DEPARTMENT OF REVENUE
2021 Franchise and Excise Tax Return

FAE
170

Form with fields: Tax Year Beginning (07/01/21), Account Number (0321401658), Tax Year Ending (06/30/22), FEIN (62-1285699), NAICS (531120), SOS Control Number (000388471), Legal Name (STARS NASHVILLE), Mailing Address (1704 CHARLOTTE AVENUE SUITE 200), City (NASHVILLE), State (TENNESSEE), ZIP Code (37203), Date Tennessee operations began (01/01/1984). Includes checkboxes for amended, final, and other return types.

Schedule A - Computation of Franchise Tax

Table with 3 columns: Description, Line Number, and Amount. Line 1: Total net worth Schedule F1, Line 5 or Schedule F2, Line 3 (1) _____; Line 2: Total real and tangible personal property from Schedule G, Line 15 (2) _____; Line 3: Franchise tax (25¢ per \$100 or major fraction thereof on the greater of Lines 1 or 2; minimum \$100) (3) 100.

Schedule B - Computation of Excise Tax

Table with 3 columns: Description, Line Number, and Amount. Line 4: Income subject to excise tax from Schedule J, Line 34 (4) -18338.; Line 5: Excise tax (6.5% of Line 4) (5) 0.; Line 6: Recapture of tax credit (Schedule T, Line 13) and additional excise tax on certified distribution sales (6) _____; Line 7: Total excise tax due (add Lines 5 and 6) (7) 0.

Schedule C - Computation of Total Tax Due or Overpayment

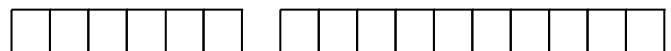
Table with 3 columns: Description, Line Number, and Amount. Line 8: Total franchise and excise taxes (add Lines 3 and 7) (8) 100.; Line 9: Total credit from Schedule D, Line 10 (cannot exceed Schedule C, Line 8) (9) _____; Line 10: Net tax (subtract Line 9 from Line 8; if Line 9 exceeds Line 8, enter zero here) (10) 100.; Line 11: Total payments from Schedule E, Line 7 (11) 100.; Line 12: Penalty (see instructions) (12) _____; Line 13: Interest (see instructions) (13) _____; Line 14: Penalty on estimated franchise and excise tax payments (14) _____; Line 15: Interest on estimated franchise and excise tax payments (15) _____; Line 16: Total amount due (overpaid) (add Lines 10, 12, 13, 14, and 15, subtract Line 11) (16) 0.

If overpayment reported on Line 16, complete A and/or B below:

A. Credit to next year's tax \$ _____ B. Refund \$ _____

Signature block containing: Power of Attorney - Check YES if this taxpayer's signature certifies that this tax preparer has the authority to execute this form on behalf of the taxpayer and is authorized to receive and inspect confidential tax information and to perform any and all acts relating to respective tax matters. Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete. EXECUTIVE DIRECTOR. Taxpayer's Signature: BETHANY HOVATER, CPA P01981291, Date: 02/01/23, Telephone: 615-296-0500. Preparer's Address: 40 BURTON HILLS BLVD, City: NASHVILLE, State: TN, ZIP Code: 37215. Preparer's Email Address: BHOVATER@PN-CPAS.COM.

FOR OFFICE USE ONLY



Taxable Year 07/01/21 06/30/22	Taxpayer Name STARS NASHVILLE	Account No./FEIN 0321401658
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Schedule D - Schedule of Credits

1. Gross Premiums Tax Credit (cannot exceed Schedule C, Line 8)	(1)	_____
2. Tennessee income tax (cannot exceed Schedule B, Line 5)	(2)	_____
3. Green Energy Tax Credit from business plans filed prior to July 1, 2015	(3)	_____
4. Brownfield Property Credit	(4)	_____
5. Broadband Internet Access Tax Credit carryover for service providers	(5)	_____
6. Industrial Machinery and Research and Development Tax Credit from Schedule T, Line 11	(6)	_____
7. Job Tax Credit from Schedule X, Line 46	(7)	_____
8. Additional Annual Job Tax Credit from Schedule X, Line 38	(8)	_____
9. Qualified Production Credit from Schedule QP, Line 12	(9)	_____
10. Total credit (add Lines 1 through 9; enter here and on Schedule C, Line 9)	(10)	_____

Schedule E - Schedule of Required Quarterly Installments and Payments

	Required Quarterly Installments	Amount Paid
1. Overpayment from previous year, if available	(1)	_____
2. First quarterly estimate	(2a) <u>0.</u>	(2b) _____
3. Second quarterly estimate	(3a) <u>0.</u>	(3b) _____
4. Third quarterly estimate	(4a) <u>0.</u>	(4b) _____
5. Fourth quarterly estimate	(5a) <u>0.</u>	(5b) _____
6. Extension payment	(6)	<u>100.</u>
7. Total payments (add Lines 1 through 6; enter here and on Schedule C, Line 11)	(7)	<u>100.</u>

Computation of Franchise Tax

Schedule F1 - Non-Consolidated Net Worth

1. Net worth (total assets less total liabilities)	(1)	_____
2. Indebtedness to or guaranteed by parent or affiliated corporation (cannot be a deduction)	(2)	_____
3. Total (add Lines 1 and 2)	(3)	_____
4. Franchise tax apportionment ratio (Schedules N, O, P, R or S if applicable or 100%)	(4)	<u>100.000000 %</u>
5. Total (multiply Line 3 by Line 4; enter here and on Schedule A, Line 1)	(5)	<u>0.</u>

Schedule F2 - Consolidated Net Worth

Schedule F2 is to be completed only if the Consolidated Net Worth Election Registration Application has been filed.

1. Consolidated net worth (total assets less total liabilities of the affiliated group)	(1)	_____
2. Franchise tax apportionment ratio (Schedule 170NC, 170SF or 170SC)	(2)	_____ %
3. Total (multiply Line 1 by Line 2; enter here and on Schedule A, Line 1)	(3)	_____

Schedule G - Determination of Real and Tangible Property

Book Value of Property Owned - Cost less accumulated depreciation

	In Tennessee
1. Land	(1) _____
2. Buildings, leaseholds, and improvements	(2) _____
3. Machinery, equipment, furniture, and fixtures	(3) _____
4. Automobiles and trucks	(4) _____
5. Prepaid supplies and other tangible personal property	(5) _____
6. Ownership share of real and tangible property of a partnership that does not file a return	(6) _____
7. a. Inventories and work in progress	(7a) _____
b. Exempt finished goods inventory in excess of \$30 million	(7b) _____
8. Certified pollution control equipment (include copy of certificate) and equipment used to produce electricity at a certified green energy production facility	(8) _____
9. Exempt required capital investment	(9) _____
10. Subtotal (add Lines 1 through 7a, subtract Lines 7b through 9)	(10) _____

Rental Value of Property Used but Not Owned

	In Tennessee	
11. Real property	_____	x8 (11) _____
12. Machinery and equipment used in manufacturing and processing	_____	x3 (12) _____
13. Furniture, office machinery, and equipment	_____	x2 (13) _____
14. Delivery or mobile equipment	_____	x1 (14) _____
15. Tennessee total (add Lines 10 through 14; enter here and on Schedule A, Line 2)	(15)	_____

Schedule H - Gross Receipts

1. Gross receipts or sales per federal income tax return	(1)	_____
--	-----	-------

Taxable Year 07/01/21 06/30/22	Taxpayer Name STARS NASHVILLE	Account No./FEIN 0321401658
--	---	---------------------------------------

Computation of Excise Tax

Schedule J1 - Computation of Net Earnings for Entities Treated as Partnerships

Additions:

- 1. Ordinary income or loss (federal Form 1065, Line 22) (1) _____
- 2. Income items specifically allocated to partners, including guaranteed payments to partners (2) _____
- 3. Any net loss or expense distributed to a publicly traded REIT (3) _____
- 4. Total additions (add Lines 1 through 3) (4) _____

Deductions:

- 5. Expense items specifically allocated to partners not deducted elsewhere (5) _____
- 6. Amount subject to self-employment taxes distributable or paid to each partner or member net of any pass-through expense deducted elsewhere on this return (if negative, enter zero) (include on Schedule K, Line 3) (6) _____
- 7. Amount of contribution to qualified pension or benefit plans of any partner or member, including all IRC 401 plans (include on Schedule K, Line 3) (7) _____
- 8. Any net gain or income distributed to a publicly traded REIT (8) _____
- 9. Any loss on the sale of an asset sold within 12 months after the date of distribution (9) _____
- 10. Total deductions (add Lines 5 through 9) (10) _____
- 11. Total (subtract Line 10 from Line 4; enter here and on Schedule J, Line 1) (11) _____

Schedule J2 - Computation of Net Earnings for a Single Member LLC Filing as an Individual

Additions:

- 1. Business Income or loss from federal Form 1040, Schedule C (1) _____
- 2. Business Income or loss from federal Form 1040, Schedule D (2) _____
- 3. Business Income or loss from federal Form 1040, Schedule E (3) _____
- 4. Business Income or loss from federal Form 1040, Schedule F (4) _____
- 5. Business Income or loss from federal Form 4797 (5) _____
- 6. Other: federal Form _____, Schedule _____ (6) _____
- 7. Total additions (add Lines 1 through 6) (7) _____

Deductions:

- 8. Amount subject to self-employment taxes distributable or paid to the single member (if negative, enter zero; include on Schedule K, Line 3) (8) _____
- 9. Total (subtract Line 8 from Line 7; enter here and on Schedule J, Line 1) (9) _____

Schedule J3 - Computation of Net Earnings for Entities Treated as Subchapter S Corporations

Additions:

- 1. Ordinary income or loss (federal Form 1120S, Line 21) (1) _____
- 2. Income items to extent includable in federal income were it not for "S" status election (2) _____
- 3. Total additions (add Lines 1 and 2) (3) _____

Deductions:

- 4. Expense items to extent includable in federal expenses were it not for "S" status election (4) _____
- 5. Any loss on the sale of an asset sold within 12 months after the date of distribution (5) _____
- 6. Total deductions (add Lines 4 and 5) (6) _____
- 7. Total (subtract Line 6 from Line 3; enter here and on Schedule J, Line 1) (7) _____

Schedule J4 - Computation of Net Earnings for Entities Treated as Corporations and Other Entities

Additions:

- 1. Taxable income or loss before net operating loss deduction and special deductions (federal Form 1120, Line 28) ... (1) _____
- 2. a. REIT taxable income before net operating loss deduction and special deductions (federal Form 1120-REIT, Line 20) (2a) _____
- b. REIT deduction for dividends paid (federal Form 1120-REIT, Line 21b) (2b) _____
- c. REIT taxable income after dividends paid deduction (subtract Line 2b from Line 2a) (2c) _____
- 3. Unrelated business taxable income (federal Form 990-T, Line 5) (3) _____
- 4. Other: federal Form _____ (4) _____
- 5. Contribution carryover from prior period(s) (5) _____
- 6. Capital gains offset by capital loss carryover or carryback (6) _____
- 7. Total additions (add Lines 1 through 6) (7) _____

Deductions:

- 8. Contributions in excess of amount allowed by federal government (8) _____
- 9. Portion of current year's capital loss not included in federal taxable income (9) _____
- 10. Total deductions (add Lines 8 and 9) (10) _____
- 11. Total (subtract Line 10 from Line 7; enter here and on Schedule J, Line 1) (11) _____

Taxable Year 07/01/21 06/30/22	Taxpayer Name STARS NASHVILLE	Account No./FEIN 0321401658
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Schedule J - Computation of Net Earnings Subject to Excise Tax

1. Adjusted federal income or loss (enter amount from Schedule J1, J2, J3, or J4)	(1)	_____
Additions:		
2. Intangible expenses paid, accrued, or incurred to an affiliated business entity or entities deducted for federal income tax purposes	(2)	_____
3. Any depreciation under the provisions of IRC Section 168 not permitted for excise tax purposes due to Tennessee permanently decoupling from federal bonus depreciation	(3)	_____
4. Gain on the sale of an asset sold within 12 months after the date of distribution to a nontaxable entity	(4)	_____
5. Tennessee excise tax expense (to the extent reported for federal income tax purposes)	(5)	_____
6. Gross premiums tax deducted in determining federal income and used as an excise tax credit	(6)	_____
7. Interest income on obligations of states and their political subdivisions, less allowable amortization	(7)	_____
8. Depletion not based on actual recovery of cost	(8)	_____
9. Excess fair market value over book value of property donated	(9)	_____
10. Excess rent to/from an affiliate	(10)	_____
11. Net loss or expense received from a pass-through entity subject to the excise tax (attach schedule)	(11)	_____
12. An amount equal to five percent of IRC Section 951A global intangible low-taxed income deducted on Line 26	(12)	_____
13. Business interest expense deducted in arriving at the amount reported on Sch. J, Line 1. Only complete if federal Form 8990 was filed. See instructions	(13)	_____
14. Total additions (add Lines 2 through 13)	(14)	_____
Deductions:		
15. Any depreciation under the provisions of IRC Section 168 permitted for excise tax purposes due to Tennessee permanently decoupling from federal bonus depreciation	(15)	_____
16. Any excess gain (or loss) from the basis adjustment resulting from Tennessee permanently decoupling from federal bonus depreciation	(16)	_____
17. Dividends received from corporations at least 80% owned	(17)	_____
18. Donations to qualified public school support groups and nonprofit organizations	(18)	_____
19. Any expense other than income taxes not deducted in determining federal taxable income for which a credit against the federal income tax was allowed	(19)	_____
20. Adjustments related to the safe harbor lease election (see instructions)	(20)	_____
21. Nonbusiness earnings (from Schedule M, Line 8)	(21)	_____
22. Intangible expenses paid, accrued, or incurred to an affiliated entity or entities (from Form IE, Line 4) Attach Form IE - Intangible Expense Disclosure	(22)	_____
23. Intangible income from an affiliated business entity or entities if the corresponding intangible expenses have not been deducted by the affiliate(s) under Tenn. Code Ann. § 67-4-2006(b)(2)(N)	(23)	_____
24. Net gain or income received from a pass-through entity subject to the excise tax (attach schedule)	(24)	_____
25. Deductible Grants from governmental units and Eligible Relief Payments Received	(25)	_____
26. IRC Section 951A global intangible low-taxed income	(26)	_____
27. a. Business interest expense currently deductible. See instructions	(27a)	_____
b. Business interest expense carryforward available for future tax years	(27b)	_____
28. Total deductions (add Lines 15 through 27a)	(28)	_____
Computation of Taxable Income		
29. Total business income (loss) (add Lines 1 and 14, subtract Line 28; if loss, enter on Schedule K, Line 1)	(29)	_____
30. Excise tax apportionment ratio (Schedules N, O, P, R or S if applicable or 100%)	(30)	<u>100.000000 %</u>
31. Apportioned business income (loss) (multiply Line 29 by Line 30)	(31)	<u>0.</u>
32. Nonbusiness earnings directly allocated to Tennessee (from Schedule M, Line 9)	(32)	_____
33. Loss carryover from prior years (from Schedule U)	(33)	<u>18338.</u>
34. Subject to excise tax (add Line 31 and 32, subtract Line 33; enter here and on Schedule B, Line 4)	(34)	<u>-18338.</u>

Taxable Year	Taxpayer Name	Account No./FEIN
07/01/21 06/30/22	STARS NASHVILLE	0321401658

Schedule U - Schedule of Loss Carryover

Year	Period Ended (MM/YY)	Original Return or as Amended	Used in Prior Year(s)	Expired	Loss Carryover Available
1	06/21				
2	06/20				
3	06/19	2988.			2988.
4	06/18				
5	06/17				
6	06/16				
7	06/15				
8	06/14				
9	06/13	5454.			5454.
10	06/12	1902.			1902.
11	06/11	35073.	27079.		7994.
12	06/10				
13	06/09				
14	06/08				
15	06/07				
Total Amount (Enter here and on Schedule J, Line 33)					18338.

Schedule V - Schedule of Industrial Machinery and Research and Development Equipment Credit Carryover

Year	Period Ended (MM/YY)	Original Return or as Amended	Used in Prior Year(s)	Expired or Recaptured	Industrial Machinery Credit Carryover Available
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
Total Amount (Enter here and on Schedule T, Line 4)					








STARS Nashville 2021 Tax Return Completion [Action Required]

Final Audit Report

February 23, 2023

Created:	February 03, 2023
By:	Puryear & Noonan CPAs(arushton@pn-cpas.com)
Status:	ESigned
Transaction ID:	H04VTT63Z37MTGNT0GL8W6KMMR
Documents:	001970 - Stars Nashville - 2021US 990, 990-T, TN FAE 170 Client es Copy.pdf

"STARS Nashville 2021 Tax Return Completion [Action Required]" History

-  Document emailed to (cwhetstone@starsnashville.org) for signature
2/3/2023 11:46:40 AM Central Standard Time
-  Document viewed by (cwhetstone@starsnashville.org)
2/6/2023 12:26:17 PM Central Standard Time - IP address: 50.232.86.130
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2/23/2023 10:14:42 AM Central Standard Time - IP address: 50.232.86.130
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Signature Date: 2/23/2023 10:52:40 AM Central Standard Time - IP address: 50.232.86.130
-  Document Signed
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