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

OMB No. 1545-0047

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.

Inspection

Α	For the	2018 calendar year, or tax year beginning OCT 1, 2018 and ending	g SEP 30, 2019		
В	Check if applicable	C Name of organization	D Employer i	dentific	cation number
Г	Addres	HARMONY FOUNDATION INTERNATIONAL, INC			
	Name change		3	9-6073	3041
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/	suite <b>E</b> Telephone	number	,
	Final return/	110 7TH AVENUE NORTH 200	6	15-823	3-5611
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts	\$	2,964,908.
	Amend return		H(a) Is this a g	roup re	turn
	Application	F Name and address of principal officer: Dr. PERRI WHILE	for subor		
	pendin	110 SEVENTH AVE. NORTH, SUITE 200, NASHVILLE			cluded? Yes No
T	Tax-exe	mpt status:   X 501(c)(3)	527 If "No," at	ttach a	list. (see instructions)
J	Websit	WWW.HARMONYFOUNDATION.ORG	H(c) Group ex	emptior	n number 🕨
K	Form of	organization: X Corporation Trust Association Other L	Year of formation: 195	59 <b>M</b>	State of legal domicile: WI
P	art I	Summary		•	
0	1	Briefly describe the organization's mission or most significant activities: TO CONNECT	PEOPLE THROUGH		
Governance		CHARITABLE GIVING TO ENRICH LIVES THROUGH SINGING.			
rne	2	Check this box   if the organization discontinued its operations or disposed of	more than 25% of its	s net as	sets.
ove.	1 8	Number of voting members of the governing body (Part VI, line 1a)		. 3	7
<u>ن</u> مح		Number of independent voting members of the governing body (Part VI, line 1b)			7
es &		otal number of individuals employed in calendar year 2018 (Part V, line 2a)			14
Ϋ́È		Total number of volunteers (estimate if necessary)			25
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_		Net unrelated business taxable income from Form 990-T, line 38			0.
			Prior Year		Current Year
Revenue	8 (	Contributions and grants (Part VIII, line 1h)	3,006	,192.	2,466,245.
	9 1	Program service revenue (Part VIII, line 2g)	2	,165.	694.
ě	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	364	,334.	100,274.
ш	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		165.	1,578.
	12	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,372	,856.	2,568,791.
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,094	,345.	1,073,009.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,199	,007.	1,147,109.
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe	b -	Fotal fundraising expenses (Part IX, column (D), line 25) 875,666.			
Ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		,234.	521,483.
	18	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			2,741,601.
	19	Revenue less expenses. Subtract line 18 from line 12	569	,270.	-172,810.
Net Assets or			Beginning of Curren		End of Year
sets	20	Total assets (Part X, line 16)	5,236	,322.	5,103,232.
AP	21	Total liabilities (Part X, line 26)	515	,370.	533,704.
	22 1	Net assets or fund balances. Subtract line 21 from line 20	4,720	,952.	4,569,528.
		Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules and s			/ knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which pre			
		and the line		0/2020	
Sig		Signature of other	Date		
He	re	CAROLYN FAULKENBERRY, CHIEF FINANCIAL OFFICER			
		Type or print name and title	110/to 1		I DTIN
		Print/Type preparer's name Preparer's signature	678	Check f	PTIN
Pai	- H	KEN YOUNGSTEAD KEN YOUNGSTEAD		self-employe	
	<del>I</del>	Firm's name KRAFTCPAS PLLC	Firm's I	EIN 🛌	62-0713250
Use	Only	Firm's address > 555 GREAT CIRCLE ROAD			
		NASHVILLE, TN 37228	Phone	no.615	-242-7351
Ма	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Check If Schedule O contains a response or note to any line in this Part III.  1 Brildly describe the organization's mission: 1 To CONTRECT PEOPLE TREGUER CRARITABLE SIVING TO EMRICH LIVES TREGUER 5 SINGING.  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 950 or 950 EZ?  1 "Yes," describe these new services on Schedule O.  2 Did the organization craes conducting, or make significant changes in how it conducts, any program services, as measured by expenses.  3 Did the organization spraggram service accomplishments for each of its three largest program services, as measured by expenses.  3 Section 501(c)(2) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services accomplishments for each of its three largest program services, as measured by expenses.  3 Section 501(c)(2) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4 (cote: ] (Devenue S 1,147,259, including prior 1,147,399, ) (Wessur's 2,272.  5180  518	Pa	t III Statement of Program Service Accomplishments
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<b>4e</b> Total program service expenses ► 1,436,462.		
	4e	Total program service expenses \(\bigs\) 1,436,462.

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	١.		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	l

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Form 990 (2018) HARMONY FOUNDATION

| Part IV | Checklist of Required Schedules (

Pai	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? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	l		
•	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	240		х
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	- 21	
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	"		
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		Х
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3,		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pai	rt 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	3		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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

				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a 14						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х			
b	If "Yes," enter the name of the foreign country: ►							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.		5b		Х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	any contributions that were not tax deductible as charitable contributions?		6a		Х			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions are at two did to at least 18-2.		Ch					
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).		6b					
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		х			
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7.5					
·	to file Form 8282?	· · · · · · · · · · · · · · · · · · ·	7c		х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
e	51.11 1.11 1.11 1.11 1.11 1.11 1.11 1.1							
f								
g								
h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the						
	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		Х			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$		9b		Х			
10	Section 501(c)(7) organizations. Enter:	1						
а		10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	1						
а		11a						
р	Gross income from other sources (Do not net amounts due or paid to other sources against	4.415						
10-	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	100					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	12a					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120						
	Is the organization licensed to issue qualified health plans in more than one state?		13a					
u	Note. See the instructions for additional information the organization must report on Schedule O.		100					
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
_	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
14a			14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?		15		Х			
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.							

HARMONY FOUNDATION INTERNATIONAL, INC Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 11a **b** Describe in 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 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Х 13 Did the organization have a written whistleblower policy? Х 13 Did the organization have a written document retention and destruction policy? 14 Х 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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 List the states with which a copy of this Form 990 is required to be filed TN, PA, KS, IL, NY, WI, CO, OH, CA, VA, MN, FL 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. X Upon request Own website Another's website Other (explain in Schedule O) Describe in 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. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2018)

CAROLYN FAULKENBERRY - 615-823-5611

13530320 781331 10765-13950

110 7TH AVE NORTH AVE, STE 200, NASHVILLE,

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

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

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average		not c	heck		than		Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GARY PLAAG	4.00	드	드	5	조	포 등	요			
CHAIR	1.00	x		x				0.	0.	0.
(2) JEFF SELANO	3.00								-	
VICE CHAIR (END 4/2019)		х		x				0.	0.	0.
(3) DEBBIE CLEVELAND	2.00							-	-	
TRUSTEE		х						0.	0.	0.
(4) MIKE DEPUTY	2.00									
TRUSTEE		х						0.	0.	0.
(5) DON LAMBERT	2.00									
TRUSTEE		х						0.	0.	0.
(6) SHERRI MATTHEWS	2.00									
TRUSTEE (START 1/2019)		х						0.	0.	0.
(7) MIKE MOISIO	2.00									
TRUSTEE		Х						0.	0.	0.
(8) CASEY PARSONS	2.00									
TRUSTEE (END 8/2019)		Х						0.	0.	0.
(9) KENDALL WILLIAMS	2.00									
TRUSTEE (START 1/2019)		Х						0.	0.	0.
(10) DONALD A. LAURSEN	3.00									
TREASURER (NON-VOTING)				Х				0.	0.	0.
(11) LYNN WEAVER	4.00									
IMMEDIATE PAST CHAIR (NON-VOTING)				Х				0.	0.	0.
(12) CAROLYN FAULKENBERRY	40.00									
CFO				Х				114,175.	0.	19,261.
(13) DR. PERRY D. WHITE	40.00									
EX OFFICIO, HFI PRESIDENT & CEO	5.00			Х				154,308.	0.	47,150.
		-								
					L					

	990 (2018) HARMONY FOUND					<u>,                                    </u>				39-6073	3041		Р	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st (		es (continued)				
	(A) Name and title	(B) Average hours per week (list any	box offi	not c	Pos heck ss pe nd a d	ition more rson	than	th an	(D)  Reportable compensation from the	(E)  Reportable  compensatio  from related  organization	on d	an	(F) stimate nount other pensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fr org an	rom th anizat d relat anizati	e tion ted
	Sub-total								268,483.		0.		66	,411. 0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								268,483.		0.	66,411.		
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	ho r	received more than \$100	0,000 of reportab	le			2
													Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>											3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		4	Х	
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1	from	any	/ unr	relat	ted organization or indiv	idual for services		_		Х
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Scriedui	e J I	Or S	ucn	pers	SOII .					5		Δ.
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation 1	from	
	(A)  Name and business				iig v	VICII	OI W	710111	(B)  Description of s			(Compe		'n
	Hame and pasiness	<u>address</u>	NO	NE					Doscription of C	JOI VIOCO		Отгро	- Ioutio	
2	Total number of independent contractors (i	•	ot li	mite	d to			sted	d above) who received n	nore than				
	\$100,000 of compensation from the organic	zation >					0					Form	990 (	2018)

Part VIII Statement of Revenue

		Check if Schedule O cont.	ains a response	or note to any lin	e in this Part VIII			
		Check ii Concadio o cont	anio a respense	or note to arry in	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue excluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
SS	1.0	Federated campaigns	1a				70701100	312 314
Contributions, Gifts, Grants and Other Similar Amounts								
P, E		Membership dues						
ifts r A		Fundraising events						
j G		Related organizations	·····					
Sin		Government grants (contribut	· —					
utic	Ť	All other contributions, gifts, gran		0 466 045				
rib Ott		similar amounts not included above		2,466,245.				
on		Noncash contributions included in lines		123,444.	0 466 045			
	h	Total. Add lines 1a-1f			2,466,245.			
				Business Code				
ice	2 a	ADMINISTRATIVE FEES		900099	694.	694.		
erv Je	b							
n S en	С	·						
ran ?ev	d	l <u></u>						
Program Service Revenue	е							
<u> </u>	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			694.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		<b>&gt;</b>	93,067.			93,067.
	4	Income from investment of tax	k-exempt bond	oroceeds <b>&gt;</b>				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	-	assets other than inventory	403,324	``				
	b	Less: cost or other basis	,					
		and sales expenses	396,117					
	c	Gain or (loss)						
	q	Net gain or (loss)	,	<u> </u>	7,207.			7,207.
•		Gross income from fundraising			, -			
nue	o u	including \$	of					
Other Reven		contributions reported on line						
. B		Part IV, line 18	,					
her	h	Less: direct expenses						
δ		Net income or (loss) from fund						
		Gross income from gaming ac	-					
	Эа	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
	ю а	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
		Miscellaneous Revenu	e	Business Code		4 550		
		MISCELLANEOUS		900099	1,578.	1,578.		
	b							
	С							
		All other revenue						
		Total. Add lines 11a-11d			1,578.			
	12	Total revenue. See instructions			2,568,791.	2,272.	0	. 100,274.

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 respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,073,009.	1,073,009.		
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	341,372.	98,700.	125,414.	117,258
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	618,629.	146,418.	71,565.	400,646
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	59,396.	13,877.	8,046.	37,473
9	Other employee benefits	60,889.	15,018.	1,546.	44,325
10	Payroll taxes	66,823.	16,918.	13,152.	36,753
11	Fees for services (non-employees):				
а	Management				
b	Legal	3,321.	303.	3,018.	
С	Accounting	18,975.	1,729.	17,246.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	27,913.		27,913.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	5,394.	491.	4,903.	
12	Advertising and promotion	37,865.	2,505.		35,360.
13	Office expenses	65,267.	7,846.	41,673.	15,748
14	Information technology				
15	Royalties				
16	Occupancy	51,892.	4,727.	22,689.	24,476
17	Travel	130,502.	32,648.	2,310.	95,544.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	53,418.			53,418
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,008.	2,912.	2,096.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CONTRACT LABOR	35,556.	3,239.	32,317.	0.
b	GOVERNANCE	30,127.	2,753.	27,374.	0 .
С	STAFF DEVELOPMENT	20,406.	1,859.	15,734.	2,813
d	CULTIVATION	7,000.	0.	0.	7,000
е	All other expenses	28,839.	11,510.	12,477.	4,852
25	Total functional expenses. Add lines 1 through 24e	2,741,601.	1,436,462.	429,473.	875,666
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 if following SOP 98-2 (ASC 958-720)				

Form 990 (2018)
Part X Balance Sheet

Pai	LA	Balance Sneet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			25,413.	1	111,894.
	2	Savings and temporary cash investments			186,624.	2	96,068.
	3	Pledges and grants receivable, net			1,316,951.	3	1,014,827.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7		
ď	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			57,509.	9	55,026.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	211,426.			
	b	Less: accumulated depreciation	10b	185,444.	21,689.	10c	25,982.
	11	Investments - publicly traded securities	3,073,536.	11	3,235,435.		
	12	Investments - other securities. See Part IV, line			12	0.	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		554,600.	15	564,000.	
	16	Total assets. Add lines 1 through 15 (must equ	5,236,322.	16	5,103,232.		
	17	Accounts payable and accrued expenses	77,802.	17	73,032.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		II		21	
Se	22	Loans and other payables to current and former	office	rs, directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and	disqualified persons.			
iabi		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	). Complete Part X of			
		Schedule D			437,568.	25	460,672.
	26	Total liabilities. Add lines 17 through 25			515,370.	26	533,704.
		Organizations that follow SFAS 117 (ASC 958	), ched	k here 🕨 🗓 and			
es		complete lines 27 through 29, and lines 33 and	d 34.				
JIC.	27	Unrestricted net assets			985,200.	27	822,679.
3ale	28	Temporarily restricted net assets		952,788.	28	817,792.	
βE	29	Permanently restricted net assets		<u></u>	2,782,964.	29	2,929,057.
표		Organizations that do not follow SFAS 117 (A	8), check here ▶Ш				
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	luipme	nt fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
Z	33	Total net assets or fund balances			4,720,952.	33	4,569,528.
	34	Total liabilities and net assets/fund balances			5,236,322.	34	5,103,232.

Form	1990 (2018) HARMONY FOUNDATION INTERNATIONAL, INC	39-607304	11	Pa	ge <b>12</b>		
Pa	rt 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	2	,568	<u>,791.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,741	,601.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-172,8				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	,720	,952.		
5	Net unrealized gains (losses) on investments	5		21	,386.		
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 in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B)) 10						
Pa	rt XIII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				Х		
				Yes	No		
1	Accounting method used to prepare the Form 990: Lash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis X Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		. 3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h				

#### **SCHEDULE A**

(Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization Employer identification number HARMONY FOUNDATION INTERNATIONAL INC 39-6073041 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. ☐ 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,191,251.	3,334,493.	2,527,499.	3,006,192.	2,466,245.	15,525,680.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4,191,251.	3,334,493.	2,527,499.	3,006,192.	2,466,245.	15,525,680.
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)						113,577.
	Public support. Subtract line 5 from line 4.						15,412,103.
	ction B. Total Support	1	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	4,191,251.	3,334,493.	2,527,499.	3,006,192.	2,466,245.	15,525,680.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	35,372.	44,423.	46,160.	43,893.	93,067.	262,915.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11							15,788,595.
12	Gross receipts from related activities,					12	13,010.
13	First five years. If the Form 990 is for	-	s first, second, third	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	<b>.</b> —
Sec	organization, check this box and stop ction C. Computation of Publ		rcentage				PL
	Public support percentage for 2018 (			olumn (fl)		14	97.62 %
15	Public support percentage from 2017					15	97.62 % 98.31 %
	33 1/3% support test - 2018. If the o						
IOa	stop here. The organization qualifies						x and ▶ x
h	33 1/3% support test - 2017. If the						
	and <b>stop here.</b> The organization qual	•		•		•	IS DOX ▶
17a	10% -facts-and-circumstances tes						or more
174	and if the organization meets the "fac	ū					Ť
	-			-	· · · · · · · · · · · · · · · · · · ·	-	
h							
		· ·				•	
18							
	meets the "facts-and-circumstances"  10% -facts-and-circumstances tes more, and if the organization meets tl organization meets the "facts-and-circ Private foundation. If the organization	t - <b>2017.</b> If the org he "facts-and-circu cumstances" test.	anization did not c ımstances" test, ch The organization q	heck a box on line neck this box and s qualifies as a public	13, 16a, 16b, or stop here. Explain bly supported organization	17a, and line 15 is in Part VI how the anization	10% or

Schedule A (Form 990 or 990-EZ) 2018

## 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.)

Sec	ction A. Public Support	low, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(4) 2011	(2) 2010	(0) 2010	(4) 23 17	(6) 2010	(i) rotal
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 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						
	Public support. (Subtract line 7c from line 6.)						
Sec	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(u) 2014	(5) 2010	(0) 2010	(a) 2017	(6) 2010	(i) rotar
	Gross income from interest,						
.00	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						<del>                                     </del>
L	Unrelated business taxable income (less section 511 taxes) from businesses						
	` '						
	acquired after June 30, 1975						
44	Add lines 10a and 10b						
• • •	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	_					
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sect	on 501(c)(3) organiz	zation,
	check this box and stop here						<u></u> ▶□
Sec	ction C. Computation of Public	c Support Pe	ercentage				
15	Public support percentage for 2018 (lin	ne 8, column (f), o	divided by line 13,	column (f))		15	%
16	Public support percentage from 2017	Schedule A, Part	: III, line 15			16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 201	18 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2018. If the o					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box an	-					ightharpoons
b	33 1/3% support tests - 2017. If the o						and
-	line 18 is not more than 33 1/3%, chec	•			·	•	
20	Private foundation. If the organization						

Page 4

# Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	5a		
	- Ou		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9с		
	10a		
	10b		
-			

Da	A IV			ige <b>c</b>
Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		V	Nia
_	Did the divertors to the end of t		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	_		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		V	NI.
4	Mars a majority of the examination's directors by twistons during the tay year also a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	tion b. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations	3
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust c	on Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
_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 1-1/2% 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 .035	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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	Check here if the current year is the organization's first as a non-functionall	y integr	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	I ype III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
_5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Sunniamental Information Devide the evaluations required by Port II line 10: Dort II line 17: or 17b; Dort III line 10:
T dit 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 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 B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1c, 2a,
	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.)

# **Schedule A**

# Identification of Excess Contributions Included on Part II, Line 5

2018

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
JOHN MILLER	429,349.	113,577
otal Excess Contributions to Schedule A, Part II, Line 5	,	113,577

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

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

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

**2018** 

HAF	RMONY FOUNDATION INTERNATIONAL, INC	39-6073041
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount in the properties of the p	, or 16b, and that received from
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from itions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educity to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the column (b) instead of the column (b) instead of the column (b)	cational purposes, or for the
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from secularized for religious, charitable, etc., purposes, but no such contributions totaled makere the total contributions that were received during the year for an exclusively religious amplete any of the parts unless the <b>General Rule</b> applies to this organization because it e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
but it <b>must</b> answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fort IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fithe filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

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

		,	,	, (	,	<u> </u>
Name of c	organization					Employer identification number
HARMONY	FOUNDATIO	N IN	TERNATION	AL, I	IC	39-6073041

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$100,112.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$50,139.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions  \$ 56,200.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

HARMONY FOUNDATION INTERNATIONAL, INC

39-6073041

ı artı	(See instructions). Ose duplicate copies of Fait in it a	dullorial space is fleeded.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	367 SHARES OF 3M		
		\$	08/13/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	54 SHARES CHEVRON, 135 SHARES L'OREAL, 150 SHARES PFIZER, 170 SHARES SOFTBANK		
		\$\$	12/17/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

III			section 501(c)(7), (8), or (10) that total more than \$1,000 f
	from any one contributor. Complete columns completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)
	Use duplicate copies of Part III if addition	al space is needed.	
0. 1	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
ì		1 ,,,	
-		-	<u> </u>
-   -		.	
		•	
		(e) Transfer of git	t
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
			·
_			
-			
o. 1	(b) Purpose of gift	(c) Use of gift	(d) Description of how sift is held
<u>i  </u>	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		.	
-   -		.	
-		-	
		(e) Transfer of git	t
- 1			
	Transferse's name address	and 7ID + 4	Deletionship of transferor to transferoe
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
  -  -  -			
  -  -  -	Transferee's name, address,	and ZIP + 4  (c) Use of gift	Relationship of transferor to transferee  (d) Description of how gift is held
- - - 0.			
- - - - 1			
- - - 1 - - -			
- - - - - -			(d) Description of how gift is held
- - - - - - -	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held
- - - 3.		(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held
	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held
- - - - - - - -	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held
- - - - - -	(b) Purpose of gift  Transferee's name, address,	(c) Use of gift  (e) Transfer of gift  and ZIP + 4	(d) Description of how gift is held
- - - - - -	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held
- - - - - -	(b) Purpose of gift  Transferee's name, address,	(c) Use of gift  (e) Transfer of gift  and ZIP + 4	(d) Description of how gift is held
- - - - - -	(b) Purpose of gift  Transferee's name, address,	(c) Use of gift  (e) Transfer of gift  and ZIP + 4	(d) Description of how gift is held
- - - - - -	(b) Purpose of gift  Transferee's name, address,	(c) Use of gift  (e) Transfer of gift  and ZIP + 4	(d) Description of how gift is held
- - - - - -	(b) Purpose of gift  Transferee's name, address,	(c) Use of gift  (e) Transfer of gift  and ZIP + 4	(d) Description of how gift is held  The second of the sec
- - - - - -	(b) Purpose of gift  Transferee's name, address,  (b) Purpose of gift	(c) Use of gift  (e) Transfer of gift  (c) Use of gift  (c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held  Relationship of transferor to transferee  (d) Description of how gift is held
	(b) Purpose of gift  Transferee's name, address,	(c) Use of gift  (e) Transfer of gift  (c) Use of gift  (c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held  The second of the sec

# **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 Open to Public Inspection

Name of the organization

HARMONY FOUNDATION INTERNATIONAL, INC

**Employer identification number** 39-6073041

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the							
	organization answered "Yes" on Form 990, Part IV, lin	e 6.						
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year	1						
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year	25,337.						
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds					
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No					
6	Did the organization inform all grantees, donors, and donor a							
	for charitable purposes and not for the benefit of the donor o							
	impermissible private benefit?		X Yes No					
Pai								
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).						
	Preservation of land for public use (e.g., recreation or e		rically important land area					
	Protection of natural habitat	Preservation of a certif	fied historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	of a conservation easement on the last					
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b								
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c					
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re					
	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, rel							
	year ▶							
4	Number of states where property subject to conservation eas	sement is located >						
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements it	holds?	Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,							
	<b></b>							
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year					
	<b>▶</b> \$							
8	Does each conservation easement reported on line 2(d) above							
	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and					
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes t	he organization's accounting for					
_	conservation easements.							
Pai	T III Organizations Maintaining Collections of		ner Similar Assets.					
	Complete if the organization answered "Yes" on Form							
1a	If the organization elected, as permitted under SFAS 116 (AS	-						
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherar	nce of public service, provide, in Part XIII,					
	the text of the footnote to its financial statements that descri							
b	If the organization elected, as permitted under SFAS 116 (AS							
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic service, provide the following amounts					
	relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1							
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$					
2	If the organization received or held works of art, historical treatment		gain, provide					
	the following amounts required to be reported under SFAS 1							
а	Revenue included on Form 990, Part VIII, line 1							
b	Assets included in Form 990, Part X		<b>▶</b> \$					

832051 10-29-18

Schedule D (Form 990) 2018

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

Га	rt III   Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Otl	her S	Similar Ass	ets(cont	nued)		
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	signi	ficant use of it	s collection	n iten	ns	
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange programs						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's ex	kempt	t purpose in Pa	art XIII.			
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other simi	lar as	sets	_	_	_	
_	to be sold to raise funds rather than to be ma						Yes		<u>No</u>	
Pa	rt IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" o	on Fo	rm 990, Part I\	/, line 9, c	r		
	reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodi						$\neg$		_	
	on Form 990, Part X?					L	Yes		_ No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:		ı					
							Amour	nt		
С	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance				[	1f	1.4		٦	
	Did the organization include an amount on Fo				-	′∟	Yes	H	_  No	
	rt V Endowment Funds. Complete in							. L		
Га	Endowment i dids. Complete i			i		Three years has	/ (a) Fou	rvoor	n hook	
4.	Designation of years belongs	(a) Current year 2,782,964.	(b) Prior year 2,314,481.	(c) Two years back 1,935,312	+ ` ′	Three years bac 1,775,451			,519.	
1a	Beginning of year balance									
b	Contributions								159,196. -68,935.	
C	Net investment earnings, gains, and losses							31,243.		
d	Grants or scholarships	69,715.	50,105.	39,743	+	30,539	<u>' •                                      </u>	31	,243.	
е	Other expenditures for facilities									
	and programs	13,333.	36,819.	9,015		4,427	,	11	,086.	
f		2,929,057.	2,782,964.			1,935,312		1,775,451.		
y o	End of year balance				<u>·</u>	1,333,312	··I -	, , , , ,	, = 5 = .	
2	Provide the estimated percentage of the curr Board designated or quasi-endowment	ent year end balanc	e (iiile 1g, coluitiit (a %	i)) rieiu as.						
a b	Permanent endowment 100.00	%								
	Temporarily restricted endowment									
·	The percentages on lines 2a, 2b, and 2c sho									
32	Are there endowment funds not in the posse		ation that are held a	nd administered for	r the r	organization				
Ju	by:	oolon or the organiza	anorr triat are mora a	ria dariii ilotoroa ioi		organization		Yes	No	
	(i) unrelated organizations						3a(i)	1.00	X	
									Х	
b	If "Yes" on line 3a(ii), are the related organiza								+-	
4	Describe in Part XIII the intended uses of the									
Pa	rt VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a. S	See Form 990, Part	X, line	e 10.				
	Description of property	(a) Cost or of	ther (b) Cost	or other (c)	Accu	mulated	(d) Boo	k valu	ue	
	,	basis (investn				ciation	. ,			
1a	Land									
b	Buildings									
С	Leasehold improvements									
	Equipment			211,426.		185,444.		25	,982.	
	Other									
Tota	tal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)									

Schedule D (Form 990) 2018

Part VII	Investments - Other Securities.
	Complete if the organization answered "Vos" on Form 200, Part IV, line 11b, See Form 200, Part V, line 12

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) CASH SURRENDER VALUE OF LIFE INSURANCE	187,000.
(2) INTEREST IN CRUTS	377,000.
(3)	
(4)	
(5)	
(6)	
<u>(7)</u>	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>&gt;</b> 564,000.

#### 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)	DUE TO BARBERSHOP HARMONY SOCIETY DISTRICTS &	
(3)	CHAPTERS	98,071.
(4)	ACCTS PAYABLE- BARBERSHOP HARMONY SOCIETY	5,165.
(5)	FUNDS HELD FOR BARBERSHOP HARMONY SOCIETY	357,436.
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	460,672.

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

39-6073041

ıaı	Reconciliation of Revenue per Audited Financial Stat  Complete if the organization answered "Yes" on Form 990, Part IV, line		ievende per n	eturri.	
1	Total revenue, gains, and other support per audited financial statements			1	2,562,264.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	21,386.		
b	Donated services and use of facilities	2b			
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	21,386.
	Subtract line 2e from line 1			3	2,540,878.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,913.		
	Other (Describe in Part XIII.)				
	Add lines <b>4a</b> and <b>4b</b>	•		4c	27,913.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	2,568,791.
	t XII Reconciliation of Expenses per Audited Financial Sta			Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	2,713,688.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities	2a			
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)			-	
	Add lines 2a through 2d			2e	0 .
				3	2,713,688
	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:				2,713,000
		40	27,913.		
	Investment expenses not included on Form 990, Part VIII, line 7b		27,913.	-	
	Other (Describe in Part XIII.)	•			27 012
	Add lines 4a and 4b			4c	27,913
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. t XIII Supplemental Information.	)		5	2,741,601.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			4; Part X, li	ne 2; Part XI,
PART	V, LINE 4:				
THE	FOUNDATION HAS ESTABLISHED SEVERAL ENDOWMENT FUNDS. DISTRIE	BUTIONS FROM			
THE	GENERAL ENDOWMENT AND THE FOUNDATION'S PROGRAM-RESTRICTED I	ENDOWMENTS			
BENE	FIT MUSIC/MUSIC EDUCATION, OUTREACH, SCHOLARSHIPS, OR YOUTH	I PROGRAMS.			
IN A	DDITION, THE PROGRAM-RESTRICTED HERITAGE FUNDS BENEFIT PRES	SERVATION			
PROJ	ECTS OF THE BARBERSHOP GENRE AND HISTORICAL COLLECTIONS. D	STRIBUTIONS			
EDOM.	THE ACCOUNTED PINING PROVING CONNECTO THE PAREFECTOR HAD	ONV COCTETV			
FROM	THE ASSOCIATES FUNDS PROVIDE GRANTS TO THE BARBERSHOP HARN	IONY SOCIETY			
CHAP	TERS AND DISTRICTS OR OTHER ASSOCIATES OF THE FOUNDATION THE	HAT ALIGN			
WITH	THE FOUNDATION'S MISSION.				
PART	X, LINE 2:				
MANA	GEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS :	PAKEN OR			

## SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of	ne of the organization									
	HARMONY FOUND		TIONAL, INC					39-6073041		
Part I										
	oes the organization maintain records									
Cr	riteria used to award the grants or assi	stance?						X Yes No		
_										
Part II	aranto ana otner Acciotance to	_				anization answered "	Yes" on Form 990, Part	: IV, line 21, for any		
	recipient that received more than		· ·	1		(f) Method of	1	T		
1 (a	Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
								SCHOLARSHIPS, OUTREACH,		
BARBER	SHOP HARMONY SOCIETY							CHORUS AND QUARTET		
110 SE	VENTH AVE NORTH						DONATED SHEET	CONTEST, AND CHAPTER		
NASHVI	LLE, TN 37203	39-0926339	501(C)(3)	614,740.	4,765.	FMV	MUSIC	INITIATIVE PROGRAMS		
СНАРТЕ	R-SANTA FE SPRINGS	85-0322199	501(C)(3)	9,950.	0.			CAMPS & WORKSHOPS		
DISTRI	CT-MID ATLANTIC	22-6079249	501(C)(3)	13,984.	0.			CAMPS & WORKSHOPS		
СНАРТЕ	r-westminster	95-6196396	501(C)(3)	5,908.	0.			CAMPS & WORKSHOPS		
DISTRI	CT-SUNSHINE	59-6194988	501(C)(3)	7,659.	0.			CAMPS & WORKSHOPS		
				,	0.					
	R-ALEXANDRIA	54-6047426		9,626.	-		1	CAMPS & WORKSHOPS  15.		
	nter total number of section 501(c)(3) a							·		
<u>ა</u> ⊨r	nter total number of other organization	s listed in the line	i table					<b>-</b> 0.		

Part II Continuation of Grants and Oth	ner Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HAPTER-DENVER-MILE HIGH	84-6044526	501(c)(3)	7,605.	0.			CAMPS & WORKSHOPS
ISTRICT-FAR WESTERN	95-6085839	501(C)(3)	7,875.	0.			CAMPS & WORKSHOPS
DISTRICT-ROCKY MOUNTAIN	74-2073627	501(C)(3)	9,505.	0.			CAMPS & WORKSHOPS
CHAPTER-NAPLES/FT. MYERS	59-1648285	501(C)(3)	5,854.	0.			CAMPS & WORKSHOPS
DISTRICT-JOHNNY APPLESEED	23-7114002	501(C)(3)	7,205.	0.			CAMPS & WORKSHOPS
DISTRICT-CAROLINA	27-1856516	501(C)(3)	5,033.	0.			CAMPS & WORKSHOPS
HAPTER-DES MOINES	42-6092566	501(C)(3)	7,073.	0.			CAMPS & WORKSHOPS
HAPTER - NASHVILLE	62-6063251	501(C)(3)	5,945.	0.			CAMPS & WORKSHOPS
CHAPTER - DALLAS METRO	23-7296805	501(C)(3)	5,281.	0.			CAMPS & WORKSHOPS

Schedule I (Form 990) (2018) HARMONY FOUNDATION II	NTERNATIONAL,	INC			39-6073041	Page 2
Part III Grants and Other Assistance to Domestic Individu Part III can be duplicated if additional space is neede		e organization answ	vered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of nonca	ash assistance
Part IV Supplemental Information. Provide the information r	equired in Part I, lir	ne 2; Part III, columi	n (b); and any other a	dditional information.		
PART I, LINE 2:						
GRANT RECIPIENTS (BARBERSHOP HARMONY SOCIETY) SUE	MIT A USE OF F	UNDS REPORT				
DETAILING THE PROGRAM RESULTS INCLUDING THE NUMBER	R OF CONSTITUE	NTS SERVED,				
DIRECT AND INDIRECT COST, STRENGTH AND WEAKNESS A	NALYSIS FOR EA	CH PROGRAM				
FUNDED. FOUNDATION STAFF ALSO ATTENDS RANDOM CAMP	s and workshop	S OF VARIOUS				
DISTRICTS AND CHAPTERS, NEXT GENERATION CHORUS AN	D QUARTET PROG	RAMS, AND				
SEVERAL OTHER PROGRAMS TO OBSERVE THE PROGRAM PER	FORMANCE AND					
EFFECTIVENESS.						

## **SCHEDULE J** (Form 990)

**Compensation Information** 

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

HARMONY FOUNDATION INTERNATIONAL, INC

**Employer identification number** 39-6073041

Pa	art I Questions Regarding Compensation				
	·		Yes	No	
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.				
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account  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 filing 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.				
	Compensation committee				
	Independent compensation consultant  X Compensation survey or study				
	Form 990 of other organizations  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:	4-		х	
a	Receive a severance payment or change-of-control payment?	4a 4b		X	
D	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	40 4c		X	
C	c Participate in, or receive payment from, an equity-based compensation arrangement?				
	The storage of lines 44.6, list the persons and provide the applicable amounts for each item in Fart 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:				
а	The organization?	5a		х	
b	Any related organization?	5b		Х	
	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:				
а	The organization?	6a		Х	
b	Any related organization?	6b		Х	
	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		Х	
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		Х	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?	9	1	1	

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

Schedule J (Form 990) 2018

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-MI	SC 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) DR. PERRY D. WHITE	(i)	154,308.	0.	0.	25,614.	21,536.	201,458.	0.
EX OFFICIO, HFI PRESIDENT & CEO	(ii)		0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(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.								

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

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 HARMONY FOUNDATION INTERNATIONAL, INC **Employer identification number** 39-6073041

Par	rt 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 det noncash contribut	•	ts
1	Art - Works of art						
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	Х	9	118,679.	SELLING PRICE		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
44	Historic structures						
14	Qualified conservation contribution - Other						
15 16	Real estate - Residential						
17	Real estate - Commercial						
18	Real estate - Other						
19	Collectibles Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (SHEET MUSIC)	Х	1	4,765.	REPLACEMENT COST		
26	Other ()						
27	Other ( )						
28	Other ( )						
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions			
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement <b>29</b>			
					_	Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1 throu	gh 28, that it		
	must hold for at least three years from the dat						
	exempt purposes for the entire holding period	?				30a	Х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	•	•	•	······ F	31	Х
32a	Does the organization hire or use third parties		-			220	x
h	contributions?  If "Yes," describe in Part II.					32a	A
33	If the organization didn't report an amount in c	column (c) fo	r a type of proport	y for which column (a) is cho	rked		
55	describe in Part II.	JOIGHTH (C) 10	a type of propert	y for writeri coluitiii (a) is crie	oncu,		
	GOSOTINE III I AIL II.						

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

Schedule M (Form 990) 2018

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution this part for any additional information.	33, and whether the organization ombination of both. Also complete
SCHEDULE M, PART I, COLUMN (B):	
THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART I,	
COLUMN B.	

#### **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2018
Open to Public

Open to Public Inspection

Name of the organization **Employer identification number** HARMONY FOUNDATION INTERNATIONAL, 39-6073041 FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ABILITY FOR SINGING TO THE THOUSANDS OF STUDENT LIVES THEY TOUCH. IN ADDITION HARMONY FOUNDATION FUNDS PROGRAMS THAT ENCOURAGE SINGING ACROSS ALL ECONOMIC, RACIAL, CULTURAL AND GENDER DEMOGRAPHICS. HARMONY FOUNDATION FOSTERS A CULTURE OF PHILANTHROPY IN SOCIETY TO CARRY OUT COMPREHENSIVE DEVELOPMENT PROGRAMS, AND TO SECURE ITS FUTURE THROUGH ENDOWMENT. HARMONY FOUNDATION IS STRIVING TO REMOVE THE FINANCIAL BARRIERS TO SINGING ENGAGEMENT AND TO MAKE A BETTER WORLD THROUGH SINGING. HARMONY FOUNDATION PROVIDED FINANCIAL SUPPORT TO BHS ACROSS MULTIPLE PROGRAMS, INCLUDING THE FOLLOWING: SCHOLARSHIPS TO HARMONY UNIVERSITY BELMONT- A WEEK LONG IMMERSION IN SINGING. FOR EVERYONE FROM ENTRY LEVEL SINGERS TO EXPERIENCED ARTISTS AND MUSIC EDUCATORS. DURING THIS WEEK, BARBERSHOP IS TAUGHT, SKILLS ARE BUILT, MUSIC LEADERS AND TEACHERS ARE ENERGIZED WITH NEW REHEARSAL TECHNIQUES AND SO MUCH MORE, OUTREACH GRANTS - BHS PROMOTES VOCAL OUTREACH PROGRAMS THROUGH ITS 17 DISTRICTS, 700+ CHAPTERS ACROSS NORTH AMERICA, AND OTHER CHORAL GROUPS THAT PROMOTE LIFELONG SINGING AT A GRASS ROOTS LEVEL. THERE IS A STRINGENT APPLICATION AND ACCOUNTABILITY STANDARD DESIGNED AND IMPLEMENTED BY THE BHS AND ITS OUTREACH TEAM.

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization	Employer identification number 39-6073041
HARMONY FOUNDATION INTERNATIONAL, INC	35-0073041
NEXT GENERATION (NEXT GEN) JR VARSITY CHORUS FESTIVAL- A KEY COMPONENT	
FOR ESTABLISHING LIFELONG SINGING AS AN ASSET IN COMMUNITIES ACROSS THE	
COUNTRY AND THE WORLD. HARMONY FOUNDATION PROVIDED FUNDING TO OFFER	
COMPLIMENTARY REGISTRATION AND LODGING TO OVER 1,000 MIDDLE SCHOOL	
THROUGH COLLEGE SINGERS AND THEIR EDUCATORS AT THE 2019 MIDWINTER	
CONVENTION IN NASHVILLE, TN. THERE WERE 1560 NEXT GEN JUNIOR QUARTET	
PARTICIPANTS AND 17,834 NEXT GEN JUNIOR CHORUS PARTICIPANTS AT THE	
MIDWINTER CONVENTION.THIS SPECIAL EVENT IS PAIRED WITH THE LARGEST	
BARBERSHOP SENIOR QUARTET EVENT, TRULY DEMONSTRATING THE BENEFITS OF	
LIFELONG SINGING WHILE PROVIDING THE GATEWAY ACROSS A GENERATIONAL	
BRIDGE OF POSITIVE, SUPPORTIVE AND MEMORABLE IMMERSION INTO SINGING FOR	
HUNDREDS OF PEOPLE, YOUNG AND MATURE.	
NEXT GENERATION (NEXT GEN) VARSITY QUARTET COMPETITION- A HIGHLY	
VISIBLE OUTREACH EFFORT TO ENCOURAGE YOUNG MEN TO SING BARBERSHOP AND	
PROVIDE A VEHICLE IN WHICH THEY CAN EXCEL AND BE SUPPORTED BY THE	
ENTIRE BARBERSHOP COMMUNITY. THROUGH THIS PROGRAM THAT BEGAN IN 1992,	
MORE THAN 2,600 YOUNG MEN AND 650 QUARTETS HAVE CROSSED THE STAGE. AT	
THE SALT LAKE INTERNATIONAL CONVENTION, THERE WERE 2080 PARTICIPANTS IN	
NEXT GEN VARSITY QUARTETS AND 122 PARTICIPANTS IN THE NEXT GEN VARSITY	
CHORUS. MANY OF THESE PARTICIPANTS HAVE EXPERIENCED MORE PROFOUND	
OUTCOMES INCLUDING CAREER PATHS TO BECOME MUSIC EDUCATORS, INCREASED	
LEADERSHIP SKILLS, CONFIDENCE AND BECOMING ROLE MODELS, MENTORS AND	
INSPIRATIONS TO THE YOUTH TO FOLLOW YEAR AFTER YEAR.	
HEALTHY CHAPTER INITIATIVE PROGRAMS- ENRICHING LIVES THROUGH SINGING	
OFTEN BEGINS WITH EXPERIENCE OF SINGING IN COMMUNITY WITH OTHERS.	
HEALTHY CHAPTER INITIATIVES PROVIDE RESOURCES AND TOOLS TO ENRICH THE	andrila O (Farras 000 as 000 FZ) (0040)

Name of the organization  HARMONY FOUNDATION INTERNATIONAL, INC	Employer identification number 39-6073041
·	33 0073011
MEMBER CHORAL ENGAGEMENT, ACHIEVE A HIGHER LEVEL OF PARTICIPATION,	
COMRADERIE, ARTISTRY AND MUSICAL CREDIBILITY, DEVELOP CAPACITY AND	
STRUCTURE TO SUPPORT, NURTURE AND GROW THIS PRECIOUS ASSET.	
MUSIC EDUCATION PROGRAM - PROVIDING MUSIC EDUCATORS AND THEIR STUDENTS	
WITH SHEET MUSIC THAT ENABLES EDUCATORS TO CREATE EXPERIENCES THAT	
INSPIRE PEOPLE TO SHARE THE JOY OF SINGING IN HARMONY FOR THE REST OF	
THEIR LIVES. BHS TARGET AUDIENCE FOR THESE ACTIVITIES INCLUDE MUSIC	
EDUCATORS AND THEIR STUDENTS FROM MIDDLE AND HIGH SCHOOL THROUGH	
COLLEGIATE LEVELS. THROUGHOUT THE COUNTRY, QUARTETS AND CHORUSES	
VOLUNTEER AT LOCAL SCHOOL MUSIC DEPARTMENTS AND THE DISTRIBUTION OF	
MUSIC HELPS THAT OUTREACH EFFORT.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
BUT PERHAPS A STEP TOWARD MORE HARMONY IN THEIR NEIGHBORHOODS, SCHOOLS,	
WORKPLACES, HOMES AND OUR WORLD. BY USE OF MULTIPLE MEDIUMS OF	
COMMUNICATION, INCLUDING PERSONAL VISITS TO SINGING COMMUNITIES ALL	
ACROSS THE COUNTRY, WE SHARE PROGRAMS THAT MAKE TRUE DIFFERENCES IN THE	
LIVES OF PARTICIPANTS AND INVESTORS TO GROW STRONGER COMMUNITIES.	
FORM 990, PART VI, SECTION A, LINE 7A:	
THE FOUNDATION'S BOARD OF TRUSTEES CONSISTS ENTIRELY OF MEMBERS THAT ARE	_
ELECTED BY THE BOARD OF DIRECTORS OF THE BARBERSHOP HARMONY SOCIETY.	_
FORM 990, PART VI, SECTION A, LINE 7B:	
THE BOARD OF DIRECTORS OF THE BARBERSHOP HARMONY SOCIETY MUST APPROVE ANY	
BYLAW AMENDMENTS PROPOSED BY THE FOUNDATION'S BOARD OF TRUSTEES.	

Name of the organization  HARMONY FOUNDATION INTERNATIONAL, INC	Employer identification number 39-6073041
FORM 990, PART VI, SECTION B, LINE 11B:	
THE GOVERNING BODY IS PROVIDED THE FORM 990 TO REVIEW PRIOR TO FILING. IN	
ADDITION, THE FORM 990 IS REVIEWED BY THE CFO, TREASURER, AND THE AUDIT	
COMMITTEE PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH YEAR ALL TRUSTEES MUST REVIEW THE POLICY AND LIST ANY POTENTIAL	
CONFLICTS OF INTERESTS IF ANY AND SIGN OFF ON THE DOCUMENT.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION FOR THE CEO IS DETERMINED BY A COMPENSATION STUDY PERFORMED BY	
THE BOARD CHAIR, WHICH IS LATER APPROVED BY THE BOARD MEMBERS. COMPENSATION	
FOR OTHER OFFICERS OR KEY EMPLOYEES IS DETERMINED BY A MARKET ANALYSIS OF	
WAGES AND THEN APPROVED BY THE CEO.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
TN,PA,KS,IL,NY,WI,CO,OH,CA,VA,MN,FL,MD,HI,CT,AL,AK,AZ,AR,DC,GA,KY,LA,ME,MA	
MI, MS, MO, NV, NH, NJ, NM, NC, ND, OK, OR, SC, UT, WA, WV	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE	
PUBLIC UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS REGARDING OVERSIGHT OF THE AUDIT, ITS FINANCIAL STATEMENTS,	
AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED DURING	
THE TAX YEAR.	

### SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization  HARMONY FOUNDATION II	Er	Employer identification nur 39-6073041						
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes"	on Form 990, Part IV, line 3	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	ome End-of-year a	issets	Direct c	( <b>f)</b> ontrolling atity	9
	-							
	_							
Identification of Related Tax-Exempt Organiza	ations. Complete if the organization a	answered "Yes" on Form 99	0 Part IV line 34	because it had one of	or mor	re related tax-exe	emot	
organizations during the tax year.	· · ·				7 11101		1	
(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ect controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))			Yes	No
SOCIETY FOR THE PRESERVATION & ENCOURAGEMENT OF BARBERSHOP QUARTET - 39-0926, 110 7TH AVENUE NORTH, NASHVILLE, TN 37203-3704	PRESERVATION OF THE OLD  AMERICAN ART FORM OF  BARBERSHOP QUARTET SINGING	WISCONSIN	501(C)(3)	509(A)(2)				x
	_							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

<u> </u>	·		1	1		1						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j		(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	al or P	Percentage ownership
of related organization		(state or foreign	entity	related, unrelated, lexcluded from tax under	income	end-of-year assets	alloca	itions?	amount in box	partr	ner?	ownership
		country)		sections 512-514)		833013	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	No	
										$\vdash$	+	
	1											
	1											
										$\vdash$	+	
	-											
										Ш		
	1											
	1											
										_		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	tion o)(13) rolled ity?
		country)		or tracty		400010		Yes	No
									<del></del>
									<u> </u>
									<u> </u>
		12							

Page 2

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

No	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	_		Yes	No
1	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	·	1a		Х
	<b>b</b> Gift, grant, or capital contribution to related organization(s)		1b	Х	
С	c Gift, grant, or capital contribution from related organization(s)		1c		Х
	d Loans or loan guarantees to or for related organization(s)		1d		Х
	e Loans or loan guarantees by related organization(s)		1e		Х
f	f Dividends from related organization(s)		1f		Х
g	g Sale of assets to related organization(s)		1g		Х
	h Purchase of assets from related organization(s)		1h		Х
i	i Exchange of assets with related organization(s)		1i		Х
j	j Lease of facilities, equipment, or other assets to related organization(s)		1j		Х
k	k Lease of facilities, equipment, or other assets from related organization(s)		1k		Х
1	l Performance of services or membership or fundraising solicitations for related organization(s)		11		Х
n	m Performance of services or membership or fundraising solicitations by related organization(s)		1m		Х
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n	Х	
	o Sharing of paid employees with related organization(s)		10		Х
р	p Reimbursement paid to related organization(s) for expenses		1p	х	
	q Reimbursement paid by related organization(s) for expenses		1q		Х
r	r Other transfer of cash or property to related organization(s)		1r		Х
	s Other transfer of cash or property from related organization(s)		1s		Х
	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction through				
	(a) (b) (c) ( Name of related organization Transaction Amount involved Method of determine	(d)	ved		
	J Tanibasis I Tanibasi I				

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d)  Method of determining amount involved
THE FOUNDATION PROVIDED GRANTS TO THE BARBERSHOP HARMONY			
(1) SOCIETY	В	619,505.	TRANSACTION AMOUNT AND FMV
(2) THE FOUNDATION SHARES A BUILDING WITH THE SOCIETY	N	0.	TRANSACTION AMOUNT
THE FOUNDATION REIMBURSED EXPENSES TO THE BARBERSHOP HARMONY			
(3) SOCIETY	P	25,727.	TRANSACTION AMOUNT
(4)			
<u>(5)</u>			
<u>(6)</u>	1.4		

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(t	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec	Share of	Share of	Dispr	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o	Percentage
of entity		(state or foreign	excluded from tax under	501(c)(3) orgs.?	total	end-of-year	allocat	tions?	of Schedule K-1	partner	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes No	
+										$\vdash\vdash$	
							1				
							1			$\vdash \vdash$	
		ı	I	I I	1		1	1		1 1	1

# **TAX RETURN FILING INSTRUCTIONS**

FORM 990-T

## FOR THE YEAR ENDING

SEPTEMBER 30, 2019

Prepared for	HARMONY FOUNDATION INTERNATIONAL, INC 110 7TH AVENUE NORTH NO. 200 NASHVILLE, TN 37203
Prepared by	KRAFTCPAS PLLC 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228
Amount due or refund	NO AMOUNT IS DUE. THE ORGANIZATION WILL RECEIVE A REFUND IN THE AMOUNT OF \$1,080
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	AUGUST 17, 2020
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

# EXTENDED TO AUGUST 17, 2020 Propriestion Pusings Income Tay Return | OMB No. 1545-0687

Form	990- I	E	exempt Orgai				ı ax keturi	า	OMB NO. 1545-0687	_	
			•	nd proxy tax und					2010		
		For cal	lendar year 2018 or other tax ye			, and ending S			<b>2018</b>		
Departn Internal	nent of the Treasury Revenue Service	<b>•</b>	► Go to www. Do not enter SSN numbe	ons and the latest info de public if your orga		).	Open to Public Inspection 501(c)(3) Organizations On	for ly			
A	Check box if address changed		Name of organization (	Check box if name cl	hanged	and see instructions.)	- (Emp	DEmployer identification number (Employees' trust, see instructions.)			
B Exempt under section   Print   HARMONY FOUNDATION INTERNATIONAL,									39-6073041		
	501(c )(3 )	or	Number, street, and room			etructions		<b>E</b> Unre	elated business activity code	<u>е</u>	
=	408(e) 220(e)	Type	110 7TH AVENUE NO			(See	instructions.)				
	408A 530(a)		City or town, state or prov		r foreig	n postal code		1			
	529(a)		NASHVILLE, TN 37		Ü			8129	30		
C Book value of all assets F Group exemption number (See instructions.)				<b></b>	•						
at end of year  G Check organization type    x 501(c) corpo				oration	501(c) trus	t 401(a	) trust	Other trust			
H Ente	er the number of the o	organiza	tion's unrelated trades or b	ousinesses. 🕨		Descri	be the only (or first) ur	related	b		
trade	e or business here 🕨	SE:	E STATEMENT 1			. If only or	ne, complete Parts I-V.	If mor	e than one,		
desc	cribe the first in the bl	lank spa	ce at the end of the previou	ıs sentence, complete Pa	rts I an	d II, complete a Sched	ule M for each addition	nal trad	le or		
	ness, then complete										
			oration a subsidiary in an a		nt-subs	idiary controlled group	?▶ [	Y	'es No		
			tifying number of the paren								
_			CAROLYN FAULKENBER				phone number 🕨 6				
Par			de or Business Inc	ome		(A) Income	(B) Expense	<u>s</u>	(C) Net	_	
	Gross receipts or sale										
	ess returns and allow			<b>c</b> Balance ▶	1c						
			A, line 7)		2						
			om line 1c		3						
			h Schedule D)		4a					_	
			art II, line 17) (attach Form		4b					—	
			sts ship or an S corporation (at		4c 5					—	
				·	6					_	
			me (Schedule E)		7					_	
			and rents from a controlled		8					—	
			on 501(c)(7), (9), or (17) or	-						_	
			me (Schedule I)		10					_	
			e J)		11					_	
			ns; attach schedule)		12					_	
			gh 12		13		0.			_	
Par	t II Deductio	ns No	ot Taken Elsewher	<b>'e</b> (See instructions fo	r limita	ations on deduction	s.)				
	(Except for o	contribu	utions, deductions must	be directly connected	d with	the unrelated busin	ess income.)				
14	Compensation of off	icers, di	rectors, and trustees (Sche	dule K)				14			
15	Salaries and wages							15			
								16			
17	Bad debts							17			
			ee instructions)					18			
19	Taxes and licenses							19			
			e instructions for limitation					20			
			562)					006			
			n Schedule A and elsewher					22b			
23	Contributions to defe	orrod oo	mnoneation plane					23	+	_	
			mpensation plans					24	+	_	
			chedule I)					26	1	_	
27	Excess readership or	1903 (30 1919 (90	chedule I) hedule J)					27	1	_	
28	Other deductions (at	tach sch	nedule)					28	<del> </del>	_	
29	Total deductions A	dd lines	14 through 28					29		0.	
			ncome before net operating					30		0.	
			loss arising in tax years be					31		į	
		-	ncome. Subtract line 31 fro	-	-			32		0.	

**Use Only** 

823711 01-09-19

**Preparer** 

Form **990-T** (2018)

62-0713250

Firm's name ► KRAFTCPAS PLLC

Firm's address NASHVILLE, TN 37228

555 GREAT CIRCLE ROAD

Firm's EIN

Phone no.

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT

BUSINESS ACTIVITY

SECTION 512(A)(7) QUALIFIED TRANSPORTATION FRINGE PARKING EXPENSE TO FORM 990-T, PAGE 1

## Form **2220**

Department of the Treasury

Internal Revenue Service

**Underpayment of Estimated Tax by Corporations** 

Attach to the corporation's tax return.

► Go to www.irs.gov/Form2220 for instructions and the latest information.

OMB No. 1545-0123

2018

HARMONY FOUNDATION INTERNATIONAL, INC

Employer identification number 39-6073041

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

P	art I Required Annual Payment								
1	1 Total tax (see instructions)							1	
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1									
					Za			-	
	b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method  2b								
Contracts of Section 107(g) for depreciation under the income forecast method									
C	c Credit for federal tax paid on fuels (see instructions) 2c								
	Total. Add lines 2a through 2c					I		2d	
	Subtract line 2d from line 1. If the result is less than \$500, <b>do</b>								
	does not owe the penalty		•	·				3	
4	Enter the tax shown on the corporation's 2017 income tax ret								
	or the tax year was for less than 12 months, skip this line a	nd ei	nter the amount from line	e 3 on line	5			4	
5	$\mbox{\bf Required annual payment.}$ Enter the $\mbox{\bf smaller}$ of line 3 or line	4. If	the corporation is require	d to skip lir	ne 4,				
	enter the amount from line 3							5	
P	Part II Reasons for Filing - Check the boxes belo	w th	at apply. If any boxes are	checked, th	ne corp	oratio	n <b>must</b> file Form 22	220	
_	even if it does not owe a penalty. See instructions.								
6	The corporation is using the adjusted seasonal install The corporation is using the annualized income install								
7 8	The corporation is a "large corporation" figuring its first			n the prior	voor!o	tov			
	Part III   Figuring the Underpayment	St Tet	ulleu ilistallillellt baseu t	ni tile prior	year s	lax.			
•	Tiguring the Onderpayment		(a)		(b)		(c)		(d)
9	Installment due dates. Enter in columns (a) through		(a)		(0)		(6)		(u)
J	(d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the								
	Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9							
10	Required installments. If the box on line 6 and/or line 7								
	above is checked, enter the amounts from Sch A, line 38. If								
	the box on line 8 (but not 6 or 7) is checked, see instructions								
	for the amounts to enter. If none of these boxes are checked,								
	enter 25% (0.25) of line 5 above in each column	10							
11	Estimated tax paid or credited for each period. For								
	column (a) only, enter the amount from line 11 on line 15.								
	See instructions	11							
	Complete lines 12 through 18 of one column								
	before going to the next column.								
12	Enter amount, if any, from line 18 of the preceding column	12							
	Add lines 11 and 12	13							
14	Add amounts on lines 16 and 17 of the preceding column	14							
15	Subtract line 14 from line 13. If zero or less, enter -0	15							
16	If the amount on line 15 is zero, subtract line 13 from line								
	14. Otherwise, enter -0-	16							
17	Underpayment. If line 15 is less than or equal to line 10,								
	subtract line 15 from line 10. Then go to line 12 of the next								
	column. Otherwise, go to line 18	17							
18	<b>Overpayment.</b> If line 10 is less than line 15, subtract line 10								
	from line 15. Then go to line 12 of the next column	18							

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed. For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2018)

## Part IV Figuring the Penalty

			(a)	(b)	(c)		(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier.  (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month.  Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19					
20	Number of days from due date of installment on line 9 to the						
	date shown on line 19	20					
21	Number of days on line 20 after 4/15/2018 and before 7/1/2018	21					
22	Underpayment on line 17 x Number of days on line 21 x 5% (0.05)	22	\$	\$	\$		\$
23	Number of days on line 20 after 06/30/2018 and before 10/1/2018	23					
24	Underpayment on line 17 x Number of days on line 23 x 5% (0.05) 365	24	\$	\$	\$		\$
25	Number of days on line 20 after 9/30/2018 and before 1/1/2019	25					
26	Underpayment on line 17 x Number of days on line 25 x 5% (0.05) $\dots$ 365	26	\$	\$	\$		\$
27	Number of days on line 20 after 12/31/2018 and before 4/1/2019	27					
28	Underpayment on line 17 x Number of days on line 27 x 6% (0.06)	28	\$	\$	\$		\$
29	Number of days on line 20 after 3/31/2019 and before 7/1/2019	29					
30	Underpayment on line 17 x Number of days on line 29 x *% 365	30	\$	\$	\$		\$
31	Number of days on line 20 after 6/30/2019 and before 10/1/2019	31					
32	Underpayment on line 17 x Number of days on line 31 x *% 365	32	\$	\$	\$		\$
33	Number of days on line 20 after 9/30/2019 and before 1/1/2020	33					
34	Underpayment on line 17 x Number of days on line 33 x *% 365	34	\$	\$	\$		\$
35	Number of days on line 20 after 12/31/2019 and before 3/16/2020	35					
36	Underpayment on line 17 x Number of days on line 35 x *% 366	36	\$	\$	\$		\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$		\$
38	<b>Penalty.</b> Add columns (a) through (d) of line 37. Enter the to line for other income tax returns	tal h	ere and on Form 1120, lir	ne 34; or the comparable		38	  \$ 0.

Form **2220** (2018)

<sup>\*</sup> Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.