

Form **990**Department of the Treasury
Internal Revenue Service**Return Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2004Open to Public
Inspection**A** For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**TENNESSEE REPERTORY THEATRE, INC.**

Number and street (or P.O. box if mail is not delivered to street address)

505 DEADERICK STREET

City or town, state or country, and ZIP + 4

NASHVILLE, TN 37243**D** Employer identification number**62-1811578****E** Telephone number**615-782-4000****F** Accounting method☐ Cash ☒ Accrual

Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No (If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: **WWW.TNREP.ORG****J** Organization type (check only one) ☒ 501(c) (3) (Insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,533,190.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	596,737.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c	92,671.	
	d Total (add lines 1a through 1c) (cash \$ 689,408. noncash \$) ...	1d	689,408.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	776,554.	
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4	66.	
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe ▶)	7			
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a	67,162.	
		8b	559.	
		8c	66,603.	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	66,603.	
Expenses	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10 a Gross sales of inventory, less returns and allowances	10a		
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
	11 Other revenue (from Part VII, line 103)	11		
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,532,631.	
	13 Program services (from line 44, column (B))	13	1,244,305.	
14 Management and general (from line 44, column (C))	14	454,157.		
15 Fundraising (from line 44, column (D))	15	39,000.		
16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 16 and 44, column (A))	17	1,737,462.		
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	<204,831.>	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	<1,069,054.>	
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	1,374,634.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	100,749.	

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

Form 990 (2004)

TENNESSEE REPERTORY THEATRE, INC.

62-1811578

Part II Statement of Functional Expenses Organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 65,000.	65,000.	0.	0.
26 Other salaries and wages	26 527,799.	527,799.		
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 3,522.		3,522.	
34 Telephone	34 10,818.		10,818.	
35 Postage and shipping	35 3,721.	1,082.	2,639.	
36 Occupancy	36			
37 Equipment rental and maintenance	37 1,166.		1,166.	
38 Printing and publications	38 10,139.		10,139.	
39 Travel	39 11,191.	2,868.	8,323.	
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule) ...	42 2,671.		2,671.	
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 4	43e 1,101,435.	647,556.	414,879.	39,000.
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44 1,737,462.	1,244,305.	454,157.	39,000.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a SEE ATTACHED STATEMENT	
(Grants and allocations \$ _____)	1,244,305.
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,244,305.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	151,881.	45	14,043.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	196,033.		
	b Less: allowance for doubtful accounts		47c	196,033.
	48 a Pledges receivable	24,410.		
	b Less: allowance for doubtful accounts		48c	24,410.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	54,659.	53	45,716.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57,963.			
b Less: accumulated depreciation	54,762.	57c	3,201.	
58 Other assets (describe INTERCOMPANY RECEIVABLE)	71,564.	58	0.	
59 Total assets (add lines 45 through 58) (must equal line 74)	430,355.	59	283,403.	
Liabilities	60 Accounts payable and accrued expenses	176,891.	60	182,654.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe 1,322,518.)	1,322,518.	65	0.
66 Total liabilities (add lines 60 through 65)	1,499,409.	66	182,654.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	<1,187,291.>	67	74,988.
	68 Temporarily restricted	112,721.	68	22,560.
	69 Permanently restricted	5,516.	69	3,201.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	<1,069,054.>	73	100,749.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	430,355.	74	283,403.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization TENNESSEE PERFORMING ARTS CENTER and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 60,384.	82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A	85c	
d	Section 162(e) lobbying and political expenditures 85d N/A	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A	86a	
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A	86b	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a	List the states with which a copy of this return is filed TENNESSEE		
b	Number of employees employed in the pay period that includes March 12, 2004 90b 14	90b	
91	The books are in care of JULIE GILLEN Telephone no. 615-782-4000		

Located at **505 DEADERICK ST. NASHVILLE, TN**ZIP + 4 **37243**92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <u>TICKET SALES</u>					467,439.
b <u>TICKETING SERV CHG/FEES</u>					18,944.
c <u>SPONSORSHIPS</u>					165,000.
d <u>OTHER PROG SERV INCOME</u>					125,171.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	66.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	66,603.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		66,669.	776,554.
105 Total (add line 104, columns (B), (D), and (E))					843,223.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 6

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ Type or print name and title: _____

Paid Preparer's Use Only: Preparer's signature: McGinnis Date: 12/28/05 Check if self-employed: ☒ Preparer's SSN or PTIN: 00021966

Firm's name (or yours if self-employed), address, and ZIP + 4: KRAFTCPAS PLLC
555 GREAT CIRCLE ROAD, SUITE 200
NASHVILLE, TN 37228-1310

EIN: _____ Phone no.: (615) 242-7351

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2004

TENNESSEE REPERTORY THEATRE, INC.

Employer identification number
62 1811578

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BENNETT TARLETON 1405 HAMPSHIRE PLACE, NASHVILLE, TN 37221	DIR. OF A. D. 40	60,000.	4,065.	
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CHAS. HAWKINS CO., INC. 706 CHURCH STREET, NASHVILLE, TN 37203	OFFICE SPACE LEASE	69,405.
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	661,821.	1,177,654.	1,517,927.	1,566,542.	4,923,944.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	963,784.	1,285,989.	1,577,448.	1,250,445.	5,077,666.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	254.	2,764.	2,238.	16,372.	21,628.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	<154.>	<6,410.>	6,098.	59,537.	59,071.
23 Total of lines 15 through 22	1,625,705.	2,459,997.	3,103,711.	2,892,896.	10,082,309.
24 Line 23 minus line 17	661,921.	1,174,008.	1,526,263.	1,642,451.	5,004,643.
25 Enter 1% of line 23	16,257.	24,600.	31,037.	28,929.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 100,093.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 107,321.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 5,004,643.
d Add: Amounts from column (e) for lines: 18 21,628. 19 107,321.					26d 188,020.
22 59,071. 26b					26e 4,816,623.
e Public support (line 26c minus line 26d total)					26f 96.2431%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2003) (2002) (2001) (2000)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe; If "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2004

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ a ☐ if the organization belongs to an affiliated group. Check ☐ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FOOTNOTES

STATEMENT 1

PROPERTY AND EQUIPMENT CONSISTED OF THE FOLLOWING AT THE END
OF THIS FILING YEAR:

EQUIPMENT	42,652.
FURNITURE AND FIXTURES	8,279.
COMPUTERS	7,032.
	<hr/>
TOTAL	57,963.
LESS: ACCUMULATED DEPRECIATION	<54,762.>
	<hr/>
TOTAL - NET	3,201.
	<hr/>

PROPERTY AND EQUIPMENT ARE REPORTED AT COST AT THE DATE OF
PURCHASE, AT FAIR MARKET VALUE AT THE DATE OF GIFT IF THE
VALUE IS READILY DETERMINABLE, OR OTHER REASONABLE BASIS, AS
DETERMINED BY THE BOARD OF DIRECTORS, IF COST IS UNKNOWN.
DEPRECIATION IS CALCULATED BY THE STRAIGHT-LINE METHOD TO
ALLOCATE THE COST OF THE ASSETS, AS SO DETERMINED, TO
OPERATIONS OVER THEIR ESTIMATED USEFUL LIVES, WHICH RANGE
FROM THREE TO TEN YEARS.

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	2
----------	---------------------------------------	-----------	---

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
FIXED ASSETS	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	47,333.	0.	46,774.	<559.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
DONATED SECURITIES	VARIOUS	VARIOUS	DONATED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	67,162.	0.	0.	0.	67,162.
TO FM 990, PART I, LN 8	67,162.	47,333.	0.	46,774.	66,603.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
SPINOUT CONTRIBUTION FROM TPAC	1,374,634.
TOTAL TO FORM 990, PART I, LINE 20	1,374,634.

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BAD DEBTS	3,600.		3,600.	
FEES--TICKETING/BANK/ OTHER	30,033.	26,708.	3,325.	
SECURITY	5,473.	5,356.	117.	
MANAGEMENT FEE	119,500.	15,000.	65,500.	39,000.
MEALS AND ENTERTAINMENT	2,689.	2,184.	505.	

PROFESSIONAL				
CONSULTING	46,954.		46,954.	
REPAIRS AND				
MAINTENANCE	2,311.		2,311.	
MISCELLANEOUS	1,362.	18.	1,344.	
MARKETING/PUBLIC				
RELATIONS	139,353.	138,861.	492.	
PRODUCTION COSTS	313,805.	186,826.	126,979.	
CLEANING EXPENSE	20,545.	17,290.	3,255.	
CONTRACT LABOR	39,031.	17,608.	21,423.	
EMPLOYEE RELATED				
EXPENSES	121,143.	18,206.	102,937.	
CREDIT CARD FEES	6,594.	4,314.	2,280.	
DUES AND				
SUBSCRIPTIONS	6,051.		6,051.	
INSURANCE	16,806.		16,806.	
ARTIST FEES	215,185.	215,185.		
PENALTY FEES	11,000.		11,000.	
TOTAL TO FM 990, LN 43	1,101,435.	647,556.	414,879.	39,000.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

PERFORMANCE OF PROFESSIONAL THEATRICAL PRODUCTIONS IN ORDER TO CULTIVATE,
EDUCATE, AND ENTERTAIN THE GENERAL PUBLIC.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 6
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	TICKET SALES TO DIFFERENT PRODUCTIONS PUT ON BY TENNESSEE REPERTORY THEATRE.
93B	TICKETING SERVICE CHARGES AND FEES FOR PRODUCTIONS PUT ON BY TENNESSEE REPERTORY THEATRE.
93C	SPONSORSHIPS FOR COMPANY PRODUCTIONS.
93D	OTHER PROGRAM SERVICE INCOME GENERATED TO BENEFIT TENNESSEE REPERTORY THEATRE.

SCHEDULE A	OTHER INCOME			STATEMENT 7
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
OTHER INCOME	<154.>	<6,410.>	6,098.	59,537.
TOTAL TO SCHEDULE A, LINE 22	<154.>	<6,410.>	6,098.	59,537.



**TENNESSEE REPERTORY THEATRE
OPERATING BOARD
2004 - 2005**

Alan R. Yuspeh - Chair
Michael J. Schoenfeld - Chair Elect
Martha R. Ingram - Honorary Chair and Co-founder
Kathryn C. Brown - Vice Chair
Joyce Rothenberg - Vice Chair
Kenneth A. Kanter - Vice Chair
T. Stephen C. Taylor - Secretary
A. Scott Kendrick - Treasurer

<u>Preferred address</u>	<u>Alternate address</u>	<u>Term expires</u>
Karen Bird (Pete) 1321 Otter Creek Road Nashville, TN 37215 Tel: 373-9890 * 370-8571 (home) * 373-7015 (fax) kbird@strategicmarketingservices.com		6/30/2005
Lee F. Blank (Melanie) Wealth Management Sales Manager AmSouth Bank 315 Deaderick Street, 5 th floor Nashville, TN 37237 Tel: 748-6940 * 665-0765 (home) * 748-1445 (fax) Lee.blank@amsouth.com	2211 Hemingway Nashville, TN 37215	6/30/2006
Barbara Bovender (Jack) 520 Belle Meade Boulevard Nashville, TN 37205-3424 Tel: 292-5782 (home) * 292-2783 (fax) barbbovender@comcast.net		6/30/2007
Kathryn C. Brown (David) 4420 Forsythe Place Nashville, TN 37205 Tel: 463-2424 (home) * 279-9869 (fax) dbrown4420@comcast.net		6/30/2005
Dr. Sharon LaGrande Carter School of Dentistry, Meharry Medical College 1007 Dr. D.B. Todd, Jr. Boulevard Nashville, TN 37208-3599 Tel: 321-2935 * 360-9716 (home) * 327-6213 (fax) sharonlck@aol.com	302 Longhunter Court Nashville, TN 37217	6/30/2005

Vincent W. Durnan, Jr. (Tracey) Director University School of Nashville 2000 Edgehill Avenue Nashville, TN 37212 Tel: 327-3877 * 386-0561 (home) * 321-0889 (fax) vdurnan@usn.org	3600 Woodmont Boulevard 6/30/2007 Nashville, TN 37215
Cindi Earl 2106 25th Avenue South Nashville, TN 37212 Tel: 353-1823 * 292-6588 (home) * 353-4092 (fax) cindiearl@msn.com	Cindi Earl 6/30/2006 5101 Harding Road Nashville, TN 37205
Rosalyn Elton 3733 West End Avenue, #201 Nashville, TN 37203 Tel: 344-2234 * 298-3573 (home) * 344-2086 (fax) rosalyn.elton@hcahealthcare.com	Senior VP of Operations & Finance HCA 6/30/2006 1 Park Plaza, Building 1-4 West Nashville, TN 37203
Darrell Freeman (Gloria) Founder/CEO Zycron Computer Services, Inc. 2620 Clarksville Pike Nashville, TN 37208 Tel: 251-9588 * 355-0993 (home) * 251-9577 (fax) dfreeman@zycron.com	394 Clarkston Drive 6/30/2006 Smyrna, TN 37167
Francis S. Guess Executive Vice-President The Danner Company 2 International Drive #510 Nashville, TN 37217 Tel: 367-9092 * 254-6048 (home) * 367-2156 (fax) * 256-4793 (home fax) fsguess@comcast.net	3723 Old Hydes Ferry Road 6/30/2005 Nashville, TN 37218-2526
Martha R. Ingram Ingram Industries, Inc. 4400 Harding Road Nashville, TN 37205 Tel: 298-8204 * 352-3236 (home) * 298-7579 (fax) ingramm@ingramindustries.com	120 Hillwood Drive Nashville, TN 37205
Kenneth A. Kanter (Wendy) Congregation Micah 2001 Old Hickory Boulevard Brentwood, TN 37027-4032 Tel: 377-9799 * 662-5440 (home) * 377-7996 (fax) kkanter@micahnash.org	8469 Indian Hills Boulevard 6/30/2005 Nashville, TN 37221

Owen Kelly (Ann) Northwestern Mutual 1600 Division Street, Suite 400 Nashville, TN 37203 Tel: 742-8746 * 356-2873 (home) * 742-8790 (fax) whitbridge15@aol.com	15 White Bridge Road Nashville, TN 37205	6/30/2007
A. Scott Kendrick (Lynn Lassiter) 3428 Amanda Avenue Nashville, TN 37215 Tel: 269-9200 * 269-9200 (home) * 242-9128 (fax) scott.kendrick@comcast.net		6/30/2006
David Lapp (Arlene) Target, District Office 2311 Jackson Downs Boulevard Nashville, TN 37214-2373 Tel: 889-4734 lappdave@aol.com	9355 Ansley Lane Brentwood, TN 37027	6/30/2005
Lisa Lobalzo 119 Brixworth Lane, #5 Nashville, TN 37205 Tel: 275-3809 * 297-0370 (home) * 275-3810 (fax) Lisa.lobalzo@aa.com	Account Development Manager American Airlines, Nashville Airport 1 Terminal Drive, Suite 2045 Nashville, TN 37214	6/30/2006
Eilene D. Maupin (John) 2 Morningside Nashville, TN 37215 Tel: 377-2307 (home) maupin@comcast.net		6/30/2005
Hilda M. McGregor (Jim) 4433 Warner Place Nashville, TN 37205-4534 Tel: 414-8760 * 279-0405 (home) * 463-8855 (home fax) HMMcGregor1@aol.com		6/30/2006
Craig E. Philip (Marian Ott) 408 West Hillwood Drive Nashville, TN 37205-1310 Tel: 298-8200 * 356-1752 (home) * 298-8223 (fax) Philipc@IngramBarge.com	Ingram Barge Co 4400 Harding Road Nashville, Tn 37205	6/30/2005
Elizabeth Carre Pirtle (Raymond) 309 Westview Avenue Nashville, TN 37205-2905 Tel: 385-2295 (home) ecarre2@aol.com		6/30/2005

Joyce Rothenberg (Mace) 524 Sandpiper Circle Nashville, TN 37221 Tel: 309-0701 * 376-8052 (home) * 309-0702 (fax) rothenberg-group@comcast.net	6/30/2007
Anne L. Russell (Joe) 1218 Chickering Road Nashville, TN 37215-4551 Tel: 259-1450 * 297-9932 (home) * 259-1470 (fax) arussell@stokesbartholomew.com	6/30/2005 Stokes, Bartholomew, Evans & Petree 424 Church Street, Suite 2800 Nashville, TN 37219-2323
Michael J. Schoenfeld (Elizabeth) Vice Chancellor for Public Affairs Vanderbilt University 405 Kirkland Hall Nashville, TN 37240 Tel: 343-1790 * 463-8578 (home) * 322-4642 (fax) michael.schoenfeld@vanderbilt.edu	6/30/2006 3827 Richland Avenue Nashville, TN 37205
Katlann Smith (Thomsen) 4533 Shy's Hill Road Nashville, TN 37215 Tel: 460-0114 * 292-2800 (home) * 269-7424 (fax) katlanns@yahoo.com	6/30/2005 Vice President Bank of America 4011 Hillsboro Road Nashville, TN 37215
Joe Steakley (Brenda) Senior Vice President HCA, The Healthcare Corporation One Park Plaza, II - 2E Nashville, TN 37203-1505 Tel: 344-2936 * 383-9507 (home) * 1-877-213-5593 (fax) joseph.steakley@hcahealthcare.com	6/30/2006 115 Savoy Circle Nashville, TN 37205
Ann Street (Bob) 4374 Chickering Lane Nashville, TN 37215 Tel: 373-9322 (home) * 376-9975 (fax) ann.street@comcast.net	6/30/2007
Deborah M. Tannenbaum (Jerry) Senior Vice President Bank of America 414 Union Street, 7th floor Nashville, TN 37219 Tel: 749-3151 * 279-1890 (home) * 749-3637 (fax) deborah.m.tannenbaum@bankofamerica.com	6/30/2005 118 Savoy Circle Nashville, TN 37205

<p>T. Stephen C. Taylor (Carolyn) Bass, Berry and Sims 2700 AmSouth Center 315 Deaderick Street Nashville, TN 37238-3001 Tel: 742-7758 * 383-2807 (home) * 742-0422 (fax) staylor@bassberry.com</p>	<p>616 Royal Oaks Place Nashville, TN 37215</p>	<p>6/30/2005</p>
<p>Judy Turner (Steve) 140 Second Avenue North Nashville, TN 37201 Tel: 742-8191 (home) * 742-4802 (fax) judy2ndave@aol.com</p>		<p>6/30/2005</p>
<p>Brian A. Ward (Rene) Ward Financial Advisory of Wachovia Securities 10 Cadillac Drive, Suite 3000 Brentwood, TN 37027 Tel: 372-1111 * 221-0054 (home) * 372-1120 (fax) brian.ward@wardfa.com and reneward@comcast.net</p>	<p>Managing Director 7 Valhalla Nashville, TN 37215</p>	<p>6/30/2007</p>
<p>Betsy Wills (Ridley) 1201 Belle Meade Boulevard Nashville, TN 37205-4507 Tel: 620-4477 * 297-9449 (home) betsyw@bellsouth.net</p>		<p>6/30/2006</p>
<p>Alan Yuspeh (Janet) 126 Third Avenue North Franklin, TN 37064 Tel: 344-1005 * 599-1315 (home) * 344-1045 (fax) alan.yuspeh@hcahealthcare.com</p>	<p>Ethics, Compliance & Corporate Responsibility HCA, The Healthcare Corporation One Park Plaza Nashville, TN 37203-1505</p>	<p>6/30/2007</p>

12/27/2004 update

Tennessee Repertory Theatre
EIN: 62-1811578
Statement of Program Services

During the 2004-2005 "Homecoming Season", Tennessee Repertory Theatre professionally produced five fully mounted plays. Inherit the Wind had a total attendance of 8,256 people which included more than 4,000 students. Sylvia had a total attendance of 2,737. Holiday Memories had a total attendance of 9,372 with over 4,400 being students. Noises Off had a total attendance of 4,133 and Piano Lesson had a total attendance of 5,579 which included more than 1,000 students. All productions were critically well-reviewed by the media and audience responses revealed through a survey were overwhelmingly positive about each. Tennessee Repertory Theatre's adult learners programs (LookIns—open rehearsals; From Page to Stage—information about how a play moves from a printed page to the stage; Tennessee Rep Unclassified—pre-show presentations about the set and other behind-the-scenes technical work; and InsideOut of the Lunch Box—lunch hour panel discussions focused on the themes and issues in plays) were all well-received by a total audience of approximately 750 people. No grants were paid to other parties.

Form 990, Page 2, Part III

Expenses: 1,244,305

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization	Employer identification number
	TENNESSEE REPERTORY THEATRE, INC.	62-1811578
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	505 DEADERICK STREET	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NASHVILLE, TN 37243	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **JULIE GILLEN**
Telephone No. ► **615-782-4000** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) . If this is for the **whole group**, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until **FEBRUARY 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2004**, and ending **JUN 30, 2005**.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 12-2004)