Return of 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)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

Α	For t	he 2007 calendar year, or tax year beginning $6/01$, 2007, and ending $5/31$, 2008	3
В	Check		loyer Identification	Number
	Ad	ddress change Please use IRS label NASHVILLE CITY BALLET 58	-1440788	
	Na	or print or type. 3630 REDMON STREET	phone number	
	In	itial return specific NASHVILLE, TN 3/209	15) 297-2	2966
	Te		unting []	Cash X Accrual
	-		Other (specify)	Casii 11 Accidai
		Section 501(c)(3) organizations and 4947(a)(1) nonexempt H and I are not applicable to se		ations
	ш.	charitable trusts must attach a completed Schedule A H (a) Is this a group return to		
		(Form 990 or 990-EZ).	7,4	
G	Web	site: ► WWW . NASHVILLEBALLET . COM H (c) Are all affiliates include	Appendix of the second	Yes No
J	Orga	nization type (If 'No,' attach a list. S		
		:k only one) ► X 501(c) 3 < (insert no.) 4947(a)(1) or 527 H (d) Is this a separate return		
K		where if the organization is not a 509(a)(3) supporting organization and its		Yes X No
	orgai	s receipts are normally not more than \$25,000. A return is not required, but if the nization chooses to file a return, be sure to file a complete return.		
L		M Check ► if the security is secured in the a complete return. M Check ► if the to attach Schedule B (
	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instr		ui 330-i i j.
8.88.	1	Contributions, gifts, grants, and similar amounts received:	uctions.)	
	350	Contributions to donor advised funds		
		Direct public support (not included on line 1a). 1b 1,632,101.		
		Indirect public support (not included on line 1a). 1c 1,787.		
		Government contributions (grants) (not included on line 1a)		
	e	Total (add lines a through 1d) (cash \$ 1,822,614. noncash \$ 8,040.)	1e 1	,830,654.
	2	Program service revenue including government fees and contracts (from Part VII, line 93).		,301,247.
	3	Membership dues and assessments.	3	, 501, 247.
	4	Interest on savings and temporary cash investments.	4	39,032.
	5	Dividends and interest from securities	5	33,032.
	6a	Gross rents		
		Less: rental expenses 6b		
		Net rental income or (loss). Subtract line 6b from line 6a	6c	
R		Other investment income (describe)	7	
E		Gross amount from sales of assets other (A) Securities (B) Other		
REVENUE		than inventory		
Ë	b	Less: cost or other basis and sales expenses		
	С	Gain or (loss) (attach schedule)		
		Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here		
	а	Gross revenue (not including \$ 138,429. of contributions		
	۱.	reported on line 1b)		
		Less: direct expenses other than fundraising expenses		15 407
			9c	-15,407.
				,
		Less: cost of goods sold	10-	
	11		10c	8,678.
	12	Other revenue (from Part VII, line 103)	11 12 3	2,585.
-	13	Program services (from line 44, column (B))		,166,789.
E	14	Management and general (from line 44, column (C))	14	,317,770. 393,514.
EXPERSES	15	Fundraising (from line 44, column (D)).	15	165, 250.
N	16	Payments to affiliates (attach schedule).	16	103,230.
E	17	Total expenses. Add lines 16 and 44, column (A)		,876,534.
1/4	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	290, 255.
N S	19	Net assets or fund balances at beginning of year (from line 73, column (A))		,137,648.
NET	20	Other changes in net assets or fund balances (attach explanation).	20	,157,040.
S	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20		427 903

Statement of Functional Expenses All 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. (See instruct.) Part II (C) Management Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. (B) Program (A) Total (D) Fundraising services and general 22a Grants paid from donor advised funds (attach sch) (cash non-cash If this amount includes foreign grants, check here . . 22 a 22 b Other grants and allocations (att sch) (cash non-cash If this amount includes foreign grants, check here . . 22 b 23 Specific assistance to individuals (attach schedule)...... 23 Benefits paid to or for members 24 (attach schedule)....... 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A 66,946. 318,789 229,528 22,315. 25 a b Compensation of former officers. directors, key employees, etc. listed in Part V-B 0 0 0 0. 25 b c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 25 c 0 0 0 0. 4958(c)(3)(B). Salaries and wages of employees not included on lines 25a, b, and c..... 194,389 64,797. 925,664. 666,478 26 Pension plan contributions not included on lines 25a, b, and c. 27 Employee benefits not included on lines 25a - 27..... 28 28 66,729. 52,049 11,344 3,336. 188,528. 141,396. 35,820. 11,312. 29 Payroll taxes..... 12,000. 12,000. Professional fundraising fees. 30 31 32 32 Legal fees..... 7,775 3,749 2,360. 13,884 33 4,820 1,332 190. 34 Telephone..... 34 6,342 3,030. 920. 1,460 35 5,410. 35 71,371. 54,242 14,988 2,141. 36 Occupancy..... 36 37 Equipment rental and maintenance 37 6,759 12,070 3,259 2,052. 38 11,143 11,143 40 40 Conferences, conventions, and meetings..... 14,564 4,024 575. 19,163 41 3,785. 126,180 95,895 26,500 42 Depreciation, depletion, etc (attach schedule). . . . 42 Other expenses not covered above (itemize): 1,099,261 29,703. 1,030,091 39,467. a SEE STATEMENT 3 43 a 43b 43 c 43 d 43 e 43f 43 g Total functional expenses. Add lines 22a through 43g. (Organizations completing columns

(B) - (D), carry these totals to lines 13 - 15) 44	2,876,334.	2,311,110.	333,314.	103,23
Joint Costs. Check . ► if you are following SOP 98-2.				
Are any joint costs from a combined educational campaign a	and fundraising solicitat			
If 'Yes,' enter (i) the aggregate amount of these joint costs	\$; (ii) the amour	nt allocated to Program s	services
\$; (iii) the amount allocated to Ma	nagement and general	\$; and (iv) the am	ount allocated
to Fundraising \$				

Vot		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
	45	Cash — non-interest-bearing.	848.	45	2,550.
	46	Savings and temporary cash investments		46	1,126,289.
		T W			
	47 a	Accounts receivable			
	b	Less: allowance for doubtful accounts	26,639.	47 c	129,060.
		Pledges receivable			222 222
١	b	Less: allowance for doubtful accounts		48 c	322,519.
	49	Grants receivable	54,693.	49	2,205.
	50 a	a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
^	t	Receivables from other disqualified persons (as defined under section 4958(f)(and persons described in section 4958(c)(3)(B) (attach schedule)	(1))	50 Ь	
ASSETS		Other notes and loans receivable (attach schedule)			
S		Less: allowance for doubtful accounts		51 c	
		Inventories for sale or use		52	16,372.
		Prepaid expenses and deferred charges	The state of the s	53	73,318.
	1000000		MV	54a	
			MV	54b	
	55 8	a Investments – land, buildings, & equipment: basis 55a			
		Less: accumulated depreciation (attach schedule)		55 c	
		Investments - other (attach schedule) SEE .STMT		56	71,030.
	57 8	a Land, buildings, and equipment: basis	98.		
	1	b Less: accumulated depreciation (attach schedule)	1,767,809.	57 c	1,781,419.
	58	3			
		(describe ► SEE STATEMENT 7	_). 81,186.	58	93,099.
	59	Total assets (must equal line 74). Add lines 45 through 58		59	3,617,861.
	60	Accounts payable and accrued expenses		60	64,147.
	61	Grants payable	5517236 060270	61	105 011
Ļ	62	Deferred revenue.	160,031.	62	125,811.
B	63	Loans from officers, directors, trustees, and key		63	
Ļ		employees (attach schedule)	4444	64a	
+ E	100	b Mortgages and other notes payable (attach schedule).	40.14	64b	
Ė	65		04	65	
•	66			66	189,958.
	_	panizations that follow SFAS 117, check here ► X and complete lines 67			
N E	0.9	through 69 and lines 73 and 74.			
	67	Unrestricted	1,987,362.	67	2,121,971.
ANNETS	68	Temporarily restricted		68	1,234,902.
Ē	69			69	71,030.
	100000	ganizations that do not follow SFAS 117, check here > and complete line			
P	"	70 through 74.			
UZCH	70		***	70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Ä	72	Retained earnings, endowment, accumulated income, or other funds	\$10000	72	
BALAZCES	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through	1		
E	′	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		73	3,427,903.
3	74	그는 전통 전에 없는 물 없는 것 같은 것이 하게 하지 않는 것이 하게 하지 않는 것이 없는 것이 없는 것이 하게 되었다. 그 이 이 없는 것이 하지 않는 것 같은 것이 없는 것이었다면 없는 것이었다면 없어요.		74	3,617,861.

Form 990 (2007) NASHVILLE CITY BALLET			58-14407	88	P	age 6
Part V-A Current Officers, Directors, Tru					Yes	No
75a Enter the total number of officers, directors, and trustees pe						
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest compen A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relati	isated professional and	other independent contellationships? If 'Yes,' at	ractors listed in Schedule tach a statement that	es 75b	Х	
c Do any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest compen A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	ployees listed in form 9 sated professional and any other organization	90, Part V-A, or highest tother independent cont as, whether tax exempt	compensated employees ractors listed in Schedule or taxable, that are related	d		х
If 'Yes,' attach a statement that includes the in		A STATE OF THE PROPERTY OF THE		. ► 75 c		Λ
d Does the organization have a written conflict of				75 d	************	Х
Part V-B Former Officers, Directors, Tru	stees, and Key Er	nployees That Rec	eived Compensation	n or Otl	her	
during the year, list that person below a the instructions.)	and enter the amount of	f compensation or other	benefits in the appropriat	e column	. See	
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	account	xpense and ot vances	ther
NONE						
Part VI Other Information (See the inst	tructions.)				Yes	No
76 Did the organization make a change in its activity if 'Yes,' attach a detailed statement of each ch	vities or methods of cor	nducting activities?		76		х
77 Were any changes made in the organizing or g	governing documents b	ut not reported to the IR	S?	77		X
If 'Yes,' attach a conformed copy of the chang						
78a Did the organization have unrelated business of					_	X
b If 'Yes,' has it filed a tax return on Form 990-T	for this year?			78b	N/	Α
79 Was there a liquidation, dissolution, terminatio year? If 'Yes,' attach a statement				79		Х
80a Is the organization related (other than by asso membership, governing bodies, trustees, office				80 a		х
b If 'Yes,' enter the name of the organization						
		heck whether it is 🔲 e		_ 6000000		
81 a Enter direct and indirect political expenditures.	[1] [[[[[[[[[[[[[[[[[[[[0.		ļ.,, ļ
b Did the organization file Form 1120-POL for thi	s year?	**************		81 b	_	X
BAA				Forn	n 990	(2007)

Form 990 (2007) NASHVILLE CITY BALLET	58-144078	8	F	Page 7
Part VI Other Information (continued)			Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?	es at no charge or at	82a	Х	
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 46,613.			
83a Did the organization comply with the public inspection requirements for returns and exempti		83a	Х	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contri		83b	Х	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		84a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such on not tax deductible?	contributions or gifts were	84b	N	/A
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		85a		/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85b		/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless waiver for proxy tax owed for the prior year.		001		
c Dues, assessments, and similar amounts from members.	. 85c N/A			
d Section 162(e) lobbying and political expenditures		200000000000		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.		000000000000000000000000000000000000000		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		0.0000000000000000000000000000000000000		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 a	N	ľΑ
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reas dues allocable to nondeductible lobbying and political expenditures for the following tax year?	sonable estimate of	85h		/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on				
line 12	. 86a N/A			
b Gross receipts, included on line 12, for public use of club facilities	. 86b N/A			
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	. 87a N/A			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	. 87ь N/A			
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable or an entity disregarded as separate from the organization under Regulations sections 301. If 'Yes,' complete Part IX	7701-2 and 301.7701-3?	88 a		х
b At any time during the year, did the organization, directly or indirectly, own a controlled ent section 512(b)(13)? If 'Yes,' complete Part XI	ity within the meaning of			Х
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year				
section 4911 ► 0. ; section 4912 ► 0. ; section				
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 exceeduring the year or did it become aware of an excess benefit transaction from a prior year? explaining each transaction	If 'Yes,' attach a statement	89 b		х
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.			
e All organizations. At any time during the tax year, was the organization a party to a prohibit	ted tax shelter transaction?	89 e		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable	insurance contract?	89 f		X
g For supporting organizations and sponsoring organizations maintaining donor advised fund- organization, or a fund maintained by a sponsoring organization, have excess business hole	s. Did the supporting dings at any time during			
the year?		89 g		X
90a List the states with which a copy of this return is filed ►		;	,	
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		90 b		69
91a The books are in care of ► THE NASHVILLE BALLET Located at ► 3630 REDMON STREET NASHVILLE TN Telephone	number ► (615) 297- ZIP + 4 ► <u>3720</u>	2966 9		
b At any time during the calendar year, did the organization have an interest in or a signature	or other authority over a	70=0701	Yes	_
financial account in a foreign country (such as a bank account, securities account, or other If 'Yes,' enter the name of the foreign country	financial account)?	91 Ь		Х
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Accounts.	f Foreign Bank and			

Form 990 (2007)

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10 TO THE R. P. LEWIS CO., LANSING, MICH.	ny time during the calendar year, did		ion ma	intain an office	outside of the Uni	ted States?	91 c X
	es,' enter the name of the foreign cou ion 4947(a)(1) nonexempt charitable			O in liqu of For	m 1041 - Chack he		N/A
and a	enter the amount of tax-exempt inter	est received o	r accri	ed during the	av vear	► 92 l	N/A
Part VII	Analysis of Income Producing	Activities (See ti	he instruction	ns.)		
	.,			ess income		ction 512, 513, or 514	
Note: Ente	er gross amounts unless indicated.	(A) Business code		(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
a <u>CC</u> b <u>SC</u> c <u>TC</u> d <u>TC</u>	ogram service revenue: DSTUMES/PROPS REVENU CHOOL AND WORKSHOPS ICKET SALES DUR FEES						10,795. 12,851. 712,000. 24,660.
f Me	JITION dicare/Medicaid paymentss s & contracts from government agencies						540,941.
94 Me 95 Inte	embership dues and assessments erest on savings & temporary cash invmnts vidends & interest from securities				14	39,032.	
a de b no 98 Net	rental income or (loss) from real estate: bt-financed property t debt-financed property rental income or (loss) from pers prop her investment income.						
oth	nin or (loss) from sales of assets ner than inventory income or (loss) from special events				1	-15,407.	
	oss profit or (loss) from sales of inventory				3	8,678.	
	her revenue: a						
	ISCELLANEOUS				1	2,585.	
c							
d							
e							
105 To	ototal (add columns (B), (D), and (E))	AND DESCRIPTION OF THE PROPERTY OF				34,888.	1,301,247 1,336,135
	Relationship of Activities t				xempt Purpos	es (See the instru	ctions.)
Line No. ▼	Explain how each activity for which of the organization's exempt purpo	ses (other tha	an by p	providing funds	for such purposes).	accomplishment
ALL	ALL REVENUE IS GENERA	TED TO CO	OVER	COSTS INC	URRED BY PR	ODUCTIONS.	
MEDICAL STATE	Information Regarding Tax	oble Sube	idiari	os and Disw	agarded Entitie	or /Soo the instru	ctions)
Partix			lulari		220		77/2/5
Name	(A) , address, and EIN of corporation, rtnership, or disregarded entity	Percentage ownership in			f activities	(D) Total income	(E) End-of-year assets
N/A	,		8			ATTENTION OF IT	
			왕				
			ે				
0000***100000**00***	×1.7	1, .	8	4	15 %	0 1 1 10 11	
a Did t	Information Regarding Tra he organization, during the year, receive any fur the organization, during the year, pa	nds, directly or in	directly,	to pay premiums o	n a personal benefit cor	ntract?	Yes X No
	If 'Yes' to (b), file Form 8870 and For						
BAA	- X0XX					TEEA0108L 12/27/	07 Form 990 (2007

Part VI Other Information (continued)

58-1440788

Page 8 Yes No

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Form 990 (2007)

ation Regarding Transfers To and From Controlled Entities. Complete only if the ization is a controlling organization as defined in section 512(b)(13).

	aporting organization make any transfers to amplete the schedule below for each control	a controlled entity as defined in	n section 512(b)(13) of the C	Code? If	S No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of tra	ansfe
		-			
/					
	Totals			10 10 10 10 10 10 10 10 10 10 10 10 10 1	
07 Did 'Ye	I the reporting organization receive any transfers s,' complete the schedule below for each controll	from a controlled entity as defined entity	ed in section 512(b)(13) of t	he Code? If	X No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of tra	
			•		
	Totals				
8 Did ann	the organization have a binding written contract i uities described in question 107 above?	n effect on August 17, 2006, cov	vering the interest, rents, roy	Yes valties, and	x
ease gn re	Under penalties of perjury, I declare that I have examined this returne, correct, and complete. Declaration of preparer (other than of signature of officer Type or print name and title.	urn, including accompanying schedules and fficer) is based on all information of which p	d statements, and to the best of my knowledge.	owledge and belief, it	is
rer's	Preparer's signature Bol Weather Firm's name (or yours if self-	D, PLLC	employed ► X N	reparer's SSN or PTIN eneral Instruction X)	(See
nly	yours in self- employed), address, and ZIP + 4 NASHVILLE, TN 37203	STE. 550	EIN ► N/A Phone no. ► (61	5) 383-6592	

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

2007

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

58-1440788 NASHVILLE CITY BALLET Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions. List each one. If there are none, enter 'None.') (d) Contributions to employee benefit (a) Name and address of each (b) Title and average (c) Compensation (e) Expense hours per week devoted to position account and other employee paid more than \$50,000 plans and deferred allowances compensation NONE Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II - A (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (c) Compensation (b) Type of service (a) Name and address of each independent contractor paid more than \$50,000 NONE Total number of others receiving over \$50,000 for professional services. Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.) (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service NONE Total number of other contractors receiving over \$50,000 for other services.....

Schedule A (Form 990 or 990-EZ) 2007 NASHVILLE CITY BALLET	58-1440788	i i	Page 2
Part III Statements About Activities (See instructions.)		Yes	No
During the year, has the organization attempted to influence national, state, or local legislation, including ar to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid	St 19		
or incurred in connection with the lobbying activities ▶ \$ N/A	_		
(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)			X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Oth organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description lobbying activities.	er of the		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.	or with any or principal		
a Sale, exchange, or leasing of property?	2	4	Х
b Lending of money or other extension of credit?		0	х
c Furnishing of goods, services, or facilities?			X
SEE FORM 990, PART	ACC		
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2	ı X	+
e Transfer of any part of its income or assets?	2	е	х
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	STMT-12 3	a X	
b Did the organization have a section 403(b) annuity plan for its employees?		b	Х
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3	c	х
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services	s? 3	d	Х
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete and 4g.	olete lines	a	x
b Did the organization make any taxable distributions under section 4966?	4	b N	I/A
Did the organization make any taxable distributions and or section issue.		+	1
Did the organization make a distribution to a donor, donor advisor, or related person?	4	c N	I/A
d Enter the total number of donor advised funds owned at the end of the tax year	►		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			N/A
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor adfunds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts.	f		(
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax ye	ear ►	,	0
	(Form 990 or Form		

(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
		Yes	No	
l				
				,
				0
	(b) Employer identification number (EIN)	(b) Employer identification number (EIN) (c) Type of organization (described in lines 5 through 12 above or IRC section)		number (EIN) organization (described in lines 5 through 12 above or IRC section) organization listed in the supporting organization's governing documents?

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

BAA

Schedule A (Form 990 or 990-EZ) 2007

69,478. 12, 101, 112. 7,504,266. 150,085. 759,725. 7,504,266. 860,695. 6,643,571. 88.53 % 27 e f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) > 27f g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). 27 g h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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. TEEA0403L 12/27/07 Schedule A (Form 990 or 990-EZ) 2007 Private School Questionnaire (See instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Yes No 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 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 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.) Does the organization maintain the following: 32a a Records indicating the racial composition of the student body, faculty, and administrative staff?..... b Records documenting that scholarships and other financial assistance are awarded on a racially 32b nondiscriminatory basis?.... c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?.... 32 c 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? 33 a 33b b Admissions policies? c Employment of faculty or administrative staff?..... 33 c d Scholarships or other financial assistance? 33 d 33 e 33f 33 g g Athletic programs? 33h h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency?..... 34 a 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. 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

uring the year, did the organization attempt to influence national, state or local legislation, including any tempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h.)			
If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activitie	s.		

 (c) Description of relationship

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FEDERAL STATEMENTS

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STATEMENT 1	
FORM 990, PART I, LINE 9	
NET INCOME (LOSS) FROM SPECIAL EVENTS	3

SPECIAL EVENTS		GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
BALLET BALL NEW NUTCRACKER	TOTAL	241,329. 5,000. \$ 246,329.	138,429. 0. \$ 138,429.	102,900. 5,000. \$ 107,900.	123,307. 0. \$ 123,307.	-20,407. 5,000. \$ -15,407.

STATEMENT 2 FORM 990, PART I, LINE 10 GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

FRIENDS BOUTIQUE	\$ 48,211.
GROSS SALES LESS RETURNS & ALLOWANCES	\$ 48,211.
NET SALES LESS COST OF GOODS SOLD	\$ 48,211. 39,533.
GROSS PROFIT FROM SALES OF INVENTORY	\$ 8,678.

STATEMENT 3 FORM 990, PART II, LINE 43 OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
CHOREOGRAPHY & ARTISTIC FEES DEVELOPMENT	91,836. 33,748.	91,836.		33,748.
DUES & SUBSCRIPTIONS	3,034.	2,306.	637.	91.
EMPLOYEE ACQUISITION	1,012.	769.	213.	30.
INSURANCE	29,224.	22,210.	6,137.	877.
INSURANCE	5,525.	4,199.	1,160.	166.
LICENSES AND PERMITS	541.	411.	114.	16.
MARKETING	282,313.	282,313.		1000 0000
MISCELLANEOUS	21,250.	16,150.	4,462.	638.
OUTREACH	18,258.	18,258.	W.5. 1011550en1en1	0.49004-04-620
PRODUCTION EXPENSE	94,521.	94,521.		,
PROFESSIONAL FEES	11,566.	8,791.	2,428.	347.
REPAIRS & MAINTENANCE	38,707.	27,174.	8,801.	2,732.
SCHOOL EXPENSE	89,817.	89,817.	.,	-,
SCHOOL STUDIO	1,661.	1,262.	349.	50.
SYMPHONY FEES	156,045.	156,045.	V	
THEATER RENTAL & CREW EXPENSE	194,479.	194,479.		
UTILITIES	25,724.	19,550.	5,402.	772.
		\$ 1,030,091.	\$ 29,703.	\$ 39,467.
TOTAL	\$ 1,099,201.	\$ 1,030,031.	\$ 29,103.	9 33,401.

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STATEMENT 4 FORM 990 , PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE PURPOSE OF THE ORGANIZATION IS TO MAINTAIN A RESIDENT PROFESSIONAL BALLET COMPANY WITH AN AFFILIATED SCHOOL MANDATED TO EDUCATE AND ENTERTAIN.

STATEMENT 5
FORM 990, PART IV, LINE 56
INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	VALUATION METHOD	N	 VALUE
COMMUNITY FDN BENEFICIAL INTEREST	MARKET VALUE	TOTAL	\$ 71,030. 71,030.

STATEMENT 6 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY		 BASIS	_	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION FURNITURE AND FIXTURES MACHINERY AND EQUIPMENT BUILDINGS	EQUIPMENT TOTAL	\$ 39,083. 83,164. 999,362. 1,997,789. 3,119,398.	\$	27,079. 75,451. 764,576. 470,873. 1,337,979.	\$ 12,004. 7,713. 234,786. 1,526,916. 1,781,419.

STATEMENT 7 FORM 990, PART IV, LINE 58 OTHER ASSETS

CASH SURRENDER VALUE OF LIFE INSURANCE CONSORTIUM PRODUCTION	83,167. 5,597.
DEPOSITS TOTAL	\$ 93,099.

STATEMENT 8 FORM 990, PART IV-A, LINE B(4) OTHER AMOUNTS

COST OF GOODS SOLD. SPECIAL EVENT EXPENSES	39,533. 123,307.
TOTAL	162,840.

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STATEMENT 9	
FORM 990, PART IV-B, LINE B(4	4)
OTHER AMOUNTS	•

COST OF GOODS SOLD.	\$ 39,533.
SPECIAL EVENT EXPENSES	123,307.
TOTAL	\$ 162,840.

STATEMENT 10 FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ANDREA DILLENBURG	EXECUTIVE DIR. \$	89,610.	\$ 2,837.	\$ 0.
NASHVILLE, TN	40.00			
PAUL VASTERLING	ARTISTIC DIR.	95,000.	2,837.	1,000.
NASHVILLE, TN	40.00			
AMY LEE BELL	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	0.25			
AMY JOYNER	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	0.25			
CLAIRE TUCKER	BOARD MEMBER	0.	0.	0.
BRENTWOOD, TN	0.25			
ARLYN CHERNEY	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	0.25			
STEVE CATES	BOARD MEMBER	0.	0.	0.
BRENTWOOD, TN	0.25			
JEWEL DEDMON	BOARD MEMBER	0.	0.	′ 0.
NASHVILLE, TN	0.25			
ANITA BALTIMORE	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	0.25			
MELISSA BUFFINGTON	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	0.25			

NASHVILLE CITY BALLET

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STATEMENT 10 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JIM DEDMON	BOARD MEMBER 0.25	\$ 0.	\$ 0.	\$ 0.
NASHVILLE, TN	0.23			
NANCY CHEADLE	BOARD MEMBER 0.25	0.	0.	0.
NASHVILLE, TN	0.23			
PATRICIA EASTWOOD	BOARD MEMBER 0.25	0.	0.	0.
NASHVILLE, TN	0.23			
BRENDA CORBIN	BOARD MEMBER 0.25	0.	0.	0.
BRENTWOOD, TN	0.25			
JEFF HERRING	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	0.25			
ROSE COX	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	0.25			
LAURIE ESKIND	PRESIDENT 0.25	0.	0.	0.
NASHVILLE, TN	0.25			
JANE FABIAN	BOARD MEMBER 0.25	0.	0.	0.
NASHVILLE, TN	0.25			
ALLISON JONES	BOARD MEMBER 0.25	0.	0.	0.
NASHVILLE, TN	0.25			
JEFF WAMBLE	BOARD MEMBER 0.25	0.	0.	0.
NASHVILLE, TN	0.25			,
NATALIE MATTHEWS	DIR. OF DEV.	12,454.	710.	0.
NASHVILLE, TN	40.00			
JAMES MCGREGOR	TREASURER	0.	0.	0.
NASHVILLE, TN	0			

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STATEMENT 10 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOT		COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BILL HARALSON	BOARD MEMI	BER \$	0.	\$ 0.	\$ 0.
NASHVILLE, TN	9,7	.23			
AMOS GOTT	BOARD MEMI	BER 25	0.	0.	0.
NASHVILLE, TN	U	. 23			
TAYLOR HENRY	BOARD MEMI		0.	0.	0.
BRENTWOOD, TN	0	. 25			
SINCLAIR KELLY	BOARD MEMI		0.	0.	0.
NASHVILLE, TN	U	. 25			
ROBIN KEYSER	BOARD MEMI		0.	0.	0.
NASHVILLE, TN	0	. 25			
IRWIN KUHN	BOARD MEM		0.	0.	0.
NASHVILLE, TN	0	. 25			
EUGENE LOTOCHINSKI	BOARD MEM		0.	0.	0.
NASHVILLE, TN	0	. 25			
TAMI JOHNSTON	BOARD MEM		0.	0.	0.
NASHVILLE, TN	0	. 25			
JENNIFER PURYEAR	BOARD MEM		0.	0.	0.
NASHVILLE, TN	U	. 25			
LINDA REEVE	BOARD MEM		0.	0.	0.
NASHVILLE, TN	Ü	. 25			,
RONNIE SCOTT	BOARD MEM		0.	0.	0.
KINGSTON SPRINGS, TN	0	. 25			
DAN SLIPKOVICH	VICE PRESID		0.	0.	0.
NASHVILLE, TN	0	. 25			

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STATEMENT 10 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER	
LUCY SMITH	BOARD MEMBER	\$ 0.	\$ 0.	\$ 0.	
NASHVILLE, TN	0.25				
LEAH SOHR	BOARD MEMBER	0.	0.	0.	
NASHVILLE, TN	0.25				
HEATHER THORNE	BOARD MEMBER	0.	0.	0.	
NASHVILLE, TN	0.25				
MISSY WILLIAMS	SECRETARY	0.	0.	0.	
NASHVILLE, TN	0.25				
PAT TODD	BOARD MEMBER	0.	0.	0.	
NASHVILLE, TN	0.25				
JOYCE VISE	BOARD MEMBER	0.	0.	0.	
NASHVILLE, TN	0.25				
CATHY MCLURE	BOARD MEMBER	0.	0.	0.	
NASHVILLE, TN	0.25				
PATSY WEIGEL	BOARD MEMBER	0.	0.	0.	
NASHVILLE, TN	0.25				
DONNA DELSENI	SCHOOL DIR.	42,500.	2,837.	0.	
NASHVILLE, TN	40.00				
KELLEY JOHNSON	DIR. OF DEV.	29,225.	2,129.	0.	
NASHVILLE, TN	40.00			,	
RANDALL VOIT	DIR. OF MKTG.	50,000.	2,837.	0.	
NASHVILLE, TN	40.00				
LISE MORROW	BOARD MEMBER	0.	0.	0.	
NASHVILLE, TN	0.25				
	TOTAL	\$ 318,789.	\$ 14,187.	\$ 1,000.	

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STATEMENT 11
FORM 990, PART V-A, LINE 75B
COMPENSATION PAID TO RELATED INDIVIDUALS

NAME AND RELATIONSHIP

JEWEL DEDMON
MARRIED TO JIM DEDMON

JIM DEDMON
MARRIED TO JEWEL DEDMON

STATEMENT 12 SCHEDULE A, PART III, LINE 3A QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS

FOR THE 2007-2008 SEASON, THE SCHOOL OF NASHVILLE BALLET GRANTED A TOTAL OF \$4,643 IN MERIT-BASED SCHOLARSHIPS. THESE SCHOLARSHIPS ARE PROVIDED TO STUDENTS WHO DEMONSTRATE EXCEPTIONAL TALENT FOR AND DEDICATION TO PURSUING A BALLET CAREER. THERE WERE NO FINANCIAL AIDE BASED SCHOLARSHIPS GIVEN FOR THE 2007-2008 SCHOOL YEAR.

STATEMENT 13 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

DESCRIPTION		(A)	2006	(B) 2005	_(C)	2004	_(D) 2003	_(I	E) TOTAL
MISCELLANEOUS		\$	20.	\$ 20,880.	\$	728.	\$	47,850.	\$	69,478.
	TOTAL	\$	20.	\$ 20,880.	\$	728.	\$	47,850.	\$	69,478.

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990, PART II, LINE 42

PROPERTY & EQUIPMENT ARE RECORDED AT COST. DONATED ASSETS ARE CAPITALIZED AT FAIR MARKET VALUE IN THE PERIOD RECEIVED. THE BALLET CAPITALIZES ALL PROPERTY AND EQUIPMENT OVER \$500. DEPRECIATION OF PROPERTY AND EQUIPMENT IS PROVIDED OVER THE ESTIMATED USEFUL LIVES OF THE RESPECTIVE ASSETS ON A STRAIGHT-LINE BASIS RANGING FROM 5-40 YEARS.

	7) NASHVILLE CITY BALLET			40788	Page
Part XI	nformation Regarding Transfers To a organization is a controlling organizat	and From Controlled Enti ion as defined in section 5	ties. Complete only i 512(b)(13).	if the	
	<u> </u>			Y	es No
06 Did the	e reporting organization make any transfers to complete the schedule below for each controlled	a controlled entity as defined in sed entity	section 512(b)(13) of the C	ode? If	X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of t	ransfer
a					
====		-			
- 4	Totals				
07 Did the	e reporting organization receive any transfers f complete the schedule below for each controlle	rom a controlled entity as defined	d in section 512(b)(13) of t	he Code? If	es No
	Name address of sort	(B) Employer Identification	(C)		Λ
	Name, address, of each controlled entity	Employer Identification Number	(C) Description of transfer	(D) Amount of t	
a	controlled entity	Employer Identification Number	Description of transfer	(D) Amount of t	
	controlled entity	Employer Identification Number	Description of transfer	(D) Amount of t	
ь	controlled entity	Employer Identification Number	Description of transfer	(D) Amount of t	
ь	Totals	Employer Identification Number	Description of transfer	Amount of t	
a b c	controlled entity	Employer Identification Number	Description of transfer		

JA.	Under penalties of perjury, I declare that I have examined this return, including accompartrue, correct, and complete. Declaration of preparer (other than officer) is based on all interests.	nying schedules and st formation of which pre	atements, and to the best of my knowledge and be parer has any knowledge.	elief, it is
Please	>		1	
Sign Here	Signature of officer Type or print name and title.		Date	
Paid Pre-	Preparer's signature	Date	Check if self- employed	PTIN (See
parer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 NASHVILLE, TN 37203		EIN N/A Phone no. (615) 383-6	592

BAA

Form 990 (2007)