Form **990**

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

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

Α	For t	he 2004 calend	dar year, c	r tax year beginning 6	/01 , 2004 ,	and endi	ng 5/3	1		, 2005		
В	Check	if applicable:						D Emp	loyer Ide	entification Number		
	Ad	ddress change	Please use IRS label	NASHVILLE CITY B				58	-144	10788		
	Na	ame change	or print or type.	3630 REDMON STRE				E Telep	ohone n	umber		
	In	itial return	See specific	NASHVILLE, TN 37	209			61	615-297-2966			
	\vdash	nal return	instruc- tions.					F Acco	counting Cash X Accrual			
	Ar	mended return								specify) ►		
		oplication pending	Section	on 501(c)(3) organizations a	and 4947(a)(1) nonexempt	H ar	nd I are not appli			27 organizations.		
	ш.		charit	able trusts must attach a c	ompleted Schedule A					es? Yes X No		
_			•	990 or 990-EZ).		,	b) If 'Yes,' enter					
G	Web	site: ► WWW.	NASHVI	LLEBALLET.COM		,	C) Are all affilia					
J	Orga	nization type	_	V			(If 'No,' attac	ch a list. S	ee instru	uctions.)		
		ck only one)				527 H (d) Is this a sepa	arate returi	n filed b	v an		
K				ization's gross receipts are	normally not more than IRS; but if the organization		organization					
		ved a Form 99	emption	Numb								
	<u> </u>									zation is not required		
L	Gross	s receipts: Add	l lines 6b.	8b, 9b, and 10b to line 12	► 2.534.198.					90, 990-EZ, or 990-PF).		
Pa					Net Assets or Fund B	Balance	S (See Instr	uctions)				
- 0.	1		· · · · · · · · · · · · · · · · · · ·	nts, and similar amounts re			(000	401.01.07				
						1a	1,145	843				
								, 993.				
	c	Government	contributio	ns (grants)		1c		, 451.				
	ď	Total (add lines	och S	1 - 331 - 287 . noncas	sh \$)			1 d	1,331,287.		
	2				es and contracts (from Part '				2	1,068,627.		
	3	-					•		3	1,000,027.		
	4	•			ts				4	4,917.		
	5		-	•					5	1/31/1		
	6a											
	h											
					ne 6a)				6c			
_	7			ne (describe	-				7			
R E V E N U E					(A) Securities		(B) Othe		,			
E	8a			es of assets other	· ' '	8a	(-)	<u>- </u>				
Ū.	h		-	s and sales expenses		8b						
Ŀ				e)		8c						
		, , ,			nd (B))				8d			
					any amount is from gaming ,							
					,579. of contributions		0.0					
	_					9a	101	,001.				
	b		,		nses	9b		,347.				
			•	- ·	line 9b from line 9a)		. S.TATEMI		9с	-13,346.		
					ces			,638.				
						10b		,217.				
					subtract line 10b from line 10a)				10c	6,421.		
	11				· · · · · · · · · · · · · · · · · · ·				11	728.		
	12				c, 10c, and 11)				12	2,398,634.		
	13								13	1,927,990.		
E X	14	•	•))				14	276,659.		
EXPENSES	15								15	159,711.		
N S	16	٠.							16	,:		
E S	17								17	2,364,360.		
	10				m line 12)				18	34,274.		
A N S E T T	19				from line 73, column (A))				19	2,124,705.		
EE	20				ch explanation)				20	_,,		
S	21				ne lines 18, 19, and 20)				21	2,158,979.		

Part II 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.

D	o 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 (att sch)					
	(cash \$					
00	non-cash \$)	22				
23	Specific assistance to individuals (att sch)	23				
24 25	Benefits paid to or for members (att sch) Compensation of officers, directors, etc	24 25	192,175.	137,916.	37,288.	16,971.
25 26	Other salaries and wages	26	808,683.	580,360.	156,910.	71,413.
27	Pension plan contributions	27	000,003.	300,300.	130,310.	71,413.
- <i>,</i> 28	Other employee benefits	28	58,734.	45,028.	9,288.	4,418.
29	Payroll taxes	29	139,552.	104,650.	24,510.	10,392.
30	Professional fundraising fees	30	133,332.	104,030.	24,010.	10,332.
31	Accounting fees.	31				
32	Legal fees	32				
33	Supplies	33	10,322.		6,399.	3,923.
33 34	Telephone	34	5,506.	4,460.	661.	3,325.
		35	4,835.	4,400.	2,998.	1,837.
35 36	Postage and shipping Occupancy	36	24,684.	19,994.	2,962.	1,728.
37	Equipment rental and maintenance	37	38,436.	22,405.	10,000.	6,031.
38	Printing and publications	38	30,430.	22,403.	10,000.	0,031.
	Travel	39	11,751.	9,519.	1,410.	822.
39 40		 	11,731.	9,319.	1,410.	022.
40 41	Conferences, conventions, and meetings	40	24 540	10 005	2,946.	1 710
41	Interest	41	24,549.	19,885.		1,718.
42	Depreciation, depletion, etc (attach schedule)	42	110,958.	90,515.	12,911.	7,532.
	Other expenses not covered above (itemize):	40	024 175	002 250	0 276	20 541
_	SEE STATEMENT 3	43 a	934,175.	893,258.	8,376.	32,541.
b		43 b				
С.		43 c				
d		43 d				
_ e	Table for the second se	43 e				
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	2,364,360.	1,927,990.	276,659.	159,711.
	Costs. Check. ► if you are following			, - ,		
	ny joint costs from a combined educationa			icitation reported in (B) P	rogram services?	. ► Yes X No
	s,' enter (i) the aggregate amount of these				mount allocated to Prog	
\$			to Management and gen		; and (iv) th	
Fu	ndraising \$					
art	III Statement of Program Serv	rice A	ccomplishments			
Vhat	is the organization's primary exempt purpo	ose? ►	SEE STATEME	NT 4		Program Service Expenses
ll or	ganizations must describe their exempt pu	rpose a	achievements in a clear a	and concise manner. Sta	te the number of	(Required for 501(c)(3) and (4) organizations and
nent zatio	ganizations must describe their exempt pu s served, publications issued, etc. Discuss ns and 4947(a)(1) nonexempt charitable tr	acniev usts m	ust also enter the amour	nt of grants & allocations	to others.)	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
	PROMOTE THE PURPOSE OF TH					· · · · · · · · · · · · · · · · · · ·
	ALSO COLLABORATING WITH O	THER	ARTS ORGANIZAT	IONS WITH THE	GOAL OF	1
	PROMOTING GENERAL INTERES	- $ -$				•
				I allocations \$		1,927,990.
b			(22			, , ,
						1
						•
			(Grante and	allocations \$		•
_			(Grants and	allocations \$		-
С						1
			/O	Lallocations &		1
			(Grants and	l allocations \$)	
d						•
			,	l allocations \$)	
	Other program services		· · · · · · · · · · · · · · · · · · ·	l allocations \$)	
f	Total of Program Service Expenses (sho	ıld ear	al line 44 column (B) P	rogram services)	▶	1,927,990.

Part IV Balance Sheets (See Instructions)

Note	: V	Where required, attached schedules and amounts within column should be for end-of-year amounts only.	the de	escription	(A) Beginning of year		(B) End of year
	4	5 Cash — non-interest-bearing			476,116.	45	33,757.
	4	6 Savings and temporary cash investments			·	46	393,872.
	4	7a Accounts receivable	47 a	15,851.			
		b Less: allowance for doubtful accounts	47 b		47,372.	47 c	15,851.
	4	8a Pledges receivable	48 a	329,301.			
		b Less: allowance for doubtful accounts	48 b	11,363.	630,547.	48 c	317,938.
	49	9 Grants receivable				49	58,291.
A S S E T S	5	employees (attach schedule)	_.			50	
Ē	5	1 a Other notes & loans receivable (attach sch).					
s		b Less: allowance for doubtful accounts	51 b			51 c	
		2 Inventories for sale or use			12,105.	52	10,626.
		3 Prepaid expenses and deferred charges			13,768.	53	25,446.
		4 Investments – securities (attach schedule)	1	► Cost FMV		54	
	5	5a Investments – land, buildings, & equipment: basis.	55 a				
		b Less: accumulated depreciation (attach schedule)	55 b			55 c	
	5	6 Investments – other (attach schedule)	:		61,179.	56	62,943.
	5	7a Land, buildings, and equipment: basis	57 a	2,753,849.			
		b Less: accumulated depreciation (attach schedule)	57 b	1,006,776.	1,822,330.	57 c	1,747,073.
	5	8 Other assets (describe ► SEE STATEMENT 7)	18,196.	58	37,880.
	5	9 Total assets (add lines 45 through 58) (must equal li	ne 74)		3,081,613.	59	2,703,677.
	6	• Accounts payable and accrued expenses			145,257.	60	42,191.
Ļ	6	1 Grants payable				61	
À	6	2 Deferred revenue			182,651.	62	109,471.
L I A B I L I T I E S		3 Loans from officers, directors, trustees, and key employees (attach		· -		63	
Ī	6	4a Tax-exempt bond liabilities (attach schedule)				64a	
E		b Mortgages and other notes payable (attach schedule)	_		629,000.	64b	333,000.
S		5 Other liabilities (describe ►. SEE STATEMENT)	056 000	65	60,036.
		6 Total liabilities (add lines 60 through 65)			956,908.	66	544,698.
N	Orga		nd com	nplete lines 67			
N E T	۲.	through 69 and lines 73 and 74.			1 422 070	CZ	1 776 172
A S	_	7 Unrestricted			1,432,979. 630,547.		1,776,173. 319,863.
ASSETS	6			The state of the s	61,179.	68 69	62,943.
	69 Drai	9 Permanently restrictedanizations that do not follow SFAS 117, check here		and complete lines	01,119.	09	02,943.
R	orga	70 through 74.	'	and complete lines			
F U N D	7			F		70	
	7	3, 1 1, 1		T T		71	
A L	7:	2 Retained earnings, endowment, accumulated income	ther funds		72		
BALANCES	7:	Total net assets or fund balances (add lines 67 throu 72; column (A) must equal line 19; column (B) must	ıgh 69 equal	or lines 70 through line 21)	2,124,705.	73	2,158,979.
1	74	4 Total liabilities and net assets/fund balances (add lir	nes 66	and 73)	3,081,613.	74	2,703,677.

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.

BAA

Par	Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)				Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return					
а	Total revenue, gains, and other support per audited financial statements	a	2,571,130.	а	Total expenses and financial statements.	osses per audited	а	2,536,856.		
b	Amounts included on line a but not on line 12, Form 990:			b	Amounts included or on line 17, Form 990					
(1)	Net unrealized gains on investments \$			(1)	Donated services and use of facilities \$	36,932.				
(2)	Donated services and use of facilities \$ 36,932.			(2)	Prior year adjust- ments reported on line 20, Form 990 \$					
` '	Recoveries of prior year grants \$			``	Losses reported on line 20, Form 990 \$ Other (specify):					
(4)	SEE STM 10 \$ 135,564.			(4)	SEE STMT 11\$	135,564.				
С	Add amounts on lines (1) through (4)	b c	172,496. 2,398,634.	С	Add amounts on lines (1) Line a minus line b .		b c	172,496. 2,364,360.		
d	Amounts included on line 12, Form 990 but not on line a:			d	Amounts included or Form 990 but not on	line 17, line a:				
	Investment expenses not included on line 6b, Form 990 \$				Investment expenses not included on line 6b, Form 990 \$					
(2)	Other (specify):			(2)	Other (specify):					
	Add amounts on lines (1) and (2)	d			Add amounts on line	es (1) and (2)	d			
е	Total revenue per line 12, Form 990 (line c plus line d) ▶	е	2,398,634.	е	Total expenses per I 990 (line c plus line	ine 17, Form d) ▶	е	2,364,360.		
Par	t V List of Officers, Directors	, T	rustees, and Key E	Empl	oyees (List each or	e even if not comper	nsa	ted; see instructions.)		
	(A) Name and address	(B) Title and average hor per week devoted to position	urs	(C) Compensation (if not paid, enter -0-)	(D) Contributions t employee benefit plans and deferred compensation		(E) Expense account and other allowances		
SEE	STATEMENT 12	-								
		1			192,175.	6,62	7.	0.		
		-								
		_								
		+								
		_								
		_								
		1								
75	Did any officer, director, trustee, or k than \$100,000 from your organizatior \$10,000 was provided by the related If 'Yes,' attach schedule — see instru	an orga	d all related organization	ns. of	which more than		-	Yes X No		

Pa	rt VI Other Information (See instructions.)		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		Х		
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		Х		
70 -	If 'Yes,' attach a conformed copy of the changes.	70-		Х		
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If 'Yes,' has it filed a tax return on Form 990-T for this year?	78a 78b	N,			
	-	700	11/	71		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.	79		Х		
۵0ء	Is the organization related (other than by association with a statewide or nationwide organization) through common					
oua	membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a		Χ		
b	If 'Yes,' enter the name of the organization ► <u>N/A</u>					
	and check whether it is exempt or nonexempt.					
	Enter direct and indirect political expenditures. See line 81 instructions					
b	Did the organization file Form 1120-POL for this year?	81 b		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	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.)					
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Χ			
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Χ			
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?	84b	N	/ 7\		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/			
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?						
_	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a	85b	N,			
	waiver for proxy tax owed for the prior year.					
С	Dues, assessments, and similar amounts from members					
	Section 162(e) lobbying and political expenditures					
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices					
	Taxable amount of lobbying and political expenditures (line 85d less 85e)	OF	N	/ 7\		
-	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	IN	A		
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?	85h	N	ľΑ		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on		,			
	line 12					
b	Gross receipts, included on line 12, for public use of club facilities					
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)					
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,					
	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		Х		
	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					
	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		Х		
_	•					
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			0.		
	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	001				
	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b		42		
31	The books are in care of \blacktriangleright MARGIE WHITMORE Telephone number \blacktriangleright 615-297-296 Located at \blacktriangleright 3630 REDMON STREET, NASHVILLE, TN ZIP + 4 \blacktriangleright 37209	<u> </u>				
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here		A	-		
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A		

	7 thairy 515 of infoome 1 four	omig / totali	ies (eco matractions	•/		
Nata. Cat.	an anna a anna anna anna anna		business income	 	tion 512, 513, or 514	(E)
note: Ente	er gross amounts unless indicated.	(A)	(B)	(C)	(D)	Related or exempt function income
	ogram service revenue:	Business code	Amount	Exclusion code	Amount	Turiction income
	OSTUMES/PROPS REVENU					20,073.
	CHOOL AND WORKSHOPS					6,313.
	ICKET SALES					591,546.
	OUR FEES					6,557.
	JITION					444,138.
	dicare/Medicaid payments					111/100.
	s & contracts from government agencies					
-	mbership dues and assessments.					
	rest on savings & temporary cash invmnts.			14	4,917.	
	ridends & interest from securities.				1,311.	
	rental income or (loss) from real estate:					
	ot-financed property					
	t debt-financed property					
	rental income or (loss) from pers prop					
	ner investment income					
	in or (loss) from sales of assets					
	er than inventory					
101 Net	income or (loss) from special events					-13,346.
102 Gro	ss profit or (loss) from sales of inventory			3	6,421.	
	ner revenue: a					
b <u>M</u>	ISCELLANEŌUS					728.
с						
d	<u> </u>					
e					11 000	1 056 000
	total (add columns (B), (D), and (E))				11,338.	1,056,009.
	tal (add line 104, columns (B), (D), a					1,067,347.
	105 plus line 1d, Part I, should equ					
	Relationship of Activities t	o the Acco	mplishment of Ex	kempt Purpose	S (See instructions.)	
Line No.	Explain how each activity for which	h income is re	ported in column (E) c	of Part VII contribute	ed importantly to the a	accomplishment
	of the organization's exempt purpo	,	,, ,			
ALL	ALL REVENUE IS GENERA	TED TO CO	OVER COSTS INC	URRED BY PRO	DDUCTIONS.	
Part IX	Information Regarding Tax			_	•	
	(A)	(B)	(C)	(D)	(E)
Name,	, address, and EIN of corporation,	Percentage	of Nature of	activities	Total	End-of-year
pai	rtnership, or disregarded entity	ownership in	erest	donvinos	income	assets
N/A			8			
			%			
			%			
			%			
Part X	Information Regarding Tra	insfers Ass	ociated with Pers	sonal Benefit C	ontracts (See instr	uctions.)
a Did th	e organization, during the year, receive any fu	nds, directly or inc	lirectly, to pay premiums on	a personal benefit contr	act?	Yes X No
b Did t	he organization, during the year, pag	y premiums, d	irectly or indirectly, on	a personal benefit	contract?	Yes X No
Note:						
			instructions).			
	If 'Yes' to (b) , file Form 8870 and Fo	rm 4720 (see l		g schedules and stateme	nts, and to the best of my kn	owledge and belief, it is
	If 'Yes' to (b) , file Form 8870 and Fo Under penalties of perjury, I declare that I ha true, correct, and complete. Declaration of pr	rm 4720 (see l		g schedules and stateme lation of which preparer h	nts, and to the best of my kn as any knowledge.	owledge and belief, it is
	If 'Yes' to (b), file Form 8870 and Fo Under penalties of perjury, I declare that I ha true, correct, and complete. Declaration of pr	rm 4720 (see l		g schedules and stateme lation of which preparer h		owledge and belief, it is
Sign	If 'Yes' to (b) , file Form 8870 and Fo Under penalties of perjury, I declare that I ha true, correct, and complete. Declaration of pr	rm 4720 (see l		g schedules and stateme lation of which preparer h	nts, and to the best of my kn as any knowledge. Date	owledge and belief, it is
	If 'Yes' to (b), file Form 8870 and Fo Under penalties of perjury, I declare that I ha true, correct, and complete. Declaration of pr	rm 4720 (see l		g schedules and stateme nation of which preparer h		owledge and belief, it is
Sign	If 'Yes' to (b), file Form 8870 and Fo Under penalties of perjury, I declare that I ha true, correct, and complete. Declaration of pr	rm 4720 (see l		g schedules and stateme ation of which preparer h		owledge and belief, it is
	If 'Yes' to (b), file Form 8870 and Fo Under penalties of perjury, I declare that I ha true, correct, and complete. Declaration of pr Signature of officer Type or print name and title.	rm 4720 (see l		g schedules and statemen ation of which preparer h	Date Check if G	
Sign Here ——— Paid	If 'Yes' to (b), file Form 8870 and Fo Under penalties of perjury, I declare that I ha true, correct, and complete. Declaration of pr Signature of officer	rm 4720 (see l			Date Check if Gradient Gradie	eparer's SSN or PTIN (See
Sign Here ——— Paid Pre-	If 'Yes' to (b), file Form 8870 and Fo Under penalties of perjury, I declare that I ha true, correct, and complete. Declaration of pr Signature of officer Type or print name and title. Preparer's signature	rm 4720 (see l	eturn, including accompanyin officer) is based on all inform		Date Check if Great Self-	eparer's SSN or PTIN (See eneral instruction W)
Sign Here Paid Pre- parer's	If 'Yes' to (b), file Form 8870 and Fo Under penalties of perjury, I declare that I ha true, correct, and complete. Declaration of pr Signature of officer Type or print name and title. Preparer's signature Firm's name (or yours if self-	rm 4720 (see) ve examined this re eparer (other than	eturn, including accompanyin officer) is based on all inform		Date Check if self-employed ► N	eparer's SSN or PTIN (See eneral instruction W)
Sign Here ——— Paid	If 'Yes' to (b), file Form 8870 and Fo Under penalties of perjury, I declare that I ha true, correct, and complete. Declaration of pr Signature of officer Type or print name and title. Preparer's signature Firm's name (or yours if self- employed), address and	rm 4720 (see) ve examined this re eparer (other than	eturn, including accompanyin officer) is based on all inform		Check if self-employed N	reparer's SSN or PTIN (See eneral instruction W) / A

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 Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2004

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.

NASHVILLE CITY BALLET			58-1440788	
Compensation of the Five High (See instructions. List each one. If there	est Paid Employees Othe are none, enter 'None.')	er Than Officers,	Directors, and	l Trustees
(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 and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			
Part II Compensation of the Five High (See instructions. List each one (whether	est Paid Independent Co	ntractors for Pro	ofessional Serv	vices
(a) Name and address of each independent contra		(b) Type ((c) Compensation
NONE				
		-		
		-		
Total number of others receiving over \$50,000 for professional services	0			

Par	t II	Statements About Activities (See instructions.)		Yes	No
1	Dι	uring the year, has the organization attempted to influence national, state, or local legislation, including any attempt influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid			
	(N/	incurred in connection with the lobbying activities ▶ \$ N/A lust equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		Х
			_ '		Λ
	Or or lot	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other ganizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the obying activities.			
2	su ta:	uring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any bstantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any xable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal eneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
а	Sa	ale, exchange, or leasing of property?	2a		Х
b	Le	ending of money or other extension of credit?	2b		Х
c	Fu	ırnishing of goods, services, or facilities?	2c		Х
		SEE FORM 990, PART V			
d	ΙPa	ayment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Χ	
		symbol of compensation (or payment of removal compensation in the distance of the compensation)			
е	Tr	ansfer of any part of its income or assets?	2e		Х
3a	Do ex	you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an planation of how you determine that recipients qualify to receive payments.)SEESTATEMENT13	3a	Х	
b	Do	you have a section 403(b) annuity plan for your employees?	3b		Χ
4a	Di on	d you maintain any separate account for participating donors where donors have the right to provide advice	4a		Х
b	Do	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
Par	+ I\	Reason for Non-Private Foundation Status (See instructions.)			
ı aı	(I	reason for Non-i fivate i outlation status (See instructions.)			
The o	orga	anization 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 1 (Also complete the Support Schedule in Part IV-A.)	70(b)	1)(A)(ίν).
11 a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general pure Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	ublic.		
11 b		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 from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	its sur	port	ots
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organ 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) section 509(a)(3).)	nizatio . (See	ns	
		Provide the following information about the supported organizations. (See instructions.)			
		(a) Name(s) of supported organization(s)	(b) Lii	ne nur	nber
		(a) Tame(a) of supported organization(s)	fror	n abov	/e
14		An organization organized and operated to test for public safety. Section 509(a)(4), (See 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 th	e instructions for conv	verting from the accru	al to the cash method	of accounting.	
begin	dar year (or fiscal year ning 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.)	1,647,684.	1,493,225.	1,936,578.	1,519,522.	6,597,009.
16	Membership fees received					
	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	803,735.	904,396.	891,585.	850,497.	3,450,213.
	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	15,403.	5,090.	646.	2,119.	23,258.
	Net income from unrelated business activities not included in line 18					
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
	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					
	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE . STMT14	47,850.	51,145.	39,312.	37,343.	175,650.
	Total of lines 15 through 22	2,514,672.		2,868,121.	2,409,481.	10,246,130.
	Line 23 minus line 17	1,710,937.	1,549,460.	1,976,536.	1,558,984.	6,795,917.
	Enter 1% of line 23	25,147.	24,539.	28,681.	24,095.	125 010
b	Organizations described on lines Prepare a list for your records to show the supported organization) whose total gifts for return. Enter the total of all these excess a	name of and amount contri	buted by each person (othe led the amount shown in lir	ne 26a. Do not file this list	or publicly with your	135,918. 449,941.
	Total support for section 509(a)(1					6,795,917.
d	Add: Amounts from column (e) fo	r lines: 18	23,258. 175,650.	19		
				26b 449, 9		•
	Public support (line 26c minus lin	,				
27 a	Public support percentage (line 2 Organizations described on line For amounts included in lines 15, name of, and total amounts receisuch amounts for each year:	12: N/A 16, and 17 that were ved in each year from	received from a 'disq , each 'disqualified pe	ualified person, prepa erson. Do not file this	are a list for your reco	ords to show the Enter the sum of
	(2003)					
	For any amount included in line 1 show the name of, and amount re \$5,000. (Include in the list organize computing the difference betweer (the excess amounts) for each ye	eceived for each year, zations described in li the amount received ar:	that was more than t nes 5 through 11, as and the larger amour	he larger of (1) the ar well as individuals.) D nt described in (1) or	mount on line 25 for to not file this list with (2), enter the sum of the sum	he year or (2) n your return. After these differences
	(2003)	(2002)	(2001) _		_ (2000)	
С	Add: Amounts from column (e) fo 17 Add: Line 27a total	r lines: 15		16		
ч	17 Add: Line 27a total		nd line 27h total		276	
u e	Public support (line 27c total min	us line 27d total)	iu iiiic 2/D luldi		≥70 ► 27e	%
f	Total support for section 509(a)(2) test: Enter amount f	from line 23. column (e) ► 27f	276	
а	Public support percentage (line 2	27e (numerator) divide	ed by line 27f (denom	inator))	▶ 27a	%
	Investment income percentage (I))► 27h	%

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.

Part V 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 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 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, 30 and scholarships?.... 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: 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 33b **b** Admissions policies? 33 c d Scholarships or other financial assistance?..... 33d 33e e Educational policies?..... f Use of facilities?..... 33f 33g 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? 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. 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....

	edule A (Form 990 or 990		LLE CITY BALLE				58-2	1440	788	Page 5
Par	Lobbying Ex (To be complete	cpenditures by Ele ed ONLY by an eligible of	cting Public Chari organization that filed F	ties (See instr orm 5768)	uctions.))			N/A	
Che	ck ► a if the organiz	zation belongs to an affi	liated group. Check	▶ b if you	ı checke	ed ' a ' and 'l	imited	contro	ol' provisior	ns apply.
		imits on Lobbying	-	4.7		Affiliate	a) d grou als	р	To be co	b) ompleted electing
	· · · · · · · · · · · · · · · · · · ·	'expenditures' means a	· · · · · · · · · · · · · · · · · · ·	•	1 00				organi	zations
36	Total lobbying expenditu	•	•							
37	Total lobbying expenditu									
38	Total lobbying expenditu	•	•					-		
39	Other exempt purpose ex Total exempt purpose ex	•								
40 41	Lobbying nontaxable am	'	•		40					
71	If the amount on line 40		lobbying nontaxable ar							
	Not over \$500,000									
	Over \$500,000 but not over \$1,									
	Over \$1,000,000 but not over \$				41					
	Over \$1,500,000 but not over \$									
	Over \$17,000,000									
42	Grassroots nontaxable a									
43	Subtract line 42 from lin									
44	Subtract line 41 from lin	e 38. Enter -0- if line 41	is more than line 38		. 44					
	Caution: If there is an a	mount on either line 43	or line 44, you must file	e 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.) Lobbying Expenditures During 4 -Year Averaging Period									
	Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2003	(c) 2002			d) 001		(e) Total	
45	Lobbying nontaxable amount									
46	Lobbying ceiling amount (150% of line 45(e))									
47	Total lobbying expenditures									
48	Grassroots non- taxable amount									
49	Grassroots ceiling amount (150% of line 48(e))									
	Grassroots lobbying expenditures									
Par	Lobbying Ac (For reporting o	ctivity by Nonelect nly by organizations tha	ing Public Charitie t did not complete Part	S VI-A) (See inst	ructions)			N/A	
Durii atter	ng the year, did the organ mpt to influence public op	ization attempt to influe inion on a legislative ma	nce national, state or loatter or referendum, thro	ocal legislation, ough the use of:	includin	g any	Yes	No	Am	ount
	a Volunteers									
	${f b}$ Paid staff or management (Include compensation in expenses reported on lines ${f c}$ through ${f h.}$)									
	Media advertisements									
	d Mailings to members, le									
	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									

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did th	e reporting organization of	directly or in	idirectly engage in any of the fol	lowing	with any other organization described g to political organizations?	in section	501(0	:)
			o a noncharitable exempt organi				Yes	No
		-				51 a (i)	103	Х
								X
	transactions:					` ` `		
(i) S	ales or exchanges of asse	ets with a no	oncharitable exempt organization	n		b (i)		Χ
								Χ
(iii)R	ental of facilities, equipme	ent, or other	r assets			b (iii)		Χ
(iv)R	eimbursement arrangeme	nts				b (iv)		Χ
(v) Lo	oans or loan guarantees.					b (v)		Χ
(vi)P	erformance of services or	membershi	ip or fundraising solicitations			b (vi)		Χ
								Χ
d If the the go any tr	answer to any of the abounders, other assets, or servants are assets, or servans action or sharing arraits.	ve is 'Yes,' o vices given l ngement, sh	complete the following schedule by the reporting organization. If now in column (d) the value of th	. Colun the org ne good	nn (b) should always show the fair ma ganization received less than fair mark ds, other assets, or services received:	rket value et value ir	of 1	
(a) Line no.	(b) Amount involved		(c) noncharitable exempt organizat		(d) Description of transfers, transactions, and s			3
N/A								
11/ 11								
descri	organization directly or in bed in section 501(c) of the s,' complete the following	he Code (ot	liated with, or related to, one or her than section 501(c)(3)) or in	more to section	tax-exempt organizations on 527?	► Ye	s X	No
D II 163	(a)	scriedule.	(b)		(c)			
N/A	Name of organization		Type of organization		Description of relation	ship		
N/ A								
				-				
				+				
				+				
			1					

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1	u	ш	Z

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NASHVILLE CITY BALLET

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

SPECIAL EVENTS		GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
BALLET BALL	TOTAL	223,580. \$ 223,580.	122,579. \$ 122,579.	101,001. \$ 101,001.	114,347. \$ 114,347.	-13,346. \$ -13,346.

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

FRIENDS BOUTIQUE	\$	27,638.
GROSS SALES LESS RETURNS & ALLOWANCES	•	27,638. 0.
NET SALESLESS COST OF GOODS SOLD	\$	27,638. 21,217.
GROSS PROFIT FROM SALES OF INVENTORY	\$	6,421.

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

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	FUNDRAISING
CAPITAL CAMPAIGN FEES	3,183.	05 015		3,183.
CHOREOGRAPHY & ARTISTIC FEES DEVELOPMENT	85,815. 20,972.	85,815.		20,972.
DUES & SUBSCRIPTIONS	5,412.	4,384.	649.	379.
INSURANCE	22,904.	18,552.	2,749.	1,603.
MARKETING	239,285.	239,285.	•	,
MISCELLANEOUS	8,143.	6,595.	978.	570.
OUTREACH	18,991.	18,991.		
PRODUCTION EXPENSE	109,728.	109,728.		
PROFESSIONAL FEES	5,190.	4,204.	623.	363.
SCHOOL EXPENSE	64,764.	64,764.		
SERVICE CHARGES	5,252.	4,254.	630.	368.
SYMPHONY FEES	120,342.	120,342.		
THEATER RENTAL & CREW EXPENSE	197,799.	197,799.		
UNCOLLECTIBLE PLEDGES	3,500.	_ ,		3,500.
UTILITIES	22,895.	18,545.	2,747.	1,603.
TOTAL	\$ 934,175.	893,258.	\$ 8,376.	\$ 32,541.

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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	ò
INVESTMENTS - OTHER	

DESCRIPTION OF INVESTMENT	VALUATION METHOD	N	BOOK VALUE
COMMUNITY FDN BENEFICIAL INTEREST	MARKET VALUE	\$ TOTAL \$	62,943. 62,943.

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

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT FURNITURE AND FIXTURES MACHINERY AND EQUIPMENT BUILDINGS	\$ 22,333. 72,250. 702,325. 1,956,941. 2,753,849.	\$ 18,253. 9,349. 688,659. 290,515. \$ 1,006,776.	\$ 4,080. 62,901. 13,666. 1,666,426. 1,747,073.

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

CONSORTIUM PRODUCTION DEPOSITS	Ş	;	14,836. 23,044.
TOTAL	\$;	37,880.

STATEMENT 8 FORM 990, PART IV, LINE 64B MORTGAGES AND OTHER NOTES PAYABLE

MORTGAGES PAYABLE	BALANCE D)UE
REGIONS BANK	\$ 333,0	000.
	TOTAL \$ 333,0	000.

004	FEDERAL STATEMEN	NTS		PAGE
	NASHVILLE CITY BALLET	Г		58-144078
STATEMENT 9 FORM 990, PART IV, LINE 65 OTHER LIABILITIES FUNDRAISING FEES PAYABLE				60,036. 60,036.
STATEMENT 10 FORM 990, PART IV-A, LINE B(4) OTHER AMOUNTS COST OF GOODS SOLD			\$	21,217. 114,347. 135,564.
STATEMENT 11				,
FORM 990, PART IV-B, LINE B(4) OTHER AMOUNTS COST OF GOODS SOLD			\$	21,217.
FORM 990, PART IV-B, LINE B(4) OTHER AMOUNTS COST OF GOODS SOLD			\$ TOTAL \$	21,217. 114,347. 135,564.
FORM 990, PART IV-B, LINE B(4) OTHER AMOUNTS COST OF GOODS SOLD			TOTAL \$ CONTRI-BUTION TO	114,347. 135,564. EXPENSE ACCOUNT/
FORM 990, PART IV-B, LINE B(4) OTHER AMOUNTS COST OF GOODS SOLD	RUSTEES, AND KEY EMPLOY TITLE AND AVERAGE HOURS PER WEEK DEVOTED	'EES COMPEN- SATION	TOTAL \$	114,347. 135,564. EXPENSE ACCOUNT/ OTHER
FORM 990, PART IV-B, LINE B(4) OTHER AMOUNTS COST OF GOODS SOLD	RUSTEES, AND KEY EMPLOY TITLE AND AVERAGE HOURS PER WEEK DEVOTED EXECUTIVE DIR.	'EES COMPEN- SATION	CONTRIBUTION TO EBP & DC \$ 2,209.	114,347. 135,564. EXPENSE ACCOUNT/ OTHER \$ 0
FORM 990, PART IV-B, LINE B(4) OTHER AMOUNTS COST OF GOODS SOLD	RUSTEES, AND KEY EMPLOY TITLE AND AVERAGE HOURS PER WEEK DEVOTED EXECUTIVE DIR. 40 ARTISTIC DIR.	COMPEN- SATION 77,175.	CONTRI- BUTION TO EBP & DC \$ 2,209.	EXPENSE ACCOUNT/ OTHER
FORM 990, PART IV-B, LINE B(4) OTHER AMOUNTS COST OF GOODS SOLD	TITLE AND AVERAGE HOURS PER WEEK DEVOTED EXECUTIVE DIR. 40 ARTISTIC DIR. 40 DIR. OF DEV.	'EES COMPEN- SATION 77,175.	CONTRI- BUTION TO EBP & DC \$ 2,209. 2,209.	EXPENSE ACCOUNT/ OTHER \$ 0

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NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	 COMPEN- SATION	CONTRI- BUTION TO EBP & DC	ACCOUNTY /
JIM MCGREGOR	TREASURER	\$ 0.	\$ 0.	\$ 0.
NASHVILLE, TN	.23			
SUANN DAVIS	SECRETARY .25	0.	0.	0.
NASHVILLE, TN	.23			
PENNY ARNETT	BOARD MEMBER	0.	0.	0.
BRENTWOOD, TN	.23			
ANITA BALTIMORE	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	.23			
MELISSA BUFFINGTON	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	.23			
LUCIE CARROLL	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	.23			
NANCY CHEADLE	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	.23			
DENNIS CLARK	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	.23			
BRENDA CORBIN	BOARD MEMBER	0.	0.	0.
BRENTWOOD, TN	.23			
KIM CRAFTON	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	.23			
LINDA WILLIAMS DALE	BOARD MEMBER .25	0.	0.	0.
NASHVILLE, TN	. 43			
LAURIE ESKIND	BOARD MEMBER .25	0.	0.	0.
NASHVILLE, TN	. 43			

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NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	 COMPEN- SATION	CONTRI- BUTION TO EBP & DC	ACCOUNT /
JANE FABIAN	BOARD MEMBER	\$ 0.	\$ 0.	\$ 0.
NASHVILLE, TN	.23			
TRACI GALLIVAN	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	.23			
PRISCILLA PARTRIDGE DE GARCIA	BOARD MEMBER	0.	0.	0.
BRENTWOOD, TN	.23			
KATHY GIBSON	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	.23			
LAURA GERHARDT	BOARD MEMBER	0.	0.	0.
BRENTWOOD, TN	.23			
BILL HARALSON	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	.23			
MOREL ENOCH HARVEY	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	.23			
KELTIE HAYS	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	.23			
EDWINA HEFNER	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	.23			
TAYLOR HENRY	BOARD MEMBER .25	0.	0.	0.
NASHVILLE, TN	.23			
JENNIFER HINDS	BOARD MEMBER .25	0.	0.	0.
NASHVILLE, TN	.23			
PAULETTE JACKSON	BOARD MEMBER .25	0.	0.	0.
BRENTWOOD, TN	.25			

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NAME AND ADDRESS	AVE	ITLE AND RAGE HOURS EEK DEVOTED			ACCOUNT/
JAMIE JONES	BOARD .25	MEMBER	\$ 0.	\$ 0.	\$ 0.
NASHVILLE, TN	.23				
AMY JOYNER	BOARD .25	MEMBER	0.	0.	0.
NASHVILLE, TN	.23				
ROBIN KEYSER	BOARD .25	MEMBER	0.	0.	0.
NASHVILLE, TN	.23				
IRWIN KUHN	BOARD .25	MEMBER	0.	0.	0.
NASHVILLE, TN	.23				
SUSAN LANIGAN	BOARD .25	MEMBER	0.	0.	0.
HENDERSONVILLE, TN	.23				
EUGENE LOTOCHINSKI	BOARD .25	MEMBER	0.	0.	0.
NASHVILLE, TN	.23				
ELLEN MARTIN	BOARD .25	MEMBER	0.	0.	0.
NASHVILLE, TN	.23				
ANDY MILLER	BOARD .25	MEMBER	0.	0.	0.
FRANKLIN, TN	.23				
EMILY NOEL	BOARD .25	MEMBER	0.	0.	0.
NASHVILLE, TN	.23				
REBECCA PAUL	BOARD .25	MEMBER	0.	0.	0.
NASHVILLE, TN	.23				
LINDA REEVE	BOARD .25	MEMBER	0.	0.	0.
NASHVILLE, TN	.20				
NORA RICH	BOARD .25	MEMBER	0.	0.	0.
NASHVILLE, TN	.20				

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NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION		ACCOUNT/	
RONNIE SCOTT	BOARD MEMBER	\$ 0.	\$ 0.	\$ 0.	
KINGSTON SPRINGS, TN	.23				
DAN SLIPKOVICH	BOARD MEMBER	0.	0.	0.	
NASHVILLE, TN	.23				
HEATHER SMALL	BOARD MEMBER	0.	0.	0.	
NASHVILLE, TN	.23				
LUCY SMITH	BOARD MEMBER	0.	0.	0.	
NASHVILLE, TN	.23				
LEAH SOHR	BOARD MEMBER	0.	0.	0.	
NASHVILLE, TN	. 25				
STACIE STANDIFER	BOARD MEMBER	0.	0.	0.	
NASHVILLE, TN	. 25				
LAVONEIA STEELE	BOARD MEMBER .25	0.	0.	0.	
NASHVILLE, TN	.23				
KATE TALLMADGE	BOARD MEMBER .25	0.	0.	0.	
NASHVILLE, TN	.23				
HEATHER THORNE	BOARD MEMBER .25	0.	0.	0.	
NASHVILLE, TN	.23				
JIM TODD	BOARD MEMBER .25	0.	0.	0.	
NASHVILLE, TN	.23				
PAT TODD	BOARD MEMBER	0.	0.	0.	
NASHVILLE, TN	. 25				
CHRISTI TURNER	BOARD MEMBER	0.	0.	0.	
NASHVILLE, TN	. 25				

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STATEMENT 12 (CONTINUED) FORM 990, PART V 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	
JOYCE VISE	BOARD MEMBER	\$ 0.	\$ 0.	\$ 0.	
NASHVILLE, TN	.23				
RENE WARD	BOARD MEMBER	0.	0.	0.	
NASHVILLE, TN	.25				
PATSY WEIGEL	BOARD MEMBER	0.	0.	0.	
NASHVILLE, TN	.25				
DALLAS WILT	BOARD MEMBER	0.	0.	0.	
NASHVILLE, TN	.25				
	TOTAL	\$ 192,175.	\$ 6,627.	\$ 0.	

STATEMENT 13 SCHEDULE A, PART III, LINE 3 QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS

FOR THE 2004-2005 SEASON, THE SCHOOL OF NASHVILLE BALLET GRANTED A TOTAL OF \$32,655 IN SCHOLARSHIPS. SNB PROVIDES SOME SCHOLARSHIPS TO STUDENTS WHO DEMONSTRATE EXCEPTIONAL TALENT FOR AND DEDICATION TO PURSUING A BALLET CAREER. THE MERIT-BASED SCHOLARSHIPS FOR 2004-2005 FISCAL YEAR TOTALED \$13,425. THE REMAINING SCHOLARSHIPS OF \$19,230 WERE FINANCIAL AID AND WERE GRANTED BASED ON A GENERAL ASSESSMENT OF THE PRIOR YEAR'S TAX RETURN. THE ADJUSTED GROSS INCOME AND THE NUMBER OF DEPENDENTS IN THE HOUSEHOLD WERE THE TWO MAIN FACTORS IN CONSIDERING WHETHER TO GRANT FINANCIAL AID TO THE STUDENT.

STATEMENT 14 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

DESCRIPTION		(A) 2003	 (B) 2002	 (C) 2001	(D) 2000	(E) TOTAL
MISCELLANEOUS		\$	47,850.	\$ 51,145.	\$ 39,312.	\$	37,343.	\$	175,650.
	TOTAL	\$	47,850.	\$ 51,145.	\$ 39,312.	\$	37,343.	\$	175,650.