

Form **990**Department of the Treasury  
Internal Revenue Service**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)

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

OMB No. 1545-0047

**2007**Open to Public  
Inspection**A** For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008****B** Check if applicable:

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

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

**C** Name of organization**TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY**

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

**505 DEADERICK STREET**

Room/suite

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

**NASHVILLE, TN 37243****D** Employer identification number**58-1320590****E** Telephone number**(615) 782-4033****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).

Hand 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 ▶ **N/A****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 ▶ **N/A****G** Website: ▶ **WWW.TPAC.ORG****J** Organization type (check only one) ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **12,174,375.****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received:			
	<b>a</b>	Contributions to donor advised funds	<b>1a</b>		
	<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	<b>1,033,146.</b>	
	<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>	<b>945,787.</b>	
	<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>	<b>520,177.</b>	
	<b>e</b>	<b>Total</b> (add lines 1a through 1d) (cash \$ <b>2,423,865.</b> noncash \$ <b>75,245.</b> )	<b>1e</b>	<b>2,499,110.</b>	
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>9,486,912.</b>	
	<b>3</b>	Membership dues and assessments	<b>3</b>		
	<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		
	<b>5</b>	Dividends and interest from securities	<b>5</b>	<b>104,614.</b>	
	<b>6a</b>	Gross rents	<b>6a</b>		
	<b>6b</b>	Less: rental expenses	<b>6b</b>		
<b>6c</b>	Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>			
<b>7</b>	Other investment income (describe ▶ )	<b>7</b>			
	<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	<b>8b</b>	Less: cost or other basis and sales expenses	<b>8b</b>	<b>1,540.</b>	
	<b>8c</b>	Gain or (loss) (attach schedule)	<b>8c</b>	<b>&lt;1,540.&gt;</b>	
	<b>8d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>	<b>STMT 2</b>	<b>&lt;1,540.&gt;</b>
	<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	<b>a</b>	Gross revenue (not including \$ <b>319,145.</b> of contributions reported on line 1b)	<b>9a</b>	<b>83,739.</b>	
	<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>194,597.</b>	
<b>9c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>	<b>SEE STATEMENT 3</b>	<b>&lt;110,858.&gt;</b>	
	<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>		
	<b>10b</b>	Less: cost of goods sold	<b>10b</b>		
	<b>10c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>		
	<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		
	<b>12</b>	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>	<b>11,978,238.</b>	
	<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	<b>9,818,208.</b>	
	<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	<b>1,176,575.</b>	
	<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	<b>317,982.</b>	
	<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b>	<b>Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>	<b>11,312,765.</b>	
Net Assets	<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>	<b>665,473.</b>	
	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>3,858,556.</b>	
	<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>SEE STATEMENT 4</b>	<b>&lt;1,605.&gt;</b>
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>	<b>4,522,424.</b>	

**TENNESSEE PERFORMING ARTS CENTER (TPAC)  
MANAGEMENT COMPANY**

Form 990 (2007)

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**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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	587,530.	225,508.	305,026.	56,996.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	2,976,839.	2,482,679.	338,857.	155,303.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	121,635.	102,223.	12,739.	6,673.
<b>28</b> Employee benefits not included on lines 25a - 27	564,886.	428,149.	105,203.	31,534.
<b>29</b> Payroll taxes				
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees				
<b>32</b> Legal fees				
<b>33</b> Supplies	33,228.	450.	32,778.	
<b>34</b> Telephone	80,174.	20,427.	54,421.	5,326.
<b>35</b> Postage and shipping	26,630.	13,026.	13,072.	532.
<b>36</b> Occupancy				
<b>37</b> Equipment rental and maintenance	38,206.	7,142.	31,064.	
<b>38</b> Printing and publications	60,038.	56,276.	2,275.	1,487.
<b>39</b> Travel	60,972.	52,195.	6,559.	2,218.
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest	103,825.	103,825.		
<b>42</b> Depreciation, depletion, etc. (attach schedule)	301,110.	238,348.	52,672.	10,090.
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <b>SEE STATEMENT 5</b>	6,357,692.	6,087,960.	221,909.	47,823.
<b>44</b> <b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	11,312,765.	9,818,208.	1,176,575.	317,982.

**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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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**Part III Statement of Program Service Accomplishments** (See the instructions.)

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.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 6</b>		<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)		
<b>a</b>	<b>SEE ATTACHED STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS.</b>	<b>9,818,208.</b>
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>b</b>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>c</b>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>d</b>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>e</b>	Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>f</b>	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>9,818,208.</b>

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MANAGEMENT COMPANY**

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**Part IV Balance Sheets** (See the instructions.)

**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
<b>Assets</b>	45 Cash - non-interest-bearing .....	11,403.	45	16,315.
	46 Savings and temporary cash investments .....	3,865,654.	46	3,678,428.
	47 a Accounts receivable ..... 47a 281,793.			
	b Less: allowance for doubtful accounts ..... 47b	246,822.	47c	281,793.
	48 a Pledges receivable ..... 48a			
	b Less: allowance for doubtful accounts ..... 48b		48c	
	49 Grants receivable .....		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees .....		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....		50b	
	51 a Other notes and loans receivable ..... 51a			
	b Less: allowance for doubtful accounts ..... 51b		51c	
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....	230,749.	53	287,040.
	54 a Investments - publicly-traded securities ..... <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities ..... <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55 a Investments - land, buildings, and equipment: basis ..... 55a			
	b Less: accumulated depreciation ..... 55b		55c	
	56 Investments - other ..... SEE STATEMENT 7	5,000.	56	25,000.
57 a Land, buildings, and equipment: basis ..... 57a 6,909,264.				
b Less: accumulated depreciation ..... 57b 2,231,241.	4,607,731.	57c	4,678,023.	
58 Other assets, including program-related investments (describe ► <b>CURRENT CONTRIBUTIONS RECEIVABLE</b> )	85,317.	58	149,777.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	9,052,676.	59	9,116,376.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	568,047.	60	654,271.
	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 ..... STMT 8	2,027,850.	64b	1,851,515.
	65 Other liabilities (describe ► <b>SEE STATEMENT 9</b> )	2,598,223.	65	2,088,166.
	66 <b>Total liabilities.</b> Add lines 60 through 65	5,194,120.	66	4,593,952.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>X</b> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....	3,659,628.	67	4,213,910.
	68 Temporarily restricted .....	198,928.	68	308,514.
	69 Permanently restricted .....		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	3,858,556.	73	4,522,424.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	9,052,676.	74	9,116,376.

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b> Total revenue, gains, and other support per audited financial statements .....	<b>a</b>	12,423,506.
<b>b</b> Amounts included on line <b>a</b> but not on Part I, line 12:		
<b>1</b> Net unrealized gains on investments .....	b1	
<b>2</b> Donated services and use of facilities .....	b2	250,671.
<b>3</b> Recoveries of prior year grants .....	b3	
<b>4</b> Other (specify): <u>DIRECT SPECIAL EVENT EXPENSES</u> .....	b4	194,597.
Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	445,268.
<b>c</b> Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	11,978,238.
<b>d</b> Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b> Investment expenses not included on Part I, line 6b .....	d1	
<b>2</b> Other (specify): .....	d2	
Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	0.
<b>e</b> <b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	11,978,238.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b> Total expenses and losses per audited financial statements .....	<b>a</b>	11,759,638.
<b>b</b> Amounts included on line <b>a</b> but not on Part I, line 17:		
<b>1</b> Donated services and use of facilities .....	b1	250,671.
<b>2</b> Prior year adjustments reported on Part I, line 20 .....	b2	
<b>3</b> Losses reported on Part I, line 20 .....	b3	
<b>4</b> Other (specify): <u>SEE STATEMENT 10</u> .....	b4	196,202.
Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	446,873.
<b>c</b> Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	11,312,765.
<b>d</b> Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b> Investment expenses not included on Part I, line 6b .....	d1	
<b>2</b> Other (specify): .....	d2	
Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	0.
<b>e</b> <b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	11,312,765.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
KATHLEEN O'BRIEN 6224 DEERBROOK DRIVE NASHVILLE, TN 37221	PRESIDENT/CEO 40.00	180,000.	15,289.	4,200.
JULIE GILLEN 120 TANASI SHORES GALLATIN, TN 37066	CHIEF FINANCIAL OFFICER 40.00	95,000.	10,537.	0.
TOM BAKER 1811 MCGAVOCK PIKE NASHVILLE, TN 37216	VP OF OPERATIONS 40.00	71,080.	8,897.	0.
ROBERTA CIUFFO 1007 MONTROSE AVE. NASHVILLE, TN 37204	EXEC. VP INSTIT. ADV. 40.00	100,786.	13,206.	0.
BRENT HYAMS 1613 RUSSELL STREET NASHVILLE, TN 37206	VP OF BRAND MGMT & STRAT. 40.00	76,000.	12,535.	0.
SEE ATTACHED LIST OF NONCOMPENSATED BOARD OF DIRECTORS	DIRECTORS 0.00	0.	0.	0.

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Yes	No
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20

75b

X

75c

---

X

75d

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75d

**EXHIBITS** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

**(A) Name and address**

NONE

### (B) Loans and Advances

(C) Compensation (if not paid, enter -0-)	
---	--

(D) Contributions to employee benefit plans & deferred compensation plans

(L) Expense  
account and

	Yes	No
--	-----	----

76

X

77

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X

78a

78b

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79

X

SEE STATEMENT 11

	€
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exemp

† or

--	--	--

none

xemp:

81a

1

0

81b

X

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<b>Part VI Other Information</b> (continued)		Yes	No
<b>82 a</b> 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? .....	<b>82a</b>	<b>X</b>	
<b>b</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.) .....	<b>82b</b> 250,671.		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications? .....	<b>83a</b>	<b>X</b>	
<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? .....	<b>83b</b>	<b>X</b>	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible? .....	<b>84a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>84b</b> N/A		
<b>85 a</b> 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? .....	<b>85a</b> N/A		
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>85b</b> N/A		
If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
<b>c</b> Dues, assessments, and similar amounts from members .....	<b>85c</b> N/A		
<b>d</b> Section 162(e) lobbying and political expenditures .....	<b>85d</b> N/A		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....	<b>85e</b> N/A		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) .....	<b>85f</b> N/A		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....	<b>85g</b> N/A		
<b>h</b> 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? .....	<b>85h</b> N/A		
<b>86</b> 501(c)(7) organizations. Enter: <b>a</b> Initiation fees and capital contributions included on line 12 .....	<b>86a</b> N/A		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities .....	<b>86b</b> N/A		
<b>87</b> 501(c)(12) organizations. Enter: <b>a</b> Gross income from members or shareholders .....	<b>87a</b> N/A		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>87b</b> N/A		
<b>88 a</b> 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 .....	<b>88a</b>		<b>X</b>
<b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI .....	<b>88b</b>		<b>X</b>
<b>89 a</b> 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>b</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 .....	<b>89b</b>		<b>X</b>
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....	▶ 0.		
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization .....	▶ 0.		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? .....	<b>89e</b>		<b>X</b>
<b>f</b> All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....	<b>89f</b>		<b>X</b>
<b>g</b> For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....	<b>89g</b>		<b>X</b>
<b>90 a</b> List the states with which a copy of this return is filed ▶ <b>TN</b>			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2007 .....	<b>90b</b> 259		
<b>91 a</b> The books are in care of ▶ <b>JULIE GILLEN, CFO</b> Telephone no. ▶ (615) 782-4033			
Located at ▶ <b>505 DEADERICK STREET, NASHVILLE, TN</b> ZIP + 4 ▶ <b>37243</b>			
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	<b>91b</b>		<b>X</b>
If "Yes," enter the name of the foreign country ▶ <b>N/A</b>			
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.			

Form **990** (2007)

**TENNESSEE PERFORMING ARTS CENTER (TPAC)  
MANAGEMENT COMPANY**

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**Part VI Other Information** (continued) **Yes No**

**c** At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** ☐ ☒

If "Yes," enter the name of the foreign country **N/A**

**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 the instructions.)

	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	
<b>93</b> Program service revenue:					
<b>a</b> SEE STATEMENT 12		20,840.			9,466,072.
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities			14	104,614.	
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	<1,540.>	
<b>101</b> Net income or (loss) from special events					<110,858.>
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue:					
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		20,840.		103,074.	9,355,214.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					9,479,128.

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See 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).
<b>93A</b>	THE ORGANIZATION PROVIDES THE NASHVILLE AND MIDDLE TENNESSEE COMMUNITY WITH CULTURAL EVENTS INCLUDING PROFESSIONAL PERFORMING ARTS PRODUCTIONS, CULTURAL FESTIVALS, AND EDUCATIONAL PROGRAMS THROUGH SPONSORSHIP USING THE REVENUE RECEIVED.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See 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 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).

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**TENNESSEE PERFORMING ARTS CENTER (TPAC)  
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**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**



**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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	
Paid Preparer's Use Only	 _____ Type or print name and title			
	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 <b>KRAFTCPAS PLLC</b> <b>555 GREAT CIRCLE ROAD, SUITE 200</b> <b>NASHVILLE, TN 37228-1310</b>		Date <b>02/04/09</b>	Check if self-employed <input checked="" type="checkbox"/> <b>X</b> Preparer's SSN or PTIN (See Gen. Inst. X) <b>800291915</b> EIN <b>800291915</b> Phone no. <b>(615) 242-7351</b>

Form **990** (2007)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.)**

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

OMB No. 1545-0047

**2007**

Name of the organization	TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY	Employer identification number	58 1320590
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**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
SUSAN SANDERS 1017 WOODMONT BLVD, NASHVILLE, TN 37	VP - INSTITUTION ADV	40.00 62,000.	11,038.	0.
DARRELL MERRYMAN 1510 SPENCE CIRCLE, NASHVILLE, TN 37	INFORMATION SVC MGR	40.00 58,358.	7,318.	0.
LORI WARD 411 EASTLAND AVENUE, LEBANON, TN 3708	VP - COMM/COMM RELAT	40.00 54,000.	10,504.	0.
CHRISTI GOINS 1115 TIGER WOODS WAY, MURFREESBORO, T	SR DIR PROG/PROD DEV	40.00 55,000.	8,581.	0.
JANE LINTON 1024 MAYNOR AVENUE, NASHVILLE, TN 37	OPERATIONS MANAGER	40.00 56,275.	7,198.	0.
Total number of other employees paid over \$50,000	3			

**Part II-A 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
THE TENNESSEAN P.O. BOX 24887, NASHVILLE, TN 37202	ADVERTISING	190,539.
WSMV CHANNEL 4 5700 KNOB ROAD, NASHVILLE, TN 37209	ADVERTISING	142,439.
CRICHTON BRANDON JACKSON WARD 3011 ARMORY DRIVE, STE 250, NASHVILLE, TN 37204	ATTORNEYS	81,270.
WTVF CHANNEL 5 P.O. BOX 307144, NASHVILLE, TN 37230	ADVERTISING	68,623.
COMCAST SPOTLIGHT 2981 ARMORY DRIVE, NASHVILLE, TN 37204	ADVERTISING	66,384.
Total number of others receiving over \$50,000 for professional services	1	

**Part II-B 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 page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
AVID TOURING GROUP 234 W. 44TH STREET, STE 902, NEW YORK, NY 10036	PROMOTER	579,675.
NASHVILLE TALENT PAYMENT 5111 PRINCE PHILLIP COVE, BRENTWOOD, TN 37027	STAGEHAND LABOR	408,703.
MY FAIR LADY TOUR, LLC 7135 MINSTREL WAY, STE 105, COLUMBIA, MD 21045	PROMOTER	348,806.
NASHVILLE BALLET 3630 REDMON STREET, NASHVILLE, TN 37209	TENANT	327,154.
CAMELOT COMPANY 2006, LP 110 EAST WILSHIRE AVENUE, STE 201, FULLERTON, CA	PROMOTER	324,117.
Total number of other contractors receiving over \$50,000 for other services	21	

**TENNESSEE PERFORMING ARTS CENTER (TPAC)**

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**MANAGEMENT COMPANY**

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

	Yes	No
<b>1</b> 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 <b>►</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i 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.	<b>1</b>	<b>X</b>
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property? <span style="float:right">SEE STATEMENT 13</span>	<b>2a</b>	<b>X</b>
<b>b</b> Lending of money or other extension of credit? <span style="float:right">SEE STATEMENT 14</span>	<b>2b</b>	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities? <span style="float:right">SEE STATEMENT 14</span>	<b>2c</b>	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <span style="float:right">SEE PART V-A, FORM 990</span>	<b>2d</b>	<b>X</b>
<b>e</b> Transfer of any part of its income or assets? <span style="float:right">SEE STATEMENT 14</span>	<b>2e</b>	<b>X</b>
<b>3 a</b> 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.)	<b>3a</b>	<b>X</b>
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	<b>3b</b>	<b>X</b>
<b>c</b> 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	<b>3c</b>	<b>X</b>
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>3d</b>	<b>X</b>
<b>4 a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	<b>4a</b>	<b>X</b>
<b>b</b> Did the organization make any taxable distributions under section 4966? <span style="float:right">N/A</span>	<b>4b</b>	
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person? <span style="float:right">N/A</span>	<b>4c</b>	
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year <span style="float:right">►</span>	<b>N/A</b>	
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year <span style="float:right">►</span>	<b>N/A</b>	
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts <span style="float:right">►</span>	<b>0.</b>	
<b>g</b> Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year <span style="float:right">►</span>	<b>0.</b>	

Schedule A (Form 990 or 990-EZ) 2007

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
☐ Type I ☐ Type II ☒ Type III-Functionally Integrated ☐ Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(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	
<b>Total</b> ►					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

## TENNESSEE PERFORMING ARTS CENTER (TPAC)

Schedule A (Form 990 or 990-EZ) 2007

MANAGEMENT COMPANY

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**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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,461,105.	2,548,840.	2,439,320.	2,882,234.	10,331,499.
<b>16</b> Membership fees received					
<b>17</b> 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	13,058,400.	6,967,565.	8,531,805.	8,273,028.	36,830,798.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	156,075.	9,790.	1,901.	1,193.	168,959.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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		67,620.	67,620.	67,620.	202,860.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	15,675,580.	9,593,815.	11,040,646.	11,224,075.	47,534,116.
<b>24</b> Line 23 minus line 17	2,617,180.	2,626,250.	2,508,841.	2,951,047.	10,703,318.
<b>25</b> Enter 1% of line 23	156,756.	95,938.	110,406.	112,241.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					<b>26a</b> N/A
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					<b>26d</b> N/A
e Public support (line 26c minus line 26d total)					<b>26e</b> N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> N/A %
<b>27 Organizations described on line 12:</b> 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: (2006) 64,380. (2005) 0. (2004) 0. (2003) 0.					
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 11b, 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: (2006) 0. (2005) 0. (2004) 0. (2003) 0.					
c Add: Amounts from column (e) for lines: 15 10,331,499. 16 _____ 17 36,830,798. 20 _____ 21 202,860.					<b>27c</b> 47,365,157.
d Add: Line 27a total 64,380. and line 27b total 0.					<b>27d</b> 64,380.
e Public support (line 27c total minus line 27d total)					<b>27e</b> 47,300,777.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> 47,534,116.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> 99.5091%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> .3554%

**28 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.

NONE

723131 12-27-07

Schedule A (Form 990 or 990-EZ) 2007

**TENNESSEE PERFORMING ARTS CENTER (TPAC)**

Schedule A (Form 990 or 990-EZ) 2007 **MANAGEMENT COMPANY**

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**Part V Private School Questionnaire** (See page 9 of the instructions.)

**N/A**

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

		Yes	No
<b>29</b>	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? .....		
<b>30</b>	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? .....		
<b>31</b>	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? .....		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges? .....		
<b>b</b>	Admissions policies? .....		
<b>c</b>	Employment of faculty or administrative staff? .....		
<b>d</b>	Scholarships or other financial assistance? .....		
<b>e</b>	Educational policies? .....		
<b>f</b>	Use of facilities? .....		
<b>g</b>	Athletic programs? .....		
<b>h</b>	Other extracurricular activities? .....		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency? .....		
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? .....		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b>	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 .....		

Schedule A (Form 990 or 990-EZ) 2007

## TENNESSEE PERFORMING ARTS CENTER (TPAC)

Schedule A (Form 990 or 990-EZ) 2007 MANAGEMENT COMPANY

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**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 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**

(The term "expenditures" means amounts paid or incurred.)

(a)  
Affiliated group  
totals(b)  
To be completed for **all**  
electing organizations

		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 -		
	<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	
	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 .....	41
	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 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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 14 of the instructions.)

N/A

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 .....			
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.) .....			0.

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

## Part VII

### Exempt Organizations (See page 14 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

(i) Cash .....

(ii) Other assets .....

**b** Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization .....

(ii) Purchases of assets from a noncharitable exempt organization .....

(iii) Rental of facilities, equipment, or other assets .....

(iv) Reimbursement arrangements .....

(v) Loans or loan guarantees .....

(vi) Performance of services or membership or fundraising solicitations .....

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

[illegible]

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

☐ Yes      ☒ No

**b** If "Yes," complete the following schedule:

N/A

[illegible]



## FOOTNOTES

STATEMENT 1

FORM 990, PART IV, LINE 57C:

IMPROVEMENTS, EQUIPMENT AND FURNITURE ARE RECORDED AT COST, WHEN PURCHASED, OR AT FAIR MARKET VALUE, WHEN GIFTED TO THE ORGANIZATION. DEPRECIATION IS CALCULATED BY THE STRAIGHT-LINE METHOD TO ALLOCATE THE COST OF DEPRECIABLE ASSETS, AS SO DETERMINED, TO OPERATIONS OVER ESTIMATED USEFUL LIVES OF THREE TO SEVEN YEARS FOR COMPUTERS, FURNITURE AND EQUIPMENT, THIRTY YEARS FOR LOBBY IMPROVEMENTS, AND TEN YEARS FOR OTHER IMPROVEMENTS.

LOBBY IMPROVEMENTS	4,857,272.
OTHER IMPROVEMENTS	958,888.
COMPUTERS	333,083.
FURNITURE	285,615.
EQUIPMENT	474,406.
	<hr/>
	6,909,264.
LESS ACCUMULATED DEPRECIATION	<2,231,241.>
	<hr/>
NET FIXED ASSETS	4,678,023.
	<hr/>

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	2
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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)
VARIOUS	0.	310,340.	0.	308,800.	<1,540.>
TO FM 990, PART I, LN 8		310,340.	0.	308,800.	<1,540.>

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	3
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
GALA EVENT	228,209.	150,420.	77,789.	109,195.	<31,406.>
DEV. PREMIERE EVENING	174,675.	168,725.	5,950.	85,402.	<79,452.>
TO FM 990, PART I, LINE 9	402,884.	319,145.	83,739.	194,597.	<110,858.>

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
LOSS ON DERIVATIVE FINANCIAL INSTRUMENT	<1,605.>
TOTAL TO FORM 990, PART I, LINE 20	<1,605.>

FORM 990	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
ARTIST FEES	3,479,419.	3,471,419.	0.	8,000.	
CONTRACT LABOR	770,168.	770,168.	0.	0.	
BAD DEBT EXPENSE	1,654.	154.	0.	1,500.	
CASH OVER/SHORT	<493.>	<506.>	13.	0.	
CONCESSIONS SUPPLIES	148,716.	147,882.	200.	634.	
CREDIT CARD FEES	208,206.	202,124.	0.	6,082.	
CUSTODIAL	92,010.	92,010.	0.	0.	
DUES AND SUBSCRIPTIONS	39,365.	21,353.	12,556.	5,456.	
FEES - TICKETING/BANK/OTHER	16,851.	5,685.	10,866.	300.	
MARKETING - INSTITUTION	38,562.	38,329.	180.	53.	
MEALS/ENTERTAINMENT	21,953.	17,659.	3,517.	777.	
MISCELLANEOUS	66,197.	35,083.	13,804.	17,310.	
INSURANCE	82,792.	1,306.	81,486.	0.	
PRESENTER SHARE	14,997.	14,997.	0.	0.	
PRODUCTION COSTS	168,922.	168,862.	0.	60.	
PROFESSIONAL CONSULTING	107,934.	24,043.	83,891.	0.	
REPAIRS AND MAINTENANCE	61,342.	40,138.	13,553.	7,651.	
SECURITY	66,282.	66,282.	0.	0.	
TECH AND HOUSE SUPPLIES	24,961.	24,609.	352.	0.	
TRANSPORTATION					
GRANTS EXPENSE	6,225.	6,225.	0.	0.	
UNIFORMS AND ALTERATIONS	1,743.	1,743.	0.	0.	
MARKETING - PROGRAMMING	777,344.	777,344.	0.	0.	
FREIGHT	16.	16.	0.	0.	
STATE MAINTENANCE	161,035.	161,035.	0.	0.	
TRT	1,491.	0.	1,491.	0.	
TOTAL TO FM 990, LN 43	6,357,692.	6,087,960.	221,909.	47,823.	

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	6
	PART III		

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## EXPLANATION

TO PROVIDE QUALITY ARTS ENTERTAINMENT AND EDUCATION TO THE RESIDENTS OF TENNESSEE THROUGH THE OPERATION OF THE TENNESSEE PERFORMING ARTS CENTER (THE "CENTER" OR "TPAC").

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FORM 990	OTHER INVESTMENTS	STATEMENT	7
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DESCRIPTION	VALUATION METHOD	AMOUNT
INVESTMENT IN IPN	COST	25,000.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		25,000.

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FORM 990	MORTGAGES PAYABLE	STATEMENT	8
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DESCRIPTION	BALANCE DUE
BANK OF AMERICA	1,851,515.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	1,851,515.

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FORM 990	OTHER LIABILITIES	STATEMENT	9
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DEFERRED REVENUES	2,370,650.	1,713,768.
DEPOSITS	227,538.	225,824.
INTEREST RATE SWAP LIABILITY	35.	1,640.
CAPITAL LEASE OBLIGATION	0.	146,934.
TOTAL TO FORM 990, PART IV, LINE 65	2,598,223.	2,088,166.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	10
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DESCRIPTION	AMOUNT
LOSS ON DERIVATIVE INSTRUMENT	1,605.
DIRECT SPECIAL EVENT EXPENSES	194,597.
TOTAL TO FORM 990, PART IV-B	196,202.

FORM 990	IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B	STATEMENT	11
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NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
TENNESSEE PERFORMING ARTS FOUNDATION	X	
NASHVILLE INSTITUTE FOR THE ARTS	X	

FORM 990	PROGRAM SERVICE REVENUE	STATEMENT	12
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DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME
TICKET SALES					6,216,676.
RENTAL INCOME					515,737.
REIMBURSEMENTS					695,546.
CONCESSION SALES					402,766.
TICKET SERVICE CHG/FEES					1,264,866.
CONSULTING INCOME					50,000.
SPONSORSHIPS	541800	20,840.			296,732.
OTHER INCOME					23,749.
TO FORM 990, PART VII, LINE 93		20,840.			9,466,072.

SCHEDULE A	EXPLANATION OF TRANSACTIONS PART III, LINE 2A	STATEMENT 13
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TPAC PAID APPROXIMATELY \$25,000 IN RENT EXPENSE FOR OFFICE SPACE LEASED FROM A BOARD MEMBER'S COMPANY. THE EXPENSE REPORTED IN 2007 IS SIGNIFICANTLY LESS THAN IN 2006 BECAUSE THIS INDIVIDUAL RESIGNED FROM THE ORGANIZATION'S BOARD IN OCTOBER 2006. ADDITIONALLY, TPAC RECEIVED IN-KIND CONTRIBUTIONS BY BOARD MEMBERS, AS FOLLOWS: \$2,900 FOR STORAGE SPACE.

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SCHEDULE A	EXPLANATION OF TRANSACTIONS	STATEMENT 14
	PART III, LINE 2C	

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TPAC PAID BMI \$989 ON BEHALF OF ARTISTS AND JOHN CODY, A BOARD MEMBER OF TPAC, WORKS FOR BMI.

# 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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY</b>	Employer identification number <b>58-1320590</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>505 DEADERICK STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NASHVILLE, TN 37243</b>	

**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, CFO**  
Telephone No. ► **(615) 782-4033** 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 corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2009**, 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, 2007**, and ending **JUN 30, 2008**.

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

<b>3a</b> 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>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c</b> <b>Balance Due.</b> 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.	<b>3c</b>	\$ <b>N/A</b>

**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. 4-2008)



**TENNESSEE PERFORMING ARTS CENTER MANAGEMENT CORPORATION**  
**BOARD OF DIRECTORS**  
**2007-2008**

**J. Chase Cole. – Chairman**  
**Kenny Blackburn – Vice Chairman**  
**Emanuel Eads – Vice Chairman**  
**Ron Corbin – Treasurer**  
**C. Dale Allen – Secretary**

<b>Board Member (spouse)</b> Home Address <i>Assistant</i>	Contact Information	Appointing Authority Expiration of Term
<b>C. Dale Allen (Julie)</b> 208 Lynnwood Terrace Nashville, TN 37205 383-6789  <i>Vicki Jones</i>	Miller & Martin, PLLC 1200 One Nashville Place 150 Fourth Avenue, North Nashville, TN 37219-2433 <b>744-8518</b> (fax) 744-8638 <a href="mailto:dallen@millermartin.com">dallen@millermartin.com</a>  744-8535 <a href="mailto:vjones@millermartin.com">vjones@millermartin.com</a>	Governor June 30, 2009
<b>Kenneth E. Blackburn, II</b> <b>(Anne Holt Blackburn)</b> 1409 Devens Drive Brentwood, TN 37027 370-3958  <i>Laurie Deatheridge</i>	AT&T 333 Commerce Street Ste. 2104 Nashville, TN 37201-3300 <b>214-5904</b> 214-8858 (fax) 943-8114 (cell) <a href="mailto:kenny.blackburn@att.com">kenny.blackburn@att.com</a>  214-6531 <a href="mailto:laurie.deatheridge@att.com">laurie.deatheridge@att.com</a>	Governor June 30, 2009
<b>Barbara T. Bovender (Jack)</b> 520 Belle Meade Blvd. Nashville, TN 37205 <b>292-5782</b> 292-2783 (fax) <a href="mailto:barbbovender@comcast.net">barbbovender@comcast.net</a>		TPAF June 30, 2008
<b>John Cody (Eva-Lena)</b> 68 Wyn Oak Nashville, TN 37205 279-9677  <i>Yvonne Sawyer</i>	BMI 10 Music Square East Nashville, TN 37203 <b>401-5555</b> 401-2622 (fax) <a href="mailto:jcody@bmi.com">jcody@bmi.com</a>  401-5557 <a href="mailto:ysawyer@bmi.com">ysawyer@bmi.com</a>	TPACMC June 30, 2010

<b>Board Member (spouse)</b> Home Address <i>Assistant</i>	Contact Information	Appointing Authority Expiration of Term
<b>J. Chase Cole</b> 310 Page Road Nashville, TN 37205 292-9759  <i>Kathy Randolph</i>	Waller Lansden Dortch & Davis 511 Union Street Ste. 2700 Nashville, TN 37219 <b>850-8476</b> 244-6804 (fax) <a href="mailto:chase.cole@wallerlaw.com">chase.cole@wallerlaw.com</a>  <b>850-8831</b> 244-6804 (fax) <a href="mailto:kathy.randolph@wallerlaw.com">kathy.randolph@wallerlaw.com</a>	Governor June 30, 2010
<b>Ronald L. Corbin (Brenda)</b> 14 Torrey Pines Way Brentwood, TN 37027 776-8552  Carolyn Lashley	Allstate Insurance 555 Marriott Drive Suite 400 Nashville, TN 37214 <b>885-7999</b> 885-7936 (fax) <a href="mailto:rcor1@allstate.com">rcor1@allstate.com</a>  885-7915 <a href="mailto:clash@allstate.com">clash@allstate.com</a>	TPACMC June 30, 2008
<b>Jeanette Crosswhite</b> 2018 Roderick Circle Franklin, TN 37064 591-8895	Fine Arts Consultant Andrew Johnson Tower 5 <sup>th</sup> Floor 710 James Robertson Parkway Nashville, TN 37243-0379 <b>532-6278</b> 532-8536 (fax) <a href="mailto:jeanette.crosswhite@state.tn.us">jeanette.crosswhite@state.tn.us</a>	Governor/Education Commissioner June 30, 2009
<b>Ansel L. Davis (Jana)</b> 412 Jackson Blvd. Nashville, TN 37205  Paula Broadway	Ansel L. Davis & Associates, PLLC. 1102 17 <sup>th</sup> Avenue South Suite 401 Nashville, TN 37212 <b>320-1300</b> 320-1344 (fax) <a href="mailto:ansel@aldlaw.net">ansel@aldlaw.net</a>  320-1300 <a href="mailto:paula@aldlaw.net">paula@aldlaw.net</a>	TPACMC June 30, 2008

<b>Board Member (spouse)</b> Home Address <i>Assistant</i>	Contact Information	Appointing Authority Expiration of Term
<b>Emanuel Eads (Barbara)</b> 106 Suffolk Crescent Brentwood, TN 37027 661-8577  <i>Pim Collier</i>	Central Parking Corporation 2401 21 <sup>st</sup> Avenue South Nashville, TN 37212 <b>850-6250</b> 297-4458 (fax) <a href="mailto:eeads@parking.com">eeads@parking.com</a>  850-6211 <a href="mailto:pcollier@parking.com">pcollier@parking.com</a>	TPAF June 30, 2009
<b>Farzin Ferdowsi (Ziba)</b> 1728 General George Patton Dr. Brentwood, TN 37027 377-5723  <i>Renee Wells</i>	MRCO, LLC 1728 General George Patton Drive Ste. 200 Brentwood, TN 37027 <b>377-5723</b> 373-4299 (fax) <a href="mailto:fferdowsi@mrco.net">fferdowsi@mrco.net</a>  377-5723 <a href="mailto:rwells@mrco.net">rwells@mrco.net</a>	TPACMC June 30, 2008
<b>John D. Ferguson (Carole)</b> 124 Clarendon Avenue Nashville, TN 37205-3302 386-3661  <i>Carla Lasyone</i>	Corrections Corporation of America 10 Burton Hills Boulevard Nashville, TN 37215 <b>263-3001</b> 263-3010 (fax) <a href="mailto:john.ferguson@correctionscorp.com">john.ferguson@correctionscorp.com</a>  263-3001 <a href="mailto:carla.lasyone@correctionscorp.com">carla.lasyone@correctionscorp.com</a>	TAC June 30, 2010
<b>Aubrey B. Harwell, Jr. (Carlana)</b> 1215 Carl Seyfert Memorial Dr. Brentwood, TN 37027 373-2775  <i>Jenny Lewis</i>	Neal & Harwell 150 4 <sup>th</sup> Avenue North Suite 2000 Nashville, TN 37219-2498 <b>244-1713</b> 726-0573 (fax) <a href="mailto:aharwell@nealharwell.com">aharwell@nealharwell.com</a>  <a href="mailto:jlewis@nealharwell.com">jlewis@nealharwell.com</a>	TPAF June 30, 2009
<b>Martha R. Ingram</b> 120 Hillwood Drive Nashville, TN 37205 352-3236 352-9112 (fax)  <i>Nana Carl</i>	Ingram Industries Inc. 4400 Harding Road Nashville, TN 37205 <b>298-8204</b> 298-7579 (fax) <a href="mailto:martha.ingram@ingram.com">martha.ingram@ingram.com</a>  <a href="mailto:nana.carl@ingram.com">nana.carl@ingram.com</a>	TPAF June 30, 2010

<b>Board Member (spouse)</b> Home Address <i>Assistant</i>	Contact Information	Appointing Authority Expiration of Term
<b>Marcelite Johnson (Melvin)</b> 2904 John A. Merritt Blvd Nashville, TN 37209  <i>Arlene V. Simmons</i>	Tennessee State University Office of the President 3500 John A. Merritt Blvd. Nashville, TN 37209 <b>963-7401</b> 963-7407 (fax) <a href="mailto:medj@Tnstate.edu">medj@Tnstate.edu</a>  963-7401 <a href="mailto:simmonsav@TNstate.edu">simmonsav@TNstate.edu</a>	TAC June 30, 2009
<b>Howard H. Lamar III (Elizabeth)</b> 805 Westview Avenue Nashville, TN 37205 665-4399  <i>Trudi Thacker</i>	Bass, Berry & Sims 315 Deaderick Street Ste. 2700 Nashville, TN 37238-0002 <b>742-6209</b> 742-2709 (fax) <a href="mailto:hlamar@bassberry.com">hlamar@bassberry.com</a>  259-6482 <a href="mailto:tthacker@bassberry.com">tthacker@bassberry.com</a>	TAC June 30, 2008
<b>Priscilla Partridge de Garcia (Pedro)</b> 5012 High Valley Drive Brentwood, TN 37027 <b>373-9569</b> 830-6694 (cell) <a href="mailto:p.garcia125@comcast.net">p.garcia125@comcast.net</a>		TPACF June 30, 2009
<b>David A. Perdue (Bonnie)</b> 1206 Belle Meade Blvd. Nashville, TN 37205 269-0888 <a href="mailto:perdue88@gmail.com">perdue88@gmail.com</a>		TAC June 30, 2008
<b>Steve Turner (Judy)</b> 4415 Tyne Blvd. Nashville, TN 37215 665-9529  <i>Grace Goostree</i>	Butler's Run, LLC 138 2 <sup>nd</sup> Avenue North Suite 500 Nashville, TN 37201 <b>742-3656</b> 742-7423 (fax) <a href="mailto:sturner@thefamilyoffice.org">sturner@thefamilyoffice.org</a>  <b>846-4913</b> 846-2047 (fax) <a href="mailto:ggoostree@thefamilyoffice.org">ggoostree@thefamilyoffice.org</a>	TPAF June 30, 2010

<b>Alan R. Yuspeh (Janet)</b> 126 Third Avenue North Franklin, TN 37064 599-1315  <i>Janet Foust</i>	HCA The Healthcare Corporation One Park Plaza Nashville, TN 37203-1505 <b>344-1005</b> 344-1045 (fax) 888-930-8423 (pager) <a href="mailto:alan.yuspeh@hcahealthcare.com">alan.yuspeh@hcahealthcare.com</a>  344-2928 <a href="mailto:janet.foust@hcahealthcare.com">janet.foust@hcahealthcare.com</a>	TPAF June 30, 2010
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**Sandra F. Fulton (Richard)**  
**Director Emerita**  
124 Brighton Close  
Nashville, TN 37205  
**292-3355** 292-3355 (fax)  
[sandraff@comcast.net](mailto:sandraff@comcast.net)

Young Leader Intern

**Jennifer Leigh Smith**  
United Way of Metropolitan Nashville  
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## **TPAC Education Program Services 2007-2008**

**Humanities Outreach in Tennessee (HOT)** presents an annual season of outstanding professional performances of theatre, dance, and music that complement curriculum objectives and provided a rich variety of artistic and cultural expression for school groups. To make these experiences more fulfilling and accessible for students, HOT provides in-school visits, post-performance seminars, and teacher workshops, as well as subsidized tickets, travel grants, and logistical support. All teachers receive guidebooks containing performance information, production specific arts insights, historical background, and activity suggestions that can be used in the classroom before and after the performance. In the 2007-2008 academic year, 33,423 students from 194 schools attended HOT performances. 7,717 received free or deeply reduced price tickets based on need. 12 schools (representing 1,269 students) received transportation assistance, totaling a subsidy of \$6,213.

**ArtSmart** is a unique classroom-based partner to the HOT season. Through ArtSmart, students arrive at the theater with an expanded capacity to engage with the performance they are about to see. Specialized training enables teachers and teaching artists to guide arts-based activities that challenge young people to imagine, to practice and to reflect. For over 20 years, thousands of school children, from kindergarten through seventh-grade, benefit from this instructional practice provided at no cost to Metro Nashville Public Schools. In the 2007-2008 schoolyear, 26 schools received ArtSmart residencies, involving 5,129 students and 231 teachers.

**InsideOut** is for adults who want to grow in their knowledge and enjoyment of the performing arts. Events come in many shapes and sizes, and in many different places both inside and out of TPAC's downtown Nashville theaters. InsideOut offers a series of lunch seminars, rehearsal and performance excerpts, workshops, and sneak previews behind-the-scenes. In 2007-2008, InsideOut partnered with fifteen community and art organizations, including Vanderbilt University, Tennessee Repertory Theatre, the Nashville Ballet, the Nashville Zoo and 6 National Broadway Touring productions. More than 2800 individuals participated in the season events.

**Wolf Trap Early Learning Through the Arts** is a nationally affiliated program that utilizes the disciplines of music, dance, theatre, and puppetry as powerful tools for educating pre-school children. Professional performing artists partner with early childhood educators and create activities that target curriculum and developmental goals for 3-to-5 year olds, including emerging literacy skills, social interaction and self-expression. Wolf Trap residencies and workshops provide training for teachers in arts-based instruction techniques they can employ in their classrooms. In 2007-2008, TPAC's Wolf Trap program provided 56 seven-week residencies in 8 Davidson County Head Start Centers, reaching 1,027 preschool children. In residency evaluations, 92% of participating teachers noted student growth in up to nine additional skill categories, including verbal ability, socialization, self-confidence, self-expression, and gross and fine motor skills.