

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 private foundations)

OMB No. 1545-0047

**2013**Open to Public  
Inspection

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**A** For the 2013 calendar year, or tax year beginning **JUN 1, 2013** and ending **MAY 31, 2014****B** Check if applicable:

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

**C** Name of organization**NASHVILLE BALLET**

Doing Business As

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

**3630 REDMON STREET**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**NASHVILLE, TN 37209****F** Name and address of principal officer: **HEATHER THORNE****SAME AS C ABOVE****D** Employer identification number**58-1440788****E** Telephone number**615-297-2966****G** Gross receipts \$ **7,119,191.****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No  
If "No," attach a list. (see instructions)**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.NASHVILLEBALLET.COM****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1986** **M** State of legal domicile: **TN****Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>OUR MISSION IS TO CREATE, PERFORM, TEACH, AND PROMOTE DANCE AS AN ESSENTIAL AND INSPIRING</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>55</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>55</b>
	<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>144</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>250</b>
		<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>
<b>b</b>		Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>-68.</b>
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>2,455,530.</b>	<b>4,157,092.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,193,140.</b>	<b>2,339,777.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>17,908.</b>	<b>25,781.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>279,189.</b>	<b>242,557.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>4,945,767.</b>	<b>6,765,207.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>1,979,670.</b>	<b>2,157,233.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
<b>Net Assets or Fund Balances</b>	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,147,112.</b>	<b>2,220,521.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,126,782.</b>	<b>4,377,754.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>818,985.</b>	<b>2,387,453.</b>
	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>6,166,889.</b>	<b>8,736,991.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>2,362,359.</b>	<b>2,520,141.</b>
			<b>3,804,530.</b>	<b>6,216,850.</b>

**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>HEATHER THORNE, BOARD PRESIDENT</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>BART BROWDER</b>	<b>BART BROWDER</b>	<b>11/14/14</b>		<b>P01278431</b>
	Firm's name	Firm's EIN			
	<b>KRAFTCPAS PLLC</b>	<b>62-0713250</b>			
	Firm's address	Phone no.			
	<b>555 GREAT CIRCLE ROAD</b>	<b>615-242-7351</b>			
	<b>NASHVILLE, TN 37228</b>				

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III** Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission:

NASHVILLE BALLET'S MISSION IS TO CREATE, PERFORM, TEACH AND PROMOTE DANCE AS AN ESSENTIAL AND INSPIRING ELEMENT OF OUR COMMUNITY. WE FULFILL THAT MISSION BY OFFERING A DIVERSE RANGE OF DANCE PROGRAMS IN OUR SEASON REPERTORY, EDUCATING CHILDREN AND ADULTS IN OUR SCHOOL OF

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☒ X Yes ☐ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ X No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 3,881,960. including grants of \$ ) (Revenue \$ 2,376,506.)

NASHVILLE BALLET WANTS TO BE WHERE NASHVILLE MEETS BALLET - WHERE NASHVILLIANS ARE INTRODUCED TO THE ART FORM AND WHERE A CONTEMPORARY MUSIC CITY MERGES WITH THE FINE ART OF BALLET. LAST SEASON FULFILLED THAT GOAL AND PROVED TO BE OUR MOST DARING YET. WE OPENED THE 2013-2014 SEASON WITH A BRAND NEW TAKE ON THE CLASSIC FAIRYTALE PETER PAN. THIS WORLD PREMIERE WITH ORIGINAL CHOREOGRAPHY BY NASHVILLE BALLET ARTISTIC DIRECTOR & CEO PAUL VASTERLING FEATURED ON-STAGE FLIGHT BY BELOVED CHARACTERS PETER, WENDY AND TINKERBELL. AS IF OUR HOLIDAY TRADITION, WE PRESENTED NASHVILLE'S NUTCRACKER. THE LOCAL CLASSIC CELEBRATES OUR CITY'S RICH CULTURAL HISTORY BY SETTING THE FAMILIAR TALE IN 1897 NASHVILLE. IN ANOTHER WORLD PREMIERE, VASTERLING COMBINED HIS CHOREOGRAPHIC PROWESS WITH AN ORIGINAL PIANO CONCERTO FROM

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 3,881,960.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule O

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**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 74		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 144		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	<b>3b</b>	X	
<b>4a</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>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<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>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<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>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 55 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. <b>1b</b> 55		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 55		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... <b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... <b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? ..... <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ..... <b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? ..... <b>10a</b>		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ..... <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..... <b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. .... <b>11b</b>		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... <b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... <b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ..... <b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? ..... <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? ..... <b>14</b>	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official ..... <b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization ..... <b>15b</b>		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... <b>16a</b>		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... <b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **TN**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ANGIE ADAMS, EXECUTIVE DIRECTOR - 615-297-2966**  
**3630 REDMON STREET, NASHVILLE, TN 37209**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AMY ATKINSON BOARD MEMBER	1.00	X						0.	0.	0.
(2) KELLY BAHIRAEI EX-OFFICIO, FRIENDS PRESIDENT	1.00	X						0.	0.	0.
(3) ANITA BALTIMORE BOARD MEMBER	1.00	X						0.	0.	0.
(4) JOHN BETTIS BOARD MEMBER	1.00	X						0.	0.	0.
(5) KERRI CAVANAUGH BOARD MEMBER	1.00	X						0.	0.	0.
(6) NANCY CHEADLE BOARD MEMBER	1.00	X						0.	0.	0.
(7) LESLIE DOUGLAS CHURCHWELL BOARD MEMBER	1.00	X						0.	0.	0.
(8) LISA RAMSAY COLE BOARD MEMBER	1.00	X						0.	0.	0.
(9) BRENDA CORBIN BOARD MEMBER	1.00	X						0.	0.	0.
(10) TREY CRABB BOARD MEMBER	1.00	X						0.	0.	0.
(11) LYNDSY DAVIS EX-OFFICIO, YOUNG LEADERS BOARD INTE	1.00	X						0.	0.	0.
(12) SUANN DAVIS EX-OFFICIO, CO-CHAIR, BALLET BALL 20	1.00	X						0.	0.	0.
(13) JIM DEDMON BOARD MEMBER	1.00	X						0.	0.	0.
(14) ROSEMARY DICKERSON BOARD MEMBER	1.00	X						0.	0.	0.
(15) CHANDRA DOUGLAS BOARD MEMBER	1.00	X						0.	0.	0.
(16) EMMELY DUNCAN BOARD MEMBER	1.00	X						0.	0.	0.
(17) PATRICIA EASTWOOD BOARD MEMBER/PRESIDENT-ELECT	1.00	X		X				0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LISA ELLIS BOARD MEMBER	1.00	X						0.	0.	0.
(19) LAURIE ESKIND BOARD MEMBER	1.00	X						0.	0.	0.
(20) JANE FABIAN BOARD MEMBER	1.00	X						0.	0.	0.
(21) BRIAN FITZPATRICK BOARD MEMBER	1.00	X						0.	0.	0.
(22) CATHERINE GEMMATO-SMITH BOARD MEMBER	1.00	X						0.	0.	0.
(23) AMOS GOTT BOARD MEMBER	1.00	X						0.	0.	0.
(24) ELIZABETH GREER BOARD MEMBER	1.00	X						0.	0.	0.
(25) FRANK HAMMER BOARD MEMBER	1.00	X						0.	0.	0.
(26) BILL HARALSON BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								220,651.	0.	20,738.
<b>d Total (add lines 1b and 1c)</b>								220,651.	0.	20,738.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) GERRY HAYDEN BOARD MEMBER/TREASURER	1.00	X		X				0.	0.	0.
(28) ASHLEY HENRY BOARD MEMBER	1.00	X						0.	0.	0.
(29) JEFF HERRING BOARD MEMBER	1.00	X						0.	0.	0.
(30) JACQUELINE HUTTON BOARD MEMBER	1.00	X						0.	0.	0.
(31) MARTHA IVESTER BOARD MEMBER	1.00	X						0.	0.	0.
(32) ALLISON JONES BOARD MEMBER	1.00	X						0.	0.	0.
(33) SUSAN SHORT JONES BOARD MEMBER	1.00	X						0.	0.	0.
(34) LOIS JORDAN BOARD MEMBER	1.00	X						0.	0.	0.
(35) JAY JOYNER BOARD MEMBER	1.00	X						0.	0.	0.
(36) CHRIS KEATON BOARD MEMBER	1.00	X						0.	0.	0.
(37) MOLLY KELLY BOARD MEMBER	1.00	X						0.	0.	0.
(38) NEIL KRUGMAN BOARD MEMBER	1.00	X						0.	0.	0.
(39) SANDRA LIPMAN BOARD MEMBER	1.00	X						0.	0.	0.
(40) EUGENE LOTOCHINSKI BOARD MEMBER	1.00	X						0.	0.	0.
(41) ADRIENNE MCRAE BOARD MEMBER	1.00	X						0.	0.	0.
(42) DON MOODY BOARD MEMBER	1.00	X						0.	0.	0.
(43) JIM MUNRO BOARD MEMBER	1.00	X						0.	0.	0.
(44) RACHEL ODOM BOARD MEMBER	1.00	X						0.	0.	0.
(45) JENNIFER PURYEAR BOARD MEMBER	1.00	X						0.	0.	0.
(46) SARAH REISNER EX-OFFICIO, CO-CHAIR, BALLET BALL 20	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>	32,862.			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	243,500.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,880,730.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		126,973.			
	<b>h</b> Total. Add lines 1a-1f		4,157,092.			
<b>Program Service Revenue</b>	<b>2 a</b> TICKET SALES	Business Code 711120	1,186,082.	1,186,082.		
	<b>b</b> SCHOOL TUITION	611600	1,092,676.	1,092,676.		
	<b>c</b> RENTALS & TOURING	900099	37,081.	37,081.		
	<b>d</b> OUTREACH	900099	23,938.	23,938.		
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> Total. Add lines 2a-2f		2,339,777.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		13,858.		
<b>4</b> Income from investment of tax-exempt bond proceeds						
<b>5</b> Royalties						
<b>6 a</b> Gross rents		(i) Real 90,000.				
<b>b</b> Less: rental expenses		89,854.				
<b>c</b> Rental income or (loss)		146.				
<b>d</b> Net rental income or (loss)			146.		146.	
<b>7 a</b> Gross amount from sales of assets other than inventory		(i) Securities 92,376.				
<b>b</b> Less: cost or other basis and sales expenses		80,453.				
<b>c</b> Gain or (loss)		11,923.				
<b>d</b> Net gain or (loss)			11,923.			11,923.
<b>8 a</b> Gross income from fundraising events (not including \$ 32,862. of contributions reported on line 1c). See Part IV, line 18		a 370,433.				
<b>b</b> Less: direct expenses		b 164,751.				
<b>c</b> Net income or (loss) from fundraising events			205,682.			205,682.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19		a				
<b>b</b> Less: direct expenses		b				
<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	a 32,650.					
<b>b</b> Less: cost of goods sold	b 18,926.					
<b>c</b> Net income or (loss) from sales of inventory		13,724.	13,724.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> MISCELLANEOUS	900099	23,005.	23,005.			
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e</b> Total. Add lines 11a-11d		23,005.				
<b>12</b> Total revenue. See instructions.		6,765,207.	2,376,506.	146.	231,463.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	234,512.	101,819.	74,369.	58,324.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,554,880.	1,413,658.	48,955.	92,267.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,049.	10,218.	659.	2,172.
9 Other employee benefits	133,272.	114,247.	3,332.	15,693.
10 Payroll taxes	221,520.	184,811.	11,780.	24,929.
11 Fees for services (non-employees):				
a Management				
b Legal	3,100.	3,100.		
c Accounting	15,750.	12,789.	975.	1,986.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,042.	3,107.	275.	660.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	42,333.	15,792.	434.	26,107.
12 Advertising and promotion	350,287.	339,336.	65.	10,886.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	246,443.	226,175.	4,621.	15,647.
17 Travel	70,842.	68,313.	759.	1,770.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4,861.	2,366.	180.	2,315.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	242,189.	224,920.	5,687.	11,582.
23 Insurance	36,462.	25,559.	1,944.	8,959.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ARTIST FEES, LICENSES,	558,194.	557,466.	0.	728.
b THEATER AND PRODUCTION	314,038.	314,026.	0.	12.
c BANK & TICKET FEES	192,478.	164,372.	456.	27,650.
d EQUIPMENT AND SUPPLIES	77,333.	66,299.	1,803.	9,231.
e All other expenses	62,169.	33,587.	751.	27,831.
25 Total functional expenses. Add lines 1 through 24e	4,377,754.	3,881,960.	157,045.	338,749.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	364,633.	<b>1</b>	992,737.
	<b>2</b> Savings and temporary cash investments .....	185,223.	<b>2</b>	187,249.
	<b>3</b> Pledges and grants receivable, net .....	943,811.	<b>3</b>	2,569,970.
	<b>4</b> Accounts receivable, net .....	25,313.	<b>4</b>	78,260.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	3,492.	<b>8</b>	8,110.
	<b>9</b> Prepaid expenses and deferred charges .....	29,812.	<b>9</b>	33,098.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,542,239.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,531,805.		
		3,858,730.	<b>10c</b>	4,010,434.
	<b>11</b> Investments - publicly traded securities .....	542,606.	<b>11</b>	576,333.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	213,269.	<b>15</b>	280,800.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	6,166,889.	<b>16</b>	8,736,991.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	124,018.	<b>17</b>	125,547.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	523,497.	<b>19</b>	745,146.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,714,844.	<b>23</b>	1,649,448.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	2,362,359.	<b>26</b>	2,520,141.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	3,232,997.	<b>27</b>	4,922,761.
	<b>28</b> Temporarily restricted net assets .....	441,318.	<b>28</b>	1,159,624.
	<b>29</b> Permanently restricted net assets .....	130,215.	<b>29</b>	134,465.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> .....	3,804,530.	<b>33</b>	6,216,850.
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	6,166,889.	<b>34</b>	8,736,991.

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**Part XI Reconciliation of Net Assets**

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,765,207.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,377,754.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,387,453.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,804,530.
5	Net unrealized gains (losses) on investments	5	19,220.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	5,647.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,216,850.

**Part XII Financial Statements and Reporting**

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

☒

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1549505.	1926063.	1063639.	2455530.	4157092.	11151829.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	1549505.	1926063.	1063639.	2455530.	4157092.	11151829.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						597,547.
6 <b>Public support.</b> Subtract line 5 from line 4.						10554282.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1549505.	1926063.	1063639.	2455530.	4157092.	11151829.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	116.	7,663.	8,285.	12,167.	13,858.	42,089.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				3,718.	379.	4,097.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,927.	6,682.	10,583.	6,268.	23,005.	49,465.
11 <b>Total support.</b> Add lines 7 through 10						11247480.
12 Gross receipts from related activities, etc. (see instructions)					12	9,361,342.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	93.84	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	91.82	%
16a <b>33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b <b>33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b <b>10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2013



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						

**14** First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.  
Also complete this part for any additional information. (See instructions).

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:****MISCELLANEOUS INCOME**

2009 AMOUNT: \$ 2,927.

2010 AMOUNT: \$ 6,682.

2011 AMOUNT: \$ 10,583.

2012 AMOUNT: \$ 6,268.

2013 AMOUNT: \$ 11,631.

**RETURN OF PRIOR YEAR WORKERS COMPENSATION PREMIUM**

2013 AMOUNT: \$ 11,374.

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

NASHVILLE BALLET

Employer identification number

58-1440788

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.**Special Rules**☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)**

Name of organization

Employer identification number

**NASHVILLE BALLET****58-1440788****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>189,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>104,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>102,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>105,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>110,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**NASHVILLE BALLET****58-1440788****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>120,126.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

NASHVILLE BALLET

58-1440788

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

NASHVILLE BALLET

Employer identification number

58-1440788

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	273,446.	207,217.	212,030.	54,543.	50,189.
b Contributions	4,100.	54,875.	340.	150,000.	
c Net investment earnings, gains, and losses	26,061.	27,974.	-3,848.	7,487.	4,354.
d Grants or scholarships					
e Other expenditures for facilities and programs	15,454.	16,620.	1,305.		
f Administrative expenses					
g End of year balance	288,153.	273,446.	207,217.	212,030.	54,543.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☒ 43.38 %  
 b Permanent endowment ☒ 46.61 %  
 c Temporarily restricted endowment ☒ 10.01 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		130,000.		130,000.
b Buildings		3,735,110.	997,339.	2,737,771.
c Leasehold improvements				
d Equipment		2,606,846.	1,493,125.	1,113,721.
e Other		70,283.	41,341.	28,942.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,010,434.

Schedule D (Form 990) 2013

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Schedule D (Form 990) 2013

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	7,169,600.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	19,220.
b	Donated services and use of facilities	2b	105,995.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	5,647.
e	Add lines 2a through 2d	2e	130,862.
3	Subtract line 2e from line 1	3	7,038,738.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-273,531.
c	Add lines 4a and 4b	4c	-273,531.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,765,207.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	4,757,280.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	105,995.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	273,531.
e	Add lines 2a through 2d	2e	379,526.
3	Subtract line 2e from line 1	3	4,377,754.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,377,754.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

THE ORIGINAL PRINCIPAL IS INVESTED INDEFINITELY AND INCOME

GENERATED FROM THE PRINCIPAL IS USED TO SUPPORT THE MISSION OF NASHVILLE

BALLET.

**PART X, LINE 2:**

MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS

TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE BALLET'S

INCOME TAX RETURNS TO DETERMINE WHETHER THE INCOME TAX POSITIONS MEET A

"MORE LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY

THE APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS PERFORMED ITS EVALUATION

OF ALL INCOME TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX RETURNS AND HAS

**Part XIII** Supplemental Information (continued)

DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE LIKELY THAN NOT" STANDARD. ACCORDINGLY, THERE ARE NO PROVISIONS FOR INCOME TAXES, PENALTIES OR INTEREST RECEIVABLE OR PAYABLE RELATING TO UNCERTAIN INCOME TAX POSITIONS IN THE ACCOMPANYING FINANCIAL STATEMENTS.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF THE COMMUNITY FOUNDATION OF MIDDLE

TENNESSEE ENDOWMENT 5,647.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES -164,751.

GIFT SHOP COSTS -18,926.

RENTAL EXPENSES -89,854.

TOTAL TO SCHEDULE D, PART XI, LINE 4B -273,531.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 164,751.

GIFT SHOP COSTS 18,926.

RENTAL EXPENSES 89,854.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 273,531.

Department of the Treasury  
Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

▶ **Attach to Form 990 or Form 990-EZ.**

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2013

## Open To Public Inspection

Name of the organization

NASHVILLE BALLET

Employer identification number

58-1440788

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ **Yes**☐ **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total .....						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BALLET BALL (event type)	SPRING TEA (event type)	NONE (total number)	
Revenue	1 Gross receipts .....	371,491.	5,060.		376,551.
	2 Less: Contributions .....	26,360.	0.		26,360.
	3 Gross income (line 1 minus line 2) .....	345,131.	5,060.		350,191.
Direct Expenses	4 Cash prizes .....	0.	0.		
	5 Noncash prizes .....	1,920.	0.		1,920.
	6 Rent/facility costs .....	19,888.	3,475.		23,363.
	7 Food and beverages .....	44,588.	112.		44,700.
	8 Entertainment .....	20,725.	0.		20,725.
	9 Other direct expenses .....	67,524.	3,252.		70,776.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				161,484.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				188,707.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....				
	2 Cash prizes .....				
Direct Expenses	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**NASHVILLE BALLET**

Employer identification number

**58-1440788**

**Part I** Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....	X	1	112,636.	FAIR MARKET VALUE
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( <u>FOOD &amp; BEVERA</u> ) .....	X	6	14,225.	FAIR MARKET VALUE
26 Other ▶ ( <u>MISCELLANEOUS</u> ) .....	X	2	112.	FAIR MARKET VALUE
27 Other ▶ ( ) .....				
28 Other ▶ ( ) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....

	Yes	No
30a		X
31	X	
32a	X	

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2013)



**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE M, LINE 32B:**

GIFTS OF STOCK ARE TO BE TRANSFERRED INTO AN ESTABLISHED  
BROKERAGE ACCOUNT (SUNTRUST INVESTMENT SERVICES, INC.) OPERATED BY  
NASHVILLE BALLET. IT IS THE POLICY OF NASHVILLE BALLET TO IMMEDIATELY  
LIQUIDATE ALL GIFTS OF STOCK/SECURITIES FOR ALL PURPOSES EXCEPT  
ENDOWMENT GIFTS. THE LIQUIDATION OF STOCK INTENDED FOR ENDOWMENT GIFTS  
WILL BE MANAGED BY THE CONTRACTED INVESTMENT MANAGER ACCORDING TO  
INVESTMENT POLICIES APPROVED BY THE INVESTMENT COMMITTEE OF THE BOARD.  
FOR INCOME TAX PURPOSES AND DONOR RECORDS, THE VALUE OF THE GIFT IS  
CALCULATED BASED ON PREVAILING IRS GUIDELINES. (TYPICALLY THE AVERAGE  
OF THE HIGH AND THE LOW ON THE DATE OF TRANSFER.) BROKERAGE FEES  
INVOLVED IN THE SALE OF STOCK ARE BORNE BY NASHVILLE BALLET AND NOT  
DEDUCTED FROM THE VALUE OF THE GIFT.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

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**2013**

Open to Public  
Inspection

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58-1440788

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

ELEMENT OF OUR COMMUNITY. THROUGH OUR SEASON PERFORMANCE REPERTORY, WE  
CREATE AND PRESENT OUTSTANDING WORKS OF ART IN COLLABORATION WITH OTHER  
NOTABLE NASHVILLE ARTISTS, INCLUDING THE NASHVILLE SYMPHONY, ALIAS  
CHAMBER ENSEMBLE AND LOCAL SINGER-SONGWRITERS. THESE INSPIRATIONAL  
WORKS OF ART REACH MORE THAN 30,000 MIDDLE TENNESSEANS EVERY YEAR. OUR  
SCHOOL OF NASHVILLE BALLET IS A NATIONALLY KNOWN LEADER IN CLASSICAL  
BALLET TRAINING AND TOP OF MIND LOCALLY FOR RECREATIONAL DANCING, WITH  
MORE THAN 1,200 STUDENTS ENROLLED ANNUALLY. OUR OUTREACH AND  
EDUCATIONAL PROGRAMS PERMEATE THE COMMUNITY AND REACH OVER 37,000  
UNDERSERVED CHILDREN, YOUTH AND ADULTS IN MORE THAN 18 COUNTIES ACROSS  
TENNESSEE.

**FORM 990, PART I, LINE 8: CONTRIBUTIONS AND GRANTS**

NASHVILLE BALLET'S CAPITAL CAMPAIGN HAS POSITIVELY  
IMPACTED FUNDRAISING EFFORTS BEGINNING IN DECEMBER 2012. THIS REVENUE  
IS RESTRICTED TO THE PURPOSE OF OUR CAPITAL EXPANSION AND OTHER  
ASSOCIATED EXPENSES. THE BREAKDOWN OF THIS REVENUE IS AS FOLLOWS:

PRIOR YEAR:	REPORTED ON LINE 8	\$2,455,530
-------------	--------------------	-------------

CAPITAL CAMPAIGN	1,029,804
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ALL OTHER CONTRIBUTIONS	1,425,726
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CURRENT YEAR:	REPORTED ON LINE 8	4,157,092
---------------	--------------------	-----------

Name of the organization

NASHVILLE BALLET

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58-1440788

CAPITAL CAMPAIGN	2,179,428
------------------	-----------

ALL OTHER CONTRIBUTIONS	1,977,664
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## COMPARISON OF PRIOR YEAR TO CURRENT YEAR "ALL OTHER CONTRIBUTIONS"

REVEALS AN INCREASE IN CONTRIBUTIONS OF \$551,938. THE MAJORITY OF THIS INCREASE IS DUE TO THE RECEIPT OF A SINGLE CONTRIBUTION RECORDED DURING THIS PERIOD BUT RESTRICTED FOR USE IN THE UPCOMING FISCAL YEAR. THE AMOUNT OF THAT CONTRIBUTION IS \$458,000.

## FORM 990, PART I, LINE 18: TOTAL EXPENSES

IN ORDER TO PROVIDE RELEVANT, COMPARATIVE DATA FROM THE PRIOR YEAR TO THE CURRENT YEAR, ESTIMATED EXPENSES ATTRIBUTABLE TO THE LAUNCH OF NASHVILLE BALLET'S CAPITAL CAMPAIGN, FOR WHICH REVENUE IS DELINEATED ABOVE, AND DEPRECIATION EXPENSE (A SIGNIFICANT, NON-CASH EXPENSE) ARE EXPLAINED BELOW:

PRIOR YEAR:	REPORTED ON LINE 18	\$4,126,782
-------------	---------------------	-------------

CAPITAL CAMPAIGN	182,481
------------------	---------

DEPRECIATION EXPENSE	248,627
----------------------	---------

ALL OTHER EXPENSES	3,695,674
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CURRENT YEAR:	REPORTED ON LINE 18	4,377,754
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CAPITAL CAMPAIGN	164,586
------------------	---------

DEPRECIATION EXPENSE	278,142
----------------------	---------

ALL OTHER EXPENSES	3,935,026
--------------------	-----------

Name of the organization

NASHVILLE BALLET

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58-1440788

COMPARISON OF PRIOR YEAR TO CURRENT YEAR "ALL OTHER EXPENSES" REVEALS  
AN INCREASE OF \$239,352.

MORE THAN \$110,000 OF THIS INCREASE IS DUE TO A PLANNED INCREASE IN  
ARTISTIC PROGRAM EXPENSES FOR THE LICENSING OF THE BALLET PETIT MORT,  
BY JIRI KYLIAN, AND THE CO-COMMISSION OF A PIANO CONCERTO BY BEN FOLDS  
AND THE RELATED FEES ASSOCIATED WITH HAVING MR. FOLDS PERFORM DURING  
THE WORLD PREMIERE BALLET CHOREOGRAPHED TO HIS PIANO CONCERTO.

ADDITIONALLY, PERSONNEL EXPENSES NOT RELATED TO THE CAPITAL CAMPAIGN  
INCREASED BY APPROXIMATELY \$150,000 FROM PRIOR YEAR TO CURRENT YEAR.  
THIS REFLECTS ONLY A 7% OVERALL INCREASE OVER THE PRIOR YEAR AND IS  
PRIMARILY DUE TO ANNUAL COMPENSATION INCREASES AND INCREASED BENEFITS  
EXPENSES. NASHVILLE BALLET ALSO CONTINUES TO STRATEGICALLY EXPAND ITS  
STAFF AND INFRASTRUCTURE TO ACCOMMODATE THE CURRENT GROWTH OF ALL  
PROGRAMS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
NASHVILLE BALLET AND BRINGING DANCE INTO THE COMMUNITY THROUGH OUTREACH  
& EDUCATION PERFORMANCES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:  
EXPLANATION: IN WHAT WE CONSIDER OUR MOST AMBITIOUS SEASON TO DATE,  
NASHVILLE BALLET CREATED NEW WORKS AND PERFORMED ESSENTIAL PIECES  
WITHIN THE BALLET CANON, INTRODUCING CHOREOGRAPHY INTO OUR OWN  
REPERTORY AND EXPOSING A NEW GENERATION OF NASHVILLIANS TO THESE  
ESSENTIAL WORKS OF ART.

332212  
09-04-13

Name of the organization <b>NASHVILLE BALLET</b>	Employer identification number <b>58-1440788</b>
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1. THE BEN FOLDS PROJECT - POP MUSIC IMPRESARIO BEN FOLDS WROTE AN ORIGINAL PIANO CONCERTO AS PART OF A SPECIAL COMMISSION ARRANGEMENT AMONGST NASHVILLE BALLET, THE NASHVILLE SYMPHONY AND THE MINNESOTA ORCHESTRA. FOLDS AND VASTERLING COLLABORATED TO COMBINE THE NEW MUSICAL COMMISSION WITH ORIGINAL CHOREOGRAPHY, SPINNING A POETIC NARRATIVE IN A CLASSICAL STYLE INFLUENCED BY POPULAR MUSIC. THE NASHVILLE SYMPHONY PREMIERED THE CONCERTO IN MARCH 2014, FOLDS PERFORMED THE WORK WITH THE MINNESOTA ORCHESTRA, THEN NASHVILLE BALLET PREMIERED THE ACCOMPANYING CHOREOGRAPHY IN MAY. ARTS NASH WRITER JOHN PITCHER COMPARED THE COLLABORATION TO "WATCHING MIKHAIL BARYSHNIKOV AND BOB FOSSE ONSTAGE WHILE MAURICE RAVEL AND ART TATUM TOOK TURNS AT THE PIANO." THE PERFORMANCE ALLOWED NASHVILLE BALLET TO REACH 1,399 NEW AUDIENCE MEMBERS WHO HAD NEVER BEFORE ATTENDED A NASHVILLE BALLET PERFORMANCE.

2. PETITE MORT. A REPRESENTATIVE OF CZECH/DUTCH CHOREOGRAPHER JIRI KYLIAN'S ESTATE VISITED NASHVILLE BALLET IN 2012 TO ASSESS THE COMPANY'S ABILITY TO PERFORM ONE OF KYLIAN'S WORKS. BECAUSE OF THE STRENGTH AND ABILITIES OF THE COMPANY, NASHVILLE BALLET WAS OFFERED A CHOICE OF WHICH KYLIAN PIECE WE WOULD PERFORM. THIS WORK OFFERED OUR DANCERS AN OPPORTUNITY TO EXPAND THEIR ARTISTIC SKILL SET AND PRESENT THIS NOTABLE WORK FOR THE FIRST TIME IN THE COMPANY'S HISTORY. PETITE MORT WAS PRESENTED WITH THE BEN FOLDS PROJECT, WHICH WAS ATTENDED BY A TOTAL OF 3,291 INDIVIDUALS.

3. SERENADE. THE ESSENCE OF NEO-CLASSICAL BALLET, SERENADE INTRODUCED NASHVILLE AUDIENCES TO GEORGE BALANCHINE'S FIRST BALLET. THE TENNESSEAN'S REVIEW OF THE PERFORMANCE SAID, "FULL OF ROMANCE AND EMOTION, THE WORK CELEBRATES THE BEAUTY AND STRENGTH OF THE FEMALE

Name of the organization

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FORMHEAD DANCERS SADIE BO HARRIS, ALEXANDRA MEISTER, KAYLA ROWSER AND KATIE VASILOPOULOS PERFORM WITH PARTICULAR SENSITIVITY. AND THE BALLET'S FINAL MOMENTS - IN WHICH HARRIS IS LIFTED UP AND CARRIED OFFSTAGE LIKE THE GREAT MASTHEAD OF SOME GHOSTLY SHIP - IS POSITIVELY CHILLING." SERENADE WAS PRESENTED WITH THE BEN FOLDS PROJECT AND PETITE MORT, WHICH WAS ATTENDED BY 16% MORE INDIVIDUALS THAN THE PREVIOUS SPRING PERFORMANCE.

4. PETER PAN. NASHVILLE BALLET CREATED ITS OWN, BRAND NEW TAKE ON THE CLASSIC FAIRYTALE. COMPLETE WITH LOST BOYS, CAPTAIN HOOK, A MAN-EATING CROCODILE AND TINKERBELL, PETER PAN DEBUTED ORIGINAL CHOREOGRAPHY FROM VASTERLING AND CUSTOM SETS AND COSTUMES FROM CAMPBELL BAIRD, WHO ALSO DESIGNED THE COSTUMES FOR NASHVILLE'S NUTCRACKER. VASTERLING COMPLETED THE MAGIC IN THIS AMBITIOUS UNDERTAKING BY INCORPORATING ON-STAGE FLIGHT FOR PETER, WENDY AND TINKERBELL. THE PRODUCTION ELEMENTS WERE ALL DESIGNED TO BE RENTED BY OTHER DANCE COMPANIES, AND ARE CURRENTLY AVAILABLE TO DO SO. THE SUCCESS OF THIS PRODUCTION ALLOWED US TO INCREASE OUR FALL SERIES FROM THREE TO FOUR PERFORMANCES WITH PETER PAN. THE AMBITIOUS UNDERTAKING PAID OFF BY ATTRACTING 2,228 NEW AUDIENCE MEMBERS, AND A TOTAL OF 4,485 ATTENDEES.

5. EMERGENCE. AS PART OF OUR EFFORT TO PROFILE NEW AND EMERGING WORKS FROM A DIVERSE GROUP OF CHOREOGRAPHERS, NASHVILLE BALLET EXHIBITED THE WORK OF THREE CHOREOGRAPHERS IN 2014, ALL SET TO MUSIC COMPOSED BY AMERICAN COMPOSER PAUL MORAVEC AND PERFORMED BY ALIAS CHAMBER ENSEMBLE IN COLLABORATION WITH NASHVILLE'S NEWEST CHORAL GROUP PORTARA ENSEMBLE. THE EXPERIMENTAL COMBINATION OF CLASSICAL AND CONTEMPORARY MUSIC AND DANCE FEATURED CHOREOGRAPHERS BANNING BOULDIN, JAMES GREGG AND GINA

Name of the organization

NASHVILLE BALLET

Employer identification number

58-1440788

PATTERSON.

6. THE SUCCESS OF THE SCHOOL OF NASHVILLE BALLET IN FY14 INDICATES THAT NASHVILLE BALLET IS ALWAYS DEVELOPING A LOVE OF DANCE FOR GENERATIONS TO COME. ENROLLMENT IN THE SCHOOL OF NASHVILLE BALLET WAS 1,399 STUDENTS IN 2013, PLUS 196 IN OUR ELITE 5-WEEK SUMMER INTENSIVE TRAINING PROGRAM - OUR HIGHEST ANNUAL ENROLLMENT IN HISTORY. BY EDUCATING STUDENTS AS YOUNG AS 2 YEARS OLD, WE ARE CONTRIBUTING TO THE LEGACY OF BALLET AS AN ART FORM BY CULTIVATING FUTURE DANCERS, DONORS, PATRONS AND ARTS ENTHUSIASTS.

7. CAPITAL CAMPAIGN. THE EXPONENTIAL GROWTH OF THE SCHOOL OF NASHVILLE MOTIVATED US TO CONDUCT A FEASIBILITY STUDY IN 2012 TO ASSESS OUR ABILITY TO RAISE THE FUNDS NEEDED TO EXPAND OUR SPACE AND ACCOMMODATE ALL OF THE STUDENTS WHO WOULD LIKE TO STUDY DANCE IN OUR SCHOOL. AS A RESULT, OUR BOARD OF DIRECTORS APPROVED A \$5.5 MILLION FUNDRAISING GOAL TO FUND AN EXPANSION AND RENOVATION PROJECT AND THE PURCHASE OF THE NEIGHBORING FACILITY, FORMERLY CLIMB NASHVILLE. THIS PROJECT MEANS 13,000 SQUARE FEET OF ADDITIONAL SPACE WITH SEVEN DANCE STUDIOS, UPDATED FACILITIES FOR DANCERS AND STUDENTS, A LARGER AND UPDATED LOBBY, BETTER TRAFFIC FLOW BOTH INSIDE AND OUTSIDE OF THE BUILDING, MORE STUDENTS RECEIVING PERSONALIZED, HIGH QUALITY TRAINING, WE CAN SIGNIFICANTLY INCREASE OUR STUDENT ENROLLMENT TO CREATE A SUSTAINABLE EARNED REVENUE MODEL FOR NASHVILLE BALLET, WE CAN DIVERSIFY OUR OFFERINGS AND BROADEN OUR REACH WITHIN THE COMMUNITY, A SAFE, CREATIVE PLACE FOR THE ENTIRE NASHVILLE COMMUNITY TO APPRECIATE THE ART OF DANCE AND EXPERIENCE ITS MANY BENEFITS-EXERCISE, DEDICATION, COORDINATION, COMMUNICATION SKILLS, CREATIVITY, AND SO MUCH MORE.

Name of the organization

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## FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ACCLAIMED POP MUSICIAN BEN FOLDS IN A TRIPLE-BILL THAT ALSO INCLUDED BALANCHINE'S SERENADE AND KYLIAN'S PETITE MORT. AS PART OF OUR EFFORT TO SHOWCASE NASHVILLE BALLET'S DIVERSITY, CONTEMPORARY PERFORMANCES ATTITUDE AND EMERGENCE FEATURED NEW AND REVIVED WORKS SET TO MUSIC RANGING IN DIVERSITY FROM NASHVILLE-BASED MUSICIANS SUGAR AND THE HI LOWS TO MOZART. CHILDREN'S BALLETS OFFERED AN OPPORTUNITY FOR YOUNG AUDIENCE MEMBERS AND FAMILIES TO EXPERIENCE THE JOY OF DANCE. CARNIVAL OF THE ANIMALS, SET TO CAMILLE SAINT-SAEN'S WELL-KNOWN COMPOSITION, AND TENNESSEE JACK AND THE KUDZU VINE, A LOCAL TAKE ON THE ENGLISH FAIRY TALE, OFFERED US THE OPPORTUNITY TO INTRODUCE NEW FANS TO BALLET, AND INSPIRE THEM TO COME DANCE WITH US IN OUR SCHOOL. ALL DANCES WERE PERFORMED BY PROFESSIONAL, RESIDENT ARTISTS FROM OUR THREE DIVISIONS -- A COMPANY OF 23 PROFESSIONAL DANCERS; A SECOND COMPANY (NB2) CONSISTING OF 28 MEMBERS WHO RECEIVE PROFESSIONAL TRAINING ALONGSIDE OUR MAIN COMPANY; AND A TRAINING DIVISION OF 14 DANCERS IN THE PURSUIT OF A PROFESSIONAL CAREER. NB2 DANCERS PERFORM ALL OF OUR OUTREACH & EDUCATION PERFORMANCES WHILE ALSO DANCING IN SEASON PRODUCTIONS AS THE CORPS DE BALLET. OUR PERFORMANCES ALONE REACH NEARLY 31,000 AUDIENCE MEMBERS, WHILE OUR OUTREACH & EDUCATION INITIATIVES REACH AN AUDIENCE OF 37,000, MANY OF WHOM MAY NOT OTHERWISE EXPERIENCE BALLET OR A NASHVILLE BALLET PERFORMANCE. NASHVILLE BALLET BRINGS DANCE PERFORMANCES OUT INTO THE COMMUNITY THROUGH PERFORMANCES IN SCHOOLS, LIBRARIES, COMMUNITY CENTERS, HEAD START CENTERS, ARTS FESTIVALS AND ARTS VENUES. WE REACH APPROXIMATELY 18 MIDDLE TENNESSEE COUNTIES, BRINGING DANCE TO MANY PEOPLE WHO WOULD NOT OTHERWISE HAVE THE OPPORTUNITY TO EXPERIENCE A LIVE PERFORMANCE. DURING THE 2013-2014



Name of the organization

NASHVILLE BALLET

Employer identification number

58-1440788

SEASON, WE PERFORMED 188 PROGRAMS AND REACHED MORE THAN 37,000 AUDIENCE MEMBERS. WE INTEGRATE DANCE EDUCATION WITH CORE SUBJECTS SUCH AS READING, MATH, SCIENCE AND SOCIAL STUDIES, WHILE MEETING THE DEVELOPMENTAL AND ACADEMIC STANDARDS SET BY THE STATE OF TENNESSEE. OUR SCHOOL OF NASHVILLE BALLET IS THE ONLY PREPARATORY BALLET SCHOOL IN TENNESSEE LINKED WITH A PROFESSIONAL COMPANY. OUR GOAL IS TO SET THE STANDARD FOR INSTRUCTION AND PERFORMANCE ACROSS THE STATE AND TO BE A NATIONALLY KNOWN LEADER IN CLASSICAL BALLET TRAINING. THAT UNWAVERING COMMITMENT TO QUALITY HAS HELPED THE SCHOOL GROW FROM 662 STUDENTS IN 2011 TO 1,399 STUDENTS IN 2013, PLUS 196 IN OUR ELITE 5-WEEK SUMMER INTENSIVE TRAINING PROGRAM - OUR HIGHEST ANNUAL ENROLLMENT IN HISTORY. THIS EXPONENTIAL GROWTH HAS MOTIVATED OUR PLANS TO EXPAND OUR FACILITY TO ACCOMODATE THE DEMAND FOR THESE TRAINING PROGRAMS. WITHIN THE SCHOOL OF NASHVILLE BALLET IS THREE DIVISIONS: OUR CHILDREN'S PROGRAM INTRODUCES BALLET TO OUR YOUNGEST STUDENTS (AGE 2 THROUGH 6) THROUGH MOVEMENT, MUSIC AND CREATIVE PLAY, IN THE HOPES THAT THEY WILL BECOME FUTURE BALLET DANCERS, FANS AND ADVOCATES WHO CAN CONTINUE THE LEGACY OF THE ORGANIZATION INTO THE FUTURE. THE ACADEMY OF SCHOOL OF NASHVILLE BALLET (AGES 7 AND UP) NURTURES EACH STUDENT'S TECHNICAL EXECUTION, ARTISTIC EXPRESSION AND MATURITY, HELPING STUDENTS TO DEVELOP THEIR OWN ARTISTRY THROUGH PURE CLASSICAL TECHNIQUE. OUR COMMUNITY DIVISION IS AN INCLUSIVE ENVIRONMENT FOR ADULTS WHO ARE NEW TO DANCE, REDISCOVERING A PASSION FOR MOVEMENT, CONTINUING THEIR DANCE EDUCATION OR LOOKING FOR NEW WAYS TO STAY FIT.

FORM 990, PART VI, SECTION B, LINE 11:

THE COMPLETED FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE

UNDER THE DIRECTION OF THE EXECUTIVE DIRECTOR. ONCE THEIR REVIEW IS

332212  
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

NASHVILLE BALLET

Employer identification number

58-1440788

COMPLETE THE FINANCE COMMITTEE RECOMMENDS THAT BOTH THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS ACCEPT THE COMPLETED FORM 990 AS PRESENTED. THE COMPLETED FORM 990 IS PROVIDED ELECTRONICALLY VIA E-MAIL TO ALL BOARD MEMBERS IN ADVANCE OF THE FILING. ANY BOARD MEMBERS WHO CANNOT RECEIVE DOCUMENTS ELECTRONICALLY ARE PROVIDED WITH A PAPER COPY.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD PRESIDENT AND OTHER BOARD OFFICERS REVIEW THE ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS AND NOTE CONFLICTS SO THEY CAN ASK SELECT BOARD MEMBERS TO RECUSE THEMSELVES FROM PARTICIPATING IN DISCUSSIONS AND VOTES ON TOPICS WITH WHICH THEY HAVE PREVIOUSLY DISCLOSED A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE COMPENSATION OF THE CEO AND THE EXECUTIVE DIRECTOR. THEY ALSO BENCHMARK THE COMPENSATION AGAINST COMPENSATION PROVIDED TO SIMILAR POSITIONS IN COMPARABLE DANCE COMPANIES VIA INFORMATION PROVIDED ON OTHER COMPANIES' FORM 990S.

FORM 990, PART VI, SECTION C, LINE 19:

NASHVILLE BALLET MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. ANNUAL AUDITS AND SIGNIFICANT OTHER COMPANY INFORMATION IS AVAILABLE THROUGH THE WEBSITE WWW.GIVINGMATTERS.COM.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF THE COMMUNITY FOUNDATION OF MIDDLE

332212  
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

NASHVILLE BALLET

Employer identification number

58-1440788

TENNESSEE ENDOWMENT

5,647.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR

SELECTION PROCESS REGARDING THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2013 or other tax year beginning JUN 1, 2013, and ending MAY 31, 2014

## 2013

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

<b>A</b> <input type="checkbox"/> Check box if address changed	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	<b>D</b> Employer identification number (Employees' trust, see instructions.)
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		<b>NASHVILLE BALLET</b>	<b>58-1440788</b>
		Number, street, and room or suite no. If a P.O. box, see instructions. <b>3630 REDMON STREET</b>	<b>E</b> Unrelated business activity codes (See instructions.)
		City or town, state or province, country, and ZIP or foreign postal code <b>NASHVILLE, TN 37209</b>	<b>531190</b>
<b>C</b> Book value of all assets at end of year <b>8,736,991.</b>	<b>F</b> Group exemption number (See instructions.) ▶		
	<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

**H** Describe the organization's primary unrelated business activity. ▶ **RENTAL PROPERTY**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... ☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **ANGIE ADAMS, EXECUTIVE DIRECTOR** Telephone number ▶ **615-297-2966**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Form 8949 and Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7	87,534.	79,946.
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule.)		12		
13 Total. Combine lines 3 through 12		13	87,534.	79,946.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	7,656.
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	7,656.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-68.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-68.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-68.

**Part III Tax Computation****35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

**c** Income tax on the amount on line 34 **35c** 0.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36****37 Proxy tax.** See instructions **37****38 Alternative minimum tax** **38****39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.**Part IV Tax and Payments****40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a****b** Other credits (see instructions) **40b****c** General business credit. Attach Form 3800 **40c****d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40d****e** Total credits. Add lines 40a through 40d **40e****41** Subtract line 40e from line 39 **41** 0.**42** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) **42****43** Total tax. Add lines 41 and 42 **43** 0.**44a** Payments: A 2012 overpayment credited to 2013 **44a****b** 2013 estimated tax payments **44b****c** Tax deposited with Form 8868 **44c****d** Foreign organizations: Tax paid or withheld at source (see instructions) **44d****e** Backup withholding (see instructions) **44e****f** Credit for small employer health insurance premiums (Attach Form 8941) **44f****g** Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total **44g****45** Total payments. Add lines 44a through 44g **45****46** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ **46****47** Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 0.**48** Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 0.**49** Enter the amount of line 48 you want: Credited to 2014 estimated tax ☐ Refunded ☐ **49****Part V Statements Regarding Certain Activities and Other Information** (see instructions)**1** At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes** **No****2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. **Yes** **No****3** Enter the amount of tax-exempt interest received or accrued during the tax year **\$****Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A****1** Inventory at beginning of year **1****2** Purchases **2****3** Cost of labor **3****4a** Additional section 263A costs (att. schedule) **4a****b** Other costs (attach schedule) **4b****5** Total. Add lines 1 through 4b **5****6** Inventory at end of year **6****7** Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 **7****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes** **No****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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer Date **BOARD PRESIDENT** TitleMay the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**Print/Type preparer's name Preparer's signature Date Check ☐ if PTIN self-employed**BART BROWDER** **BART BROWDER** **11/14/14** **P01278431**Firm's name **KRAFTCPAS PLLC** Firm's EIN **62-0713250**Firm's address **555 GREAT CIRCLE ROAD**Firm's address **NASHVILLE, TN 37228** Phone no. **615-242-7351**

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

## 1. Description of property

(1)
(2)
(3)
(4)

## 2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter

here and on page 1, Part I, line 6, column (A) 0.

(b) Total deductions.

Enter here and on page 1,

Part I, line 6, column (B) 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
			STATEMENT 1	STATEMENT 2
(1) RENTAL BUILDING & LAND		90,000.	35,953.	46,245.
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 1,445,072.	1,485,826.	97.26%	87,534.	79,946.
(2)		%		
(3)		%		
(4)		%		
Totals			87,534.	79,946.
Total dividends-received deductions included in column 8				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

## Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>	0.	0.				0.

**Schedule J - Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	0.	0.				0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total, Enter here and on page 1, Part II, line 14</b>			0.

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FORM 990-T	SCHEDULE E - DEPRECIATION DEDUCTION	STATEMENT	1
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION EXPENSE		35,953.	
- SUBTOTAL -	1		35,953.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			35,953.

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FORM 990-T	SCHEDULE E - OTHER DEDUCTIONS	STATEMENT	2
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INSURANCE EXPENSE		2,880.	
INTEREST EXPENSE		43,365.	
- SUBTOTAL -	1		46,245.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			46,245.

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**FAE**  
**173**

Taxable Year Beginning: 06/01/13 Ending: 05/31/14		Account No. 318281875	FEIN or SSN 58-1440788
		Due Date 09/15/14	

LE BALLET  
 DMON STREET  
 LE  
 EE

37209

Make your check payable to the Tennessee  
 Department of Revenue for the amount shown on  
 Line 4 of the worksheet and mail to:

Tennessee Department of Revenue  
 Andrew Jackson State Office Bldg.  
 500 Deaderick Street  
 Nashville, TN 37242

An extension of time of six (6) months will be granted, provided you meet the requirements outlined in the instructions.

- 1) Enter account number or FEIN in the spaces provided.
- 2) Quarterly estimated tax payments made for the year, available tax credits, and overpayments from prior years should be deducted when computing the payment due.
- 3) If previous year's credit(s) and current year's estimated tax payment exceed estimated liability, enter 0 on Line 4.
- 4) Sign and date your return in the signature box below.
- 5) See instructions for additional procedures for obtaining an extension of time.

ROUND TO NEAREST DOLLAR

1. Estimated Franchise Tax current year .....	4087	00
2. Estimated Excise Tax current year .....	24	00
3. Deduct: Prior year's overpayment, estimated payments and tax credits for current year .....	0	00
4. Amount due with extension request (Lines 1 and 2 less Line 3; if Line 3 is greater than total of Lines 1 and 2, enter 0 and return form without payment) .....	3700	00


\* AMOUNT IS 90% OF CURRENT TAX LIABILITY

**Keep Upper Portion For Your Records**  
**▼ Return Copy Below - Detach Here ▼**

**FAE**  
**173**

(FEIN/  
SSN) ►

Filing Period	06/01/13 05/31/14	Extended Due Date	03/15/15
ACCOUNT 318281875			
NASHVILLE BALLET 3630 REDMON STREET NASHVILLE, TN 37209			

AMOUNT DUE  
(Line 4 of  worksheet)

5	8	1	4	4	0	7	8	8
				3	7	0	0	00

BOARD PR

Taxpayer's Signature		Date	Title	
BART BROWDER		09/11/14	615-242-7351	
Tax Preparer's Signature		Date	Telephone	
555 GREAT CIRCLE R		NASHVIL	TN	37228
Preparer's Address		City	State	ZIP

**FOR OFFICE USE ONLY**

[illegible][illegible]



TAXABLE YEAR	TAXPAYER NAME	ACCOUNT NO./FEIN/SSN
06/01/13 05/31/14	NASHVILLE BALLET	318281875

**Schedule D - SCHEDULE OF CREDITS**

1. Gross Premiums tax credit (cannot exceed Schedule C, Line 8)	(1)	
2. Tennessee Income Tax (cannot exceed Schedule B, Line 5)	(2)	
3. Green Energy Tax Credit	(3)	
4. Carbon Charge Credit	(4)	
5. Brownfield Property Credit	(5)	
6. Qualified Headquarters Relocation Expense Credit	(6)	
7. Industrial Machinery Credit from Schedule T, Line 11	(7)	
8. Jobs Tax Credit from Schedule X, Line 16	(8)	
9. Jobs Tax Credit computed in accordance with Tenn. Code Ann. Section 67-4-2109 (b)(2) from Schedule X, Line 21	(9)	
10. Total Credit - Add lines 1 through 9 (Enter here and on Schedule C, Line 9)	(10)	

**Schedule E - SCHEDULE OF PAYMENTS**

1. Overpayment from previous year if available	(1)	
2. First quarterly estimated payment	(2)	
3. Second quarterly estimated payment	(3)	
4. Third quarterly estimated payment	(4)	
5. Fourth quarterly estimated payment	(5)	
6. Extension payment	(6)	3700.
7. Total payments - Add lines 1 through 6 (Enter here and on Schedule C, Line 11)	(7)	3700.

**COMPUTATION OF FRANCHISE TAX****Schedule F1 - NON-CONSOLIDATED NET WORTH**

1. Net Worth (total assets less total liabilities)	(1)	13322.
2. Indebtedness to or guaranteed by parent or affiliated corporation (Cannot be a deduction)	(2)	
3. Total lines 1 and 2	(3)	13322.
4. Ratio (Schedules N, O, P, or R if applicable or 100%)	(4)	100.0000%
5. Total - Line 3 multiplied by Line 4 (Enter here and on Schedule A, Line 1)	(5)	13322.

**Schedule F2 - CONSOLIDATED NET WORTH**

1. Consolidated Net Worth (total assets less total liabilities)	(1)	
2. Ratio (Schedule 170NC or 170SF)	(2)	%
3. Total - Line 1 multiplied by Line 2 (Enter here and on Schedule A, Line 1)	(3)	

**NOTE:** Schedule F2 is to be completed only if the consolidated net worth election has been made.

**Schedule G - DETERMINATION OF REAL AND TANGIBLE PROPERTY**

BOOK VALUE OF PROPERTY OWNED - Cost less accumulated depreciation		In Tennessee
1. Land	(1)	130000.
2. Buildings, leaseholds, and improvements	(2)	1328394.
3. Machinery, equipment, furniture, and fixtures	(3)	
4. Automobiles and trucks	(4)	
5. Prepaid supplies and other tangible personal property	(5)	
6. Share of partnership real and tangible property provided that the partnership does not file a return	(6)	
7. Inventories and work in progress	(7)	
a. Deduct exempt inventory in excess of \$30 million (Tenn. Code Ann. Section 67-4-2108(a)(6)(B))	(7a)	( )
8. a. Deduct value of certified pollution control equipment (Include copy of certificate (Tenn. Code Ann. Section 67-5-604)) and		
b. equipment used to produce electricity at a Certified Green Energy Production Facility	(8)	( )
9. Deduct exempt required capital investments (Tenn. Code Ann. Section 67-4-2108(a)(6)(G))	(9)	( )
10. SUBTOTAL - Add lines 1 through 7, less Line 7a through Line 9	(10)	1458394.
Rental Value of Property Used but not Owned		(C)
Net Annual Rental Paid for:		
11. Real property	x8 (11)	
12. Machinery & equipment used in manufacturing & processing	x3 (12)	
13. Furniture, office machinery, and equipment	x2 (13)	
14. Delivery or mobile equipment	x1 (14)	
15. TENNESSEE TOTAL - Add lines 10-14 (Enter total here and on Schedule A, Line 2)	(15)	1458394.

TAXABLE YEAR	TAXPAYER NAME	ACCOUNT NO./FEIN/SSN
06/01/13 05/31/14	NASHVILLE BALLET	318281875

## COMPUTATION OF EXCISE TAX

## Schedule J-1 - COMPUTATION OF NET EARNINGS FOR ENTITIES TREATED AS PARTNERSHIPS

1. Ordinary Income or Loss from Federal Form 1065, Line 22	(1)	
<b>Additions:</b>		
2. Additional income items specifically allocated to partners, including guaranteed payments to partners (Fed 1065 - Sch K)	(2)	
3. Any net loss or expense received from a "pass-through" entity subject to the excise tax, or any net loss or expense distributed to a publicly traded REIT. Include schedule of entities and FEINs	(3)	
4. Total - Add lines 1, 2, and 3	(4)	
<b>Deductions:</b>		
5. Additional expense items specifically allocated to partners (Fed 1065 - Sch K)	(5)	
6. Amount subject to self-employment taxes distributable or paid to each partner or member net of medical insurance payments previously deducted to determine Ordinary Income (Loss) on Form 1065 (If negative, enter zero) (Include on Schedule K, Line 3)	(6)	
7. Amount of contribution, not previously deducted, to qualified pension or benefit plans of any partner or member, including all IRC 401 plans (Include on Schedule K, Line 3)	(7)	
8. Any net gain or income received from a "pass-through" entity subject to the excise tax, or any net gain or income distributed to a publicly traded REIT. Include schedule of entities and FEINs	(8)	
9. Total deductions - Add lines 5 through 8	(9)	
10. Total - Line 4 less Line 9 (Enter here and on Schedule J, Line 1)	(10)	

## Schedule J-2 - COMPUTATION OF NET EARNINGS FOR A SINGLE MEMBER LLC FILING AS AN INDIVIDUAL

<b>Additions:</b>		
1. Business Income from Form 1040, Schedule C	(1)	
2. Business Income from Form 1040, Schedule D	(2)	
3. Business Income from Form 1040, Schedule E	(3)	
4. Business Income from Form 1040, Schedule F	(4)	
5. Business Income from Form 4797	(5)	
6. Other: Form _____, Schedule _____	(6)	
7. Any net loss or expense received from a "pass-through" entity subject to the excise tax	(7)	
8. Total - Add lines 1 through 7	(8)	
<b>Deductions:</b>		
9. Amt subject to self-employment taxes distributable or paid to the single member (If negative, enter zero) (Include on Sch K, Ln 3)	(9)	
10. Any net gain or income received from a "pass-through" entity subject to the excise tax	(10)	
11. Total deductions - Add lines 9 and 10	(11)	
12. Total - Line 8 less Line 11 (Enter here and on Schedule J, Line 1)	(12)	

## Schedule J-3 - COMPUTATION OF NET EARNINGS FOR ENTITIES TREATED AS SUBCHAPTER S CORPORATIONS

1. Ordinary Income or Loss from Federal Form 1120S, Line 21	(1)	
<b>Additions:</b>		
2. Income items to extent includable in federal income were it not for "S" status election (Fed 1120S - Schedule K)	(2)	
3. Any net loss or expense received from a "pass-through" entity subject to the excise tax	(3)	
4. Total - Add lines 1, 2 and 3	(4)	
<b>Deductions:</b>		
5. Expense items to extent includable in federal expenses were it not for "S" status election (Fed 1120S - Schedule K)	(5)	
6. Any net gain or income received from a "pass-through" entity subject to the excise tax	(6)	
7. Total deductions - Add lines 5 and 6	(7)	
8. Total - Line 4 less Line 7 (Enter here and on Schedule J, Line 1)	(8)	

## Schedule J-4 - COMPUTATION OF NET EARNINGS FOR ENTITIES TREATED AS CORPORATIONS AND "OTHER" ENTITIES

Enter the amount of income (loss) from the applicable federal return to Schedule J, Line 1

1. Federal Form 1120 - Line 28 (Taxable income or loss before net operating loss deduction and special deductions)	(1)	
2. Federal Form 990-T, Line 30 (unrelated business taxable income)	(2)	-68.
3. Other: Form _____, Schedule _____	(3)	
<b>Additions:</b>		
4. Any net loss or expense received from a "pass-through" entity subject to the excise tax	(4)	
<b>Deductions:</b>		
5. Any net gain or income received from a "pass-through" entity subject to the excise tax	(5)	
6. Total - Lines 1 through 4 less Line 5 (Enter here and on Schedule J, Line 1)	(6)	-68.

TAXABLE YEAR	TAXPAYER NAME	ACCOUNT NO./FEIN/SSN
06/01/13 05/31/14	NASHVILLE BALLET	318281875

**Schedule J - COMPUTATION OF NET EARNINGS SUBJECT TO EXCISE TAX**

1. Federal income or loss (Enter amount from Schedule J-1, J-2, J-3, or J-4)	(1)	- 68.
<b>ADDITIONS:</b>		
2. Intangible Expenses paid, accrued, or incurred to an affiliated business entity or entities deducted for federal income tax purposes	(2)	
3. Any depreciation under the provisions of IRC Section 168 not permitted for excise tax purposes due to Tennessee permanently decoupling from federal bonus depreciation and any expense/depreciation deducted as a result of "safe harbor" lease elections	(3)	
4. Any deduction for domestic production activities under the provisions of IRC Section 199	(4)	
5. Any gain on the sale of an asset sold within twelve months after the date of distribution to a nontaxable entity	(5)	
6. Tennessee excise tax expense (to the extent reported for federal purposes)	(6)	
7. Gross premiums tax deducted in determining federal income and used as an excise tax credit	(7)	
8. Interest income on obligations of states and their political subdivisions, less allowable amortization	(8)	
9. Depletion not based on actual recovery of cost	(9)	
10. Contribution carryover from prior period(s)	(10)	
11. Capital gains offset by capital loss carryover or carryback	(11)	
12. Excess fair market value over book value of property donated	(12)	
13. Excess rent to/from an affiliate. A taxpayer paying excess rent enters a positive amount on this line. A taxpayer receiving excess rent, to the extent added back to net earnings by its affiliate, enters a negative amount on this line	(13)	
14. Total additions - Add lines 2 through 13	(14)	
<b>DEDUCTIONS:</b>		
15. Any depreciation under the provisions of IRC Section 168 permitted for excise tax purposes due to Tennessee permanently decoupling from federal bonus depreciation	(15)	
16. Any excess gain (or loss) from the basis adjustment resulting from Tennessee permanently decoupling from federal bonus depreciation	(16)	
17. Any loss on the sale of an asset sold within twelve months after the date of distribution to a nontaxable entity	(17)	
18. Dividends received from corporations, at least 80% owned	(18)	
19. Contributions in excess of amount allowed by federal government	(19)	
20. Donations to Qualified Public School Support Groups and nonprofit organizations	(20)	
21. Portion of current year's capital loss not included in federal taxable income	(21)	
22. Any expense other than income taxes, not deducted in determining federal taxable income for which a credit against the federal income tax is allowable	(22)	
23. Any income included for federal tax purposes and any depreciation or other expense that could have been deducted for "safe harbor" lease elections	(23)	
24. Nonbusiness earnings - Schedule M, Line 8	(24)	
25. Intangible Expenses paid, accrued, or incurred to an affiliated entity or entities. The applicable box must be checked in order to take the deduction (check all that apply): <input type="checkbox"/> A) Form IE-N; Attached <input type="checkbox"/> B) Form IE-A; Previously Submitted, Approval/Denial Pending <input type="checkbox"/> C) Form IE-A; Previously Submitted and Approved	(25)	
26. Intangible income from an affiliated business entity or entities if the corresponding intangible expenses have not been deducted by the affiliate(s) under Tenn. Code Ann. Section 67-4-2006(b)(2)(N)	(26)	
27. TOTAL deductions - Add lines 15 through 26	(27)	
<b>COMPUTATION OF TAXABLE INCOME:</b>		
28. Total Business Income (Loss) - Add lines 1 and 14, less Line 27 (If loss, complete Schedule K)	(28)	- 68.
29. Apportionment Ratio (Schedules N, O, P, or R if applicable or 100%)	(29)	100.0000%
30. Apportioned business income (Loss) (Line 28 multiplied by Line 29)	(30)	- 68.
31. Add: Nonbusiness earnings directly allocated to Tennessee (From Schedule M, Line 9)	(31)	
32. Deduct: Loss carryover from prior years (From Schedule U)	(32)	
33. Subject to excise tax (6.5%) (Line 30 plus Line 31, less Line 32) (enter here and on Schedule B, Line 4)	(33)	- 68.

**Schedule K - DETERMINATION OF LOSS CARRYOVER AVAILABLE - See Rule 1320-6-1-.21 of Departmental Rules and Regulations**

1. Net loss from Schedule J, Line 28	(1)	- 68.
<b>ADD:</b>		
2. Amounts reported on Schedule J, lines 18 and 24	(2)	
3. Amounts reported on Schedule J-1, lines 6 and 7, and Schedule J-2, Line 9	(3)	
4. Reduced loss - Add lines 1 through 3 (if net amount is positive, enter "0")	(4)	- 68.
5. Excise Tax ratio (Schedules N, O, P, or R if applicable or 100%)	(5)	100.0000 %
6. Current year loss carryover available (Line 4 multiplied by Line 5)	(6)	- 68.