Form	99	90	Return of Organ Under section 501(c), 527,	or 4947(a)(1) of the Internal	Reven				ax	омв No. 1545-0047 2006	—
	rtment of t al Revenu	the Treasury	The organization may have	benefit trust or private found to use a copy of this return to		v state reno	rtina reauire	ements		Open to Public Inspection	
							UN 30			Inspection	
-	P other C Name of organization						<u> </u>		dentification number	—	
	pplicable:	Please	NNESSEE PERFORMING	ARTS CENTER	(ጥ P	AC)		D Linp	Joyeri		
	Address change	lobol or	NAGEMENT COMPANY			,		5	8-1	320590	
	Name Change	type. N	umber and street (or P.O. box if mail is n	ot delivered to street address)		B	loom/suite				
	Initial	Specific 50	5 DEADERICK STREET						615		
	Final	Instruc- tions. C	ity or town, state or country, and ZIP + 4			I			unting met		ual
	Amende return	d NA	SHVILLE, TN 37243						Other (specify)		
	Applicat pending	00000	on 501(c)(3) organizations and 4947(a)		sts	Handla	re not appl	licable	to sec	tion 527 organizations.	_
			attach a completed Schedule A (Form 9	90 OF 990-EZ).		H(a) Is th	is a group r	eturn fo	or affilia	ites? Yes X	No
			PAC.ORG		_	• •	es," enter nu				
	-		(insection)		527		all affiliates i lo," attach a		d?]	N/A 🗌 Yes 🛄	No
			he organization is not a 509(a)(3) suppo		SS	H(d) Ìs th	is a separat	e returr	n filed b	y an or-	
		•	t more than \$25,000. A return is not requ	uired, but if the organization			zation cover			-	No
C	nooses t	o file a return,	be sure to file a complete return.				up Exemptio			N/A	
		- inter Add Bars		15 424 10	7					tion is not required to atta	ch
			s 6b, 8b, 9b, and 10b to line 12 Expenses, and Changes in	15,434,19			B (Form 99	10, 990	-EZ, Of	990-PF).	_
Ра					Bala	nces					
	1		gifts, grants, and similar amounts received		10	I					
			to donor advised funds		1a 1b		901,7	06			
					10		926,7				
	c d		ontributions (grants) (not included on lir		1d		458,6				
			es 1a through 1d) (cash $2, 2$,272.		1e	2,287,110	
	2	•	ice revenue including government fees a					· · · · ·	2	12,922,832	<u>•</u>
	3	-	lues and assessments		,				3	12,522,052	·
	4								4		—
	5		interest from securities						5	156,075	-
		-			6a						<u> </u>
			(penses								
			ome or (loss). Subtract line 6b from line (6c		
evenue	7		ent income (describe 🕨)	7		—
eve	8 a	Gross amount	from sales of assets other	(A) Securities		(B) Other				_
æ		than inventory	/		8a		2,6				
	b	Less: cost or (other basis and sales expenses		8b		22,8	76.			
	C	Gain or (loss)	(attach schedule)		8c		<20,1		>		
	d	Net gain or (lo	ss). Combine line 8c, columns (A) and (B)		<u></u>	STMT	2	8d	<20,193	<u> </u>
	9	Special events	and activities (attach schedule). If any a		here						
	a	Gross revenue (not i		f contributions reported on line 1b)	9a		65,4				
	b		penses other than fundraising expenses		9b		186,0			400 550	
			(loss) from special events. Subtract line		1	STATE	MENT	3	9c	<120,573	<u> </u>
			f inventory, less returns and allowances		10a						
	b	Less: cost of (goods sold		10b						
			r (loss) from sales of inventory (attach se						10c		
	11		(from Part VII, line 103)						11	15,225,251	
	12		e. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1						12	12,813,199	
es	13 14		ices (from line 44, column (B)) and general (from line 44, column (C))						13 14	1,107,756	
Expenses	14							ſ	14	332,092	
ğx	15 16	- ,						1	15	552,092	•
ш	17	-	es. Add lines 16 and 44, column (A)						17	14,253,047	_
	18		ficit) for the year. Subtract line 17 from li	na 10					18	972,204	
ets ets	19		fund balances at beginning of year (from						19	2,886,470	
Net Assets	20	Other changes	s in net assets or fund balances (attach e	xplanation) S	EE	STATE	MENT	4	20	<118	
٩	21		fund balances at end of year. Combine lii						21	3,858,556	
											_

LHA $\,$ For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. 3623001 01-18-07

Form 990 (2006)

2006.08000 TENNESSEE PERFORMING ARTS C 18961__1

Form 990 (2006)

MAN

TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY

58-1320590 Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraisin
22a Grants paid from donor advised funds				-	
(attach schedule)					
(cash \$ 0 • noncash \$ 0 •					
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule					
(cash \$ 0 • noncash \$ 0 •					
If this amount includes foreign grants, check here	22b				
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key					
employees, etc. listed in Part V-A	25a	546,036.	216,634.	274,197.	55,2
b Compensation of former officers, directors, key					
employees, etc. listed in Part V-B	25b	Ο.	0.	0.	
c Compensation and other distributions, not included					
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not					
included on lines 25a, b, and c	26	2,786,003.	2,344,627.	289,287.	152,0
27 Pension plan contributions not included on					
lines 25a, b, and c	27	125,696.	108,342.	11,003.	6,3
28 Employee benefits not included on lines					
25a - 27	28	517,475.	410,022.	79,875.	27,5
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32		1		
33 Supplies	33	26,930.	1,089.	25,335.	5
34 Telephone	34	47,882.	9,697.	34,398.	3,7
35 Postage and shipping	35	22,420.	9,604.	12,770.	
36 Occupancy	36	22.220	2 0 6 7	20 702	.0.4
37 Equipment rental and maintenance	37	32,228.	3,867.	30,782.	<2,4
38 Printing and publications	38 39	47,595.	41,219.	5,080.	1,2
39 Travel	-	50,820.	29,969.	17,186.	3,6
40 Conferences, conventions, and meetings	40	130,413.	130,413.		
41 Interest	41	340,406.	255,807.	70,547.	14,0
42 Depreciation, depletion, etc. (attach schedule)	42	540,400.	233,007.	/0,54/•	14,0
43 Other expenses not covered above (itemize):	120				
a	43a 43b				
	430 43c				
c	430 43d				
d	43u 43e				
ř	43e				
g SEE STATEMENT 5	43g	9.579.143	9,251,909.	257,296.	69,9
44 Total functional expenses. Add lines 22a through	1.59	-,-,-,-	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
43g. (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	14,253,047.	12,813,199.	1,107,756	332,0
Joint Costs. Check			,,	, ,	,•
Are any joint costs from a combined educational campai			ported in (B) Program servic	ces?	Yes X No
If "Yes," enter (i) the aggregate amount of these joint cos			(ii) the amount allocated to		N/A ;
(iii) the amount allocated to Management and general \$			(iv) the amount allocated to	-	<u>N/A</u> ,
63011 01-23-07		. , , , , , , , , , , , , , , , , , , ,	. /	<u> </u>	Form 990

	rm 990 (2006)	MANAGEM	SEE PERF IENT COM	PANY			-	PAC)	[58-1	.320590	Page 3
P	art III Statement of	Program Se	ervice Acco	mplishme	ents (See	the instructi	ons.)					
Ho	rm 990 is available for publi w the public perceives an o urn is complete and accura	organization in s	uch cases may	be determir	ned by the	information	present	ed on its i	return. ⁻			
Wh	at is the organization's prir	mary exempt pu	rpose? ► S	EE STA	TEMEN	г б					Program Expen	
clie	organizations must describ ents served, publications is anizations and 4947(a)(1) r	sued, etc. Discu	iss achievemen	ts that are n	ot measura	able. (Sectio	on 501(c)(3) and (4	!)		(Required for and (4) or 4947(a)(1) t optional for	gs., and rusts; but
а	SEE ATTACHED	STATEMEN	IT OF PR	OGRAM	SERVI	CE ACCO	OMPL	ISHME	NTS	•	_	
											-	
	(Grants and allocations	\$) If this arr	nount inclu	des foreign (grants, o	check her	e 🕨		12,813	3,199.
b												-
	(Grants and allocations	\$) If this am	nount inclu	des foreign g	grants, o	check her	e 🕨		-	
С											-	
d	(Grants and allocations	\$) If this arr	nount inclu	des foreign (grants, o	check her	e 🕨		-	
u											-	
											-	
	(Grants and allocations	\$) If this am	nount inclu	des foreign g	grants, o	check her	e 🕨		-	
е	Other program services (a	,) If this am	ount inclu	des foreign (arants (check her	•			

12,813,199. Form **990** (2006)

623021 01-18-07

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

alance	Sheets (See the instructions.)	
)6)	MANAGEMENT COMPANY	58-1320
	TENNESSEE PERFORMING ARTS CENTER (TPAC)	

Form	n 990 (i	2006) MANAGEMENT COM	PANY	ζ		58-	1320590 Pag	je 4
Pa	rt IV	Balance Sheets (See the instructions.)						—
Note		ere required, attached schedules and amounts with Id be for end-of-year amounts only.	hin the	description column	(A) Beginning of year		(B) End of year	
	45		0 760	45	11 40	2		
	45 46	Cash - non-interest-bearing Savings and temporary cash investments			<u>9,760.</u> 4,682,329.	45 46	11,40	$\frac{3}{4}$
	1.0			·····	4,002,525.	40	5,005,05	<u> </u>
	47 a	Accounts receivable	47a	246,822.				
		Less: allowance for doubtful accounts	47b		316,893.	47c	246,82	2.
	48 a	Pledges receivable	48a					
	b	Less: allowance for doubtful accounts		48c				
	49	Grants receivable				49		
	50 a	Receivables from current and former officers, di						
		key employees		50a				
	b	Receivables from other disqualified persons (as						
Assets		4958(f)(1)) and persons described in section 495		B)		50b		
Ass		Other notes and loans receivable				F 4 -		
-	52	Less: allowance for doubtful accounts				51c 52		
	52	Inventories for sale or use Prepaid expenses and deferred charges		·····	286,963.	52	230,74	9.
		Investments - publicly-traded securities	•••••	Cost FMV	200,505.	54a	250,74	<u>.</u>
	b	Investments - other securities STMT	10		84.	54b		0.
		Investments - land, buildings, and						
		equipment: basis	55a					
	b	Less: accumulated depreciation	55b			55c		
	56	Investments - otherSE	E ST		0.	56	5,00	0.
		Land, buildings, and equipment: basis		6,846,659.				_
		Less: accumulated depreciation	57b	2,238,928.	4,908,482.	57c	4,607,73	1.
	58	Other assets, including program-related investments	0170		050 011		05 21	-
	-	(describe) CURRENT CONTRIBUTI			259,311. 10,463,822.	58	85,31	
	59 60	Total assets (must equal line 74). Add lines 45 t			680,844.	59 60	9,052,67 568,04	
	61	Accounts payable and accrued expenses			000,044.	61	500,04	1.
	62	Grants payable				62		
es	63	Deferred revenue Loans from officers, directors, trustees, and key				63		
iliti						64a		
Liabilitie		Mortgages and other notes payableST	MT 8	3	2,204,184.	64b	2,027,85	0.
_	65	Other liabilities (describe 🕨 SE	E ST	TATEMENT 9)	4,692,324.	65	2,598,22	3.
	66	Total liabilities. Add lines 60 through 65			7,577,352.	66	5,194,12	0.
	Orga	anizations that follow SFAS 117, check here \blacktriangleright	X a	nd complete lines				
ŝ		67 through 69 and lines 73 and 74.						•
nce	67				2,620,560. 265,910.	67	3,659,62 198,92	8.
ala	68	Temporarily restricted			205,910.	68 69	190,92	0.
Б	69 Oraz	Permanently restricted	oro 🕨			09		
Fur	Orga	complete lines 70 through 74.						
л С	70	Capital stock, trust principal, or current funds				70		
sets	71	Paid-in or capital surplus, or land, building, and e				71		
Ast	72	Retained earnings, endowment, accumulated in				72		
Net Assets or Fund Balances	73	Total net assets or fund balances. Add lines 67 throu				_		
-		(Column (A) must equal line 19 and column (B) must e			2,886,470.	73	3,858,55	
	74	Total liabilities and net assets/fund balances.			10,463,822.	74	9,052,67	6.

Form **990** (2006)

6

TENNESSEE	PERFORMING	ARTS	CENTER	(TPAC)

58-1320590 Page 5

	n 990 (2006) MANAGEMENT COMPANY					13205		Page 5
Pa	rt IV-A Reconciliation of Revenue per Audited Fina	ncial Statements V	Nith	n Revenue p	er Re	eturn (Se	e the	
	instructions.)							
a	Total revenue, gains, and other support per audited financial stateme	nts				a 15,	510,	245.
b	Amounts included on line a but not on Part I, line 12:							
1	Net unrealized gains on investments		b1					
2	Donated services and use of facilities		b2	98,9	23.			
3	Recoveries of prior year grants		b3					
4	Other (specify): DIRECT SPECIAL EVENT EXPEN	ISES	b4	186,0	71.			
	Add lines b1 through b4						284,	994.
с	Subtract line b from line a					c 15,	225,	251.
d	Amounts included on Part I, line 12, but not on line a:							
1	Investment expenses not included on Part I, line 6b		d1					
2			d2					
-	Add lines d1 and d2					d		0.
۵	Total revenue (Part L line 12) Add lines c and d				••••	-	225	
Ра	Total revenue (Part I, line 12). Add lines c and d Int IV-B Reconciliation of Expenses per Audited Final	ancial Statements	Wit	h Expenses	per	Return	2237	2311
	Total expenses and losses per audited financial statements					a 14,	538	160
a b	Amounts included on line a but not on Part I, line 17:					a 11,	550,	100.
U 1			b1	98,9	23			
1	Donated services and use of facilities		D1	90,9	<u> </u>			
2	Prior year adjustments reported on Part I, line 20		b2 b3					
3	Losses reported on Part I, line 20		b3	106 1	00			
4				186,1			205	117
	Add lines b1 through b4						285,	
C	Subtract line b from line a					c 14,	253,	047.
d	Amounts included on Part I, line 17, but not on line a:							
1	Investment expenses not included on Part I, line 6b		d1					
2	Other (specify):		d2					_
	Add lines d1 and d2					d		0.
e	Total expenses (Part I, line 17). Add lines c and d				. 🕨	e 14,	253,	047.
e Pa	rt V-A Current Officers, Directors, Trustees, and Ke	ey Employees (List e	each	person who wa	. 🕨 s an of	e 14 , fficer, dire	253, ctor, trus	047. stee,
e Pa	Total expenses (Part I, line 17). Add lines c and d Int V-A Current Officers, Directors, Trustees, and Kee or key employee at any time during the year even if they wee	ey Employees (List e ere not compensated.) (S	each See tl	person who was he instructions.)	s an of	fficer, dire	ctor, trus	stee,
e Pa	rt V-A Current Officers, Directors, Trustees, and Ke	ey Employees (List e	each See th s (person who was he instructions.)	s an of	fficer, dire	ctor, trus	047. etee, opense ont and owances
Pa	Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	ey Employees (List e ere not compensated.) (S (B) Title and average hour per week devoted to	each See th s ((person who was he instructions.) C)Compensation If not paid, enter	s an of	fficer, dire	ctor, trus	pense
Pa KA	Current Officers, Directors, Trustees, and Keen or key employee at any time during the year even if they ween (A) Name and address THLEEN O'BRIEN 24 DEEDBROOK DRIVE	ey Employees (List e ere not compensated.) (S (B) Title and average hour per week devoted to position	each See th s ((person who was he instructions.) C)Compensation If not paid, enter	s an of	fficer, dire	ctor, trus	pense ont and
Pa KA 62	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address THLEEN_O'BRIEN 24 DEERBROOK_DRIVE	ey Employees (List e ere not compensated.) (S (B) Title and average hour per week devoted to position	each See th See ((See th See	person who was he instructions.) C) Compensation If not paid, enter -0)	s an of (D)Cor emplo plans compet	fficer, dire	ctor, trus (E) Ex accou other all	etee, opense nt and owances
Pa KA 62 NA	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address THLEEN O'BRIEN 24 DEERBROOK DRIVE SHVILLE, TN 37221	Ey Employees (List e ere not compensated.) (S (B) Title and average hour per week devoted to position PRESIDENT/CE 40.00	each See th See	person who was he instructions.) C) Compensation If not paid, enter -0) 160,000.	s an of (D)Cor emplo plans compet	fficer, dire	ctor, trus (E) Ex accou other all	etee, opense nt and owances
KA 62 NA JU	Current Officers, Directors, Trustees, and Keen or key employee at any time during the year even if they ween of key employee at any time during the year even if they ween of key employee at any time during the year even if they ween of key employee at any time during the year even if they ween on key employee at any time during the year even if they ween on key employee at any time during the year even if they ween on key employee at any time during the year even if they ween on key employee at any time during the year even if they ween on key employee at any time during the year even if they ween on key employee at any time during the year even if they ween on key employee at any time during the year even if they ween on key employee at any time during the year even if they ween even even if they ween even even if they ween even even even if they we	Ey Employees (List e ere not compensated.) (S (B) Title and average hour per week devoted to position PRESIDENT/CE	each See th See	person who was he instructions.) C) Compensation If not paid, enter -0) 160,000.	s an of (D)Cor emplo plans compet	fficer, dire	ctor, trus (E) Ex accou other all	etee, opense nt and owances
PaKA62NAJU12	Current Officers, Directors, Trustees, and Keen or key employee at any time during the year even if they ween of key employee at any time during the year even if they ween on key employee at any time during the year even if they ween on key employee at any time during the year even if they ween on key employee at any time during the year even if they ween on key employee at any time during the year even if they ween on key employee at any time during the year even if they ween on key employee at any time during the year even if they ween on key employee at any time during the year even if they ween even even if they ween even if they ween even if they ween	President Content of Content	each See th See	person who was the instructions.) C)Compensation If not paid, enter -0) 160,000. L OFFICE	s an of (D)Cor emple plans competions 14 R	fficer, dire htributions to byee benefit as & deferred insation plans , 191.	ctor, trus (E) Ex accou other all 4,	etee, (pense int and owances 200.
KA2 NA JU2 GA	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address THLEEN_O'BRIEN 24 DEERBROOK_DRIVE SHVILLE, TN_37221 LIE_GILLEN 0 TANASI_SHORES LLATIN, TN_37066	Preside the set of the set o	each See th S (I SO	person who was the instructions.) C)Compensation If not paid, enter -0) 160,000. L OFFICE 85,490.	s an of (D)Cor emple plans competions 14 R	fficer, dire htributions to byee benefit as & deferred insation plans , 191.	ctor, trus (E) Ex accou other all 4,	etee, opense nt and owances
KA KA 6 NA J12 GA TO	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address THLEEN_O'BRIEN	President Content of Content	each See th S (I SO	person who was the instructions.) C)Compensation If not paid, enter -0) 160,000. L OFFICE 85,490.	s an of (D)Cor emple plans competions 14 R	fficer, dire htributions to byee benefit as & deferred insation plans , 191.	ctor, trus (E) Ex accou other all 4,	etee, (pense int and owances 200.
Kala Kala Jila Jila TO	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address THLEEN O'BRIEN 24 DEERBROOK DRIVE SHVILLE, TN 37221 LIE GILLEN 0 TANASI SHORES LLATIN, TN 37066 M BAKER 11 MCGAVOK PIKE	Py Employees (List e ere not compensated.) (S (B) Title and average hour per week devoted to position PRESIDENT/CE 40.00 CHIEF FINANC 40.00 VP OF OPERAT	each See th See	person who was the instructions.) C) Compensation If not paid, enter -0) 160,000. L OFFICE 85,490. NS	s an of (D)Cor emplo plans competing 14 R 10	fficer, dire	(E) Exactly account of the second sec	opense int and owances 200.
Pa <u>KA</u> 2 <u>J</u> 12 <u>GA</u> <u>T</u> 0 <u>K</u> 8 <u>A</u> <u>K</u> 8 <u>A</u> <u>L</u> 12 <u>A</u> <u>L</u> 12 <u>A</u> <u>L</u> 12 <u>A</u> <u>L</u> 12 <u>A</u> <u>L</u> 12 <u>A</u> <u>L</u> 12 <u>A</u> <u>L</u> 12 <u>A</u> <u>L</u> 12 <u>L</u> 22	Int V-A Current Officers, Directors, Trustees, and Kee or key employee at any time during the year even if they wee (A) Name and address THLEEN_O'BRIEN	Py Employees (List e ere not compensated.) (S (B) Title and average hour per week devoted to position PRESIDENT/CE 40.00 CHIEF FINANC 40.00 VP OF OPERAT 40.00	each See t/ S (((() SO SO SO SO SO SO SO SO SO SO SO SO SO	person who was the instructions.) C) Compensation If not paid, enter -0) 160,000. L OFFICE 85,490. NS 69,010.	s an of (D)Cor emplo plans competing 14 R 10	fficer, dire htributions to byee benefit as & deferred insation plans , 191.	(E) Exactly account of the second sec	etee, (pense int and owances 200.
Pa Ka22A J12A T18A RO	Int V-A Current Officers, Directors, Trustees, and Kee or key employee at any time during the year even if they wee (A) Name and address THLEEN O'BRIEN (A) Name and address THLEEN O'BRIEN 24 DEERBROOK DRIVE SHVILLE, TN 37221 SHVILLE, TN 37221 LIE GILLEN 0 TANASI SHORES LLATIN, TN 37066 M BAKER 11 MCGAVOK PIKE SHVILLE, TN 37216 BERTA CIUFFO	Py Employees (List e ere not compensated.) (S (B) Title and average hour per week devoted to position PRESIDENT/CE 40.00 CHIEF FINANC 40.00 VP OF OPERAT	each See t/ S (((() SO SO SO SO SO SO SO SO SO SO SO SO SO	person who was the instructions.) C) Compensation If not paid, enter -0) 160,000. L OFFICE 85,490. NS 69,010.	s an of (D)Cor emplo plans competing 14 R 10	fficer, dire	(E) Exactly account of the second sec	opense int and owances 200.
Pa KA22A J12A J12A D18A R00	Int V-A Current Officers, Directors, Trustees, and Kee or key employee at any time during the year even if they wee (A) Name and address THLEEN_O'BRIEN	ey Employees (List e ere not compensated.) (S (B) Title and average hour per week devoted to position PRESIDENT/CE 40.00 CHIEF FINANC 40.00 VP OF OPERAT 40.00 EXEC. VP INS	each See t/ S (((() SO SO SO SO SO SO SO SO SO SO SO SO SO	person who was the instructions.) C) Compensation If not paid, enter -0) 160,000. L OFFICE 85,490. NS 69,010. T. ADV.	s an of (D)Cor employ plans competing 14 R 10 9	fficer, dire	(E) Exactor, trus	extee, expense int and owances 200. 0.
Pa KA22A J12A 08A 00A R1A	Int V-A Current Officers, Directors, Trustees, and Kee or key employee at any time during the year even if they wee (A) Name and address THLEEN_O'BRIEN_24 O'BRIEN_24 24 DEERBROOK DRIVE_ SHVILLE, TN 37221 LIE GILLEN_0 0 TANASI SHORES LLATIN, TN 11 MCGAVOK PIKE SHVILLE, TN 37216 BERTA CIUFFO 07 MONTROSE AVE. SHVILLE, TN	ey Employees (List e ere not compensated.) (S (B) Title and average hour per week devoted to position PRESIDENT/CE 40.00 CHIEF FINANC 40.00 VP OF OPERAT 40.00 EXEC. VP INS 40.00	each See th 'S ((() 'IO. 'TI'	person who was the instructions.) C) Compensation If not paid, enter -0) 160,000. L OFFICE 85,490. NS 69,010. T. ADV. 97,850.	s an of (D)Cor emple plans competing 14 R 10 9 12	fficer, dire htributions to yee benefit \$ deferred nsation plans , 191. , 316. , 200. , 560.	(E) Exactly account of the second sec	ettee, epense int and owances 200. 0. 0.
Pa Kićina Ujina Poleka Kićina Ujina Poleka Ridina Poleka P	Int V-A Current Officers, Directors, Trustees, and Kee or key employee at any time during the year even if they wee (A) Name and address THLEEN_O'BRIEN (A) Name and address 24 DEERBROOK_DRIVE	ey Employees (List e ere not compensated.) (S (B) Title and average hour per week devoted to position PRESIDENT/CE 40.00 CHIEF FINANC 40.00 VP OF OPERAT 40.00 EXEC. VP INS	each See th 'S ((() 'IO. 'TI'	person who was the instructions.) C) Compensation If not paid, enter -0) 160,000. L OFFICE 85,490. NS 69,010. T. ADV. 97,850.	s an of (D)Cor emple plans competing 14 R 10 9 12	fficer, dire htributions to yee benefit \$ deferred nsation plans , 191. , 316. , 200. , 560.	(E) Exactly account of the second sec	perse int and owances 200. 0. 0.
Pa KA22A J12A 018A 010A R11N B11	Int V-A Current Officers, Directors, Trustees, and Kee or key employee at any time during the year even if they wee (A) Name and address THLEEN O'BRIEN 24 DEERBROOK DRIVE SHVILLE, TN 37221 LIE GILLEN 0 TANASI SHORES LLATIN, TN 37066 M BAKER 11 MCGAVOK PIKE SHVILLE, TN 37216 BERTA CIUFFO 07 MONTROSE AVE. SHVILLE, TN 37204 ENT HYAMS 13 RUSSELL STREET	ey Employees (List e ere not compensated.) (S (B) Title and average hour per week devoted to position PRESIDENT/CE 40.00 CHIEF FINANC 40.00 VP OF OPERAT 40.00 EXEC. VP INS 40.00 VP OF BRAND	each See th 'S ((() 'IO. 'TI'	person who was the instructions.) C) Compensation If not paid, enter -0) 160,000. L OFFICE 85,490. NS 69,010. T. ADV. 97,850. MT & STR	s an of (D)Cor emplo plans competing 14 R 10 9 12 AT.	fficer, dire ntributions to yee benefit x deferred nsation plans , 191. , 316. , 200. , 560. ALLI	(E) Exactly account of the second sec	content of the second s
Pa KA22A J12A O18A R00A BR6A	Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address THLEEN O'BRIEN 24 DEERBROOK DRIVE SHVILLE, TN 37221 LIE GILLEN 0 TANASI SHORES LLATIN, TN 37066 M BAKER 11 MCGAVOK PIKE SHVILLE, TN 37216 BERTA CIUFFO 07 MONTROSE AVE. SHVILLE, TN 37204 ENT HYAMS 13 RUSSELL STREET SHVILLE, TN 37206	ey Employees (List e ere not compensated.) (S (B) Title and average hour per week devoted to position PRESIDENT/CE 40.00 CHIEF FINANC 40.00 VP OF OPERAT 40.00 EXEC. VP INS 40.00	each See th 'S ((() 'IO. 'TI'	person who was the instructions.) C) Compensation If not paid, enter -0) 160,000. L OFFICE 85,490. NS 69,010. T. ADV. 97,850.	s an of (D)Cor emplo plans competing 14 R 10 9 12 AT.	fficer, dire ntributions to yee benefit x deferred nsation plans , 191. , 316. , 200. , 560. ALLI	(E) Exactly account of the second sec	perse int and owances 200. 0. 0.
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Pa Ki6iNJ11G U12iA O18iA O10iA R11N B11N S1 S1 S1 S1 S1 S1 S1 S1 S1 S1	Int V-A Current Officers, Directors, Trustees, and Kee or key employee at any time during the year even if they wee (A) Name and address THLEEN O'BRIEN 24 DEERBROOK DRIVE 24 DEERBROOK DRIVE SHVILLE, TN 37221 LIE GILLEN 0 TANASI SHORES LLATIN, TN 37066 M BAKER 11 MCGAVOK PIKE SHVILLE, TN 37216 BERTA CIUFFO 07 MONTROSE AVE. SHVILLE, TN 37204 ENT HYAMS 13 RUSSELL STREET SHVILLE, TN 37206 E ATTACHED LIST OF NONCOMPENSATED	ey Employees (List e ere not compensated.) (S (B) Title and average hour per week devoted to position PRESIDENT/CE 40.00 CHIEF FINANC 40.00 VP OF OPERAT 40.00 EXEC. VP INS 40.00 VP OF BRAND 40.00	each See th 'S ((() 'IO. 'TI'	person who was the instructions.) C) Compensation If not paid, enter -0) 160,000. L OFFICE 85,490. NS 69,010. T. ADV. 97,850. MT & STR 72,000.	s an of (D)Cor emplo plans competing 14 R 10 9 12 AT.	fficer, dire intributions to yee benefit 3 deferred nsation plans , 191. , 316. , 200. , 560. ALLI , 219.	(E) E> accou other all 4,	contractions of the contraction
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Pa Ki6iNJ11G U12iA O18iA O10iA R11N B11N S1 S1 S1 S1 S1 S1 S1 S1 S1 S1	Int V-A Current Officers, Directors, Trustees, and Kee or key employee at any time during the year even if they wee (A) Name and address THLEEN O'BRIEN 24 DEERBROOK DRIVE 24 DEERBROOK DRIVE SHVILLE, TN 37221 LIE GILLEN 0 TANASI SHORES LLATIN, TN 37066 M BAKER 11 MCGAVOK PIKE SHVILLE, TN 37216 BERTA CIUFFO 07 MONTROSE AVE. SHVILLE, TN 37204 ENT HYAMS 13 RUSSELL STREET SHVILLE, TN 37206 E ATTACHED LIST OF NONCOMPENSATED	ey Employees (List e ere not compensated.) (S (B) Title and average hour per week devoted to position PRESIDENT/CE 40.00 CHIEF FINANC 40.00 VP OF OPERAT 40.00 EXEC. VP INS 40.00 VP OF BRAND 40.00	each See th S ((() C S S S S S S S S S S S S S S S S S S	person who was the instructions.) C) Compensation If not paid, enter -0) 160,000. L OFFICE 85,490. NS 69,010. T. ADV. 97,850. MT & STR 72,000.	s an of (D)Cor emplo plans competing 14 R 10 9 12 AT.	fficer, dire intributions to yee benefit 3 deferred nsation plans , 191. , 316. , 200. , 560. ALLI , 219.	(E) E> accou other all 4,	consecutive, conse

Form **990** (2006)

TENNESSEE	PERFORMING	ARTS	CENTER	(TPAC)
MANAGEMENT	COMPANY			

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Par	t V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 20			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies			
	the individuals and explains the relationship(s)	75b		Х
C	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."	75.0		v
	۲ - ۲ - ۲ - ۲ - ۲ - ۲ - ۲ - ۲ - ۲ - ۲ -	75c		<u> </u>
	If "Yes," attach a statement that includes the information described in the instructions.			
		75d	Х	
Par	t V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described the year list that person below and enter the amount of compensation or other benefits in the appropriate column. See I	belo	w) dur	0

(A) Name and address (B) Loans and Advances (C) Compensation (find paid, endered, paids & deferred, compensation plans (E) Expense account and eccuration and eccuration and endered with response to the railowances	the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)									
	(A) Name and address NONE	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances					

Ра	Other Information (See the instructions.)		res	NO
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed			
	statement of each change	76		Х
77	Were any changes made in the organizing or governing documents but not reported to the IRS?7			
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		Х
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common			
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	Х	
b	If "Yes," enter the name of the organization SEE STATEMENT 12			
	and check whether it is exempt or nonexempt			
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 0.			
b	Did the organization file Form 1120-POL for this year?	81b		Х
		E	000	(0000)

Form **990** (2006)

623161/01-18-07

Form 990 (2006)

58-1320590	Page 7
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	990 (2006) MANAGEMENT COMPANY 58-1320)590	Р	age 7
Pa	t VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			1
	less than fair rental value?	82a	X	1
b	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II.			l
	(See instructions in Part III.) 82b 98,923			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	x	1
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
	waiver for proxy tax owed for the prior year.			
C	Dues, assessments, and similar amounts from members N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			1
	following tax year? N/A	85h		1
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			
	line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) 87b N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
	If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of			1
	section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction	89b		X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958 0.			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		Х
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,			37
~~	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		Х
	List the states with which a copy of this return is filed \blacktriangleright TN			300
	Number of employees employed in the pay period that includes March 12, 2006 90b	782	_ 1 0	
91 a	The books are in care of ► JULIE GILLEN, CFOTelephone no. ► (615)Located at ► 505 DEADERICK STREET, NASHVILLE, TNZIP + 4 ► 3			22
L)/24	3 Yes	No
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	0.11	162	X
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes." enter the name of the foreign country N /A	91b		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			
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623162/01-18-07

Form 990 (2		E PERFORMI NT COMPANY	NG ARTS CENT	'ER (-	1320590 Page 8
Part VI	Other Information (continued)					Yes No
c At any	y time during the calendar year, did th	e organization mair	ntain an office outside of	f the Uni	ted States?	91c X
If "Ye	s," enter the name of the foreign cour	ntry 🕨	N/A			
	on 4947(a)(1) nonexempt charitable tru					
	nter the amount of tax-exempt interes				▶ 92	N/A
Part VII	Analysis of Income-Produc					
	er gross amounts unless otherwise	Unrelat (A)	ed business income	Exclude (C)	d by section 512, 513, or 514	(E)
indicated.		Business	(B) Amount	Exclu- sion	(D) Amount	Related or exempt
93 Progra	m service revenue:	code	, and and	code	, anount	function income
a	SEE STATEMENT 13					12,922,832.
b						
C						
d						
e						
	are/Medicaid payments			+ +		
	nd contracts from government agenc			+ +		
	ership dues and assessments			+		
	t on savings and temporary cash investmer			14	156,075.	
	nds and interest from securities			1 1 4	150,075.	
	ntal income or (loss) from real estate:					
	nanced property			+		
	bt-financed property			+		
	ntal income or (loss) from personal pro			+		
	r (loss) from sales of assets					
	han inventory			18	<20,193.	`
	come or (loss) from special events				(20,195)	<120,573.>
	profit or (loss) from sales of inventory					(12070700)
102 Other 1						
a						
ь						
с —						
d						
e						
104 Subtot	al (add columns (B), (D), and (E))		0.		135,882.	12,802,259.
	add line 104, columns (B), (D), and (E)					12,938,141.
Note: Line	105 plus line 1e, Part I, should equal th	he amount on line 1.	2, Part I.			· · ·
Part VIII	Relationship of Activities t	o the Accompl	ishment of Exemp	ot Purp	oses (See the instructi	ons.)
	Explain how each activity for which incom			l importa	ntly to the accomplishment of	of the organization's
· · ·	exempt purposes (other than by providing	funds for such purpo	ses).			
	HE ORGANIZATION PRO					SEE
	OMMUNITY WITH CULTU					
	PERFORMING ARTS PRO					
	DUCATIONAL PROGRAMS					
Part IX	Information Regarding Tax			ed Ent		
Name, add	dress, and EIN of corporation, Percen	B) Itage of	(C) Nature of activities		(D) Total income	(E) End-of-year
partner	rship, or disregarded entity ownershi	p interest				assets
		%				
	N/A	%				
		%				
Dert	Information Deverting Tree	%	tod with Davaara	Part	lit Contracto /a	
Part X	Information Regarding Tra					,
	e organization, during the year, receive any				ai denetit contract?	Yes X No
• •	e organization, during the year, pay premiu			nuract?		Yes X No
NOLE: IT	Yes" to (b), file Form 8870 and Form 4	120 (See Instruction	13/.			Form 990 (2006)
						FUTH 330 (2006)

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FEB-:	10-2008 12:48 TPAC			P.Ø	2
/	TENNESSEE PERFORMING A	RTS CENTER	(TPAC)		
	00 (2006) MANAGEMENT COMPANY		58-132		age 9
Rearies			ies. Complete only if the organiz	ation is a	
	controlling organization as defined in section 512(b)(13).	N/A		1.1	
TENNESSEE PERFORMING ARTS CENTER (TPAC) Form 90 (2006) MANAGEMENT COMPANY Fertified Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization make any transfers To and From Controlled Entities. Complete the code? If 'Yes,' complete the schedule below for each controlled entity. (A) (A) Entities: (A)	NO				
		as defined in section	1512(b)(15) of the Code (1 1 1 es,		
		(B)	(C)	(D)	
		Employer		Amount	
	controlled entity		transfer	transfer	
a					
ь (
TENNESSEE PERFORMING ARTS CENTER (TPAC) Form Seq (2006) MANAGEMENT CONPANY Sector 11 Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization make any transfers to a controlled entity as defined in soction 512(b)(13) of the Code? If 'Yes,' complete the solution for a controlled entity. Yes 108 Did the reporting organization make any transfers to a controlled entity as defined in soction 512(b)(13) of the Code? If 'Yes,' complete the solution for an one of the solution of transfer (C) (D) 108 Did the reporting organization make any transfers to a controlled entity as defined in soction 512(b)(13) of the Code? If 'Yes,' complete the solution do the solution of transfer (D) (D) 109 Image:					
	Totals		.		
				Yes	No
107 D	d the reporting organization receive any transfers from a controlled e	ntity as defined in se	ction 512(b)(13) of the Code? If *		
c	omplete the schedule below for each controlled entity.	· · · · · · · · · · · · · · · · · · ·			
	• •				_4
ĺ		Identification	-		
8					
b					
c		(
	Totais			i	<u> </u>
	alaba ana ata da bar a bi di ana anti di ana ana ana ana ana ana ana ana ana an	17.0000		Yes	No
		17, 2006, covering th	ne interest, rents, royalties, and		
		ing schedules and stateme	nts, and to the best of my knowledge and b	elief, it is true, com	ect,
	and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer has any knowle			
	Katwigh Orith			<u>ن</u>	
		75 410			
		EN OVE			
		Date		or PTIN (See Ger.	hist X
_	signature Euron A. M. track	3 1	self- employed > X	41465	
•	S Firm's name for KRAFTCPAS PLLC				
USE Uniy	settemployed). 555 GREAT CIRCLE ROAD, SU	ITE 200			
	23+4 NASHVILLE, TN 37228-1310		Phone no. ► (615		
				Form 990 (2	2006)

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SCHEDULE A	Organization Exempt	OMB No. 1545-0047			
(Form 990 or 990-EZ)	(Except Private Foundation)	and Section 501(e), 501(f),	501(k),	,	
	501(n), or 4947(a)(1) Supplementary Informatic	Nonexempt Charitable Trus			2006
Department of the Treasury Internal Revenue Service	MUST be completed by the above organi				
	TENNESSEE PERFORMING ARTS	CENTER (TPAC	2)		ntification number
	MANAGEMENT COMPANY ensation of the Five Highest Paid Emp	lovoos Othor Than	Officers Dire	58 132	
	e 2 of the instructions. List each one. If there are none, en		Officers, Dire	ctors, and	Trustees
(a) Name an	d address of each employee paid	(b) Litle and average hours per week devoted to	(c) Compensation	(d) Contribution employee ben plans & deferr	account and other
DARRELL MERR	more than \$50,000	position	SEBATCES	compensation	
	CIRCLE, NASHVILLE, TN 37		56,650.	6,97	9.
TERESA ELLIT	-		/ENTS		
	UEEN DRIVE, NASHVILLE, TN		50,470.	7,96	3.
JANE LINTON		OP MANAGER			
	AVENUE, NASHVILLE, TN 37		54,636.	6,84	2.
SUSAN SANDER	ST_BLVD, NASHVILLE, TN 37	S DIR INS ADV 40.00	55,208.	8,28	5
DANA NOLEN		SENIOR ACCOUN		0,20	.
	ON PLACE, HENDERSONVILLE,	40.00	50,923.	10,42	5.
Total number of other emp				1 = • 7 = =	
over \$50,000	•	0			
	ensation of the Five Highest Paid Inde e 2 of the instructions. List each one (whether individuals	•		ional Serv	ices
			,		
	and address of each independent contractor paid more that	an \$50,000	(b) Type of	service	(c) Compensation
THE TENNESSE			DITEDUT	10	010 001
NEWS CHANNEL	309, NASHVILLE, TN 37203		ADVERTISIN	IG	218,231.
	AD, NASHVILLE, TN 37209	Z	ADVERTISIN	IG	135,554.
IATSE					100.000
211 DONELSON WTVF	PIKE #202, NASHVILLE, TN	37214 1	LABOR UNIC)N	102,298.
	144, NASHVILLE, TN 37230		ADVERTISIN	IG	88,373.
COMCAST					
	RIVE, NASHVILLE, TN 37204	Z	ADVERTISIN	IG	59,282.
Total number of others reco \$50,000 for professional se		2			
	ensation of the Five Highest Paid Inde		ors for Other S	ervices	
	n contractor who performed services other than professio	•			
firms. If t	here are none, enter "None." See page 2 of the instruction	s.)			_ <u>,</u>
(a) Name a	nd address of each independent contractor paid more that	an \$50,000	(b) Type of	service	(c) Compensation
NASHVILLE BA					
	STREET, NASHVILLE, TN 372	09	THEATRICAL	J	391,186.
MAMMA MIA US	A_TOUR_2_LP TREET, NEW YORK, NY 1003	<u> </u>	THEATRICAL		375 000
	Y TOURING CO LLC	0	INEAIKICAI	4	375,000.
	L WAT #105, COLUMBIA, MD	21045	THEATRICAL	L	306,758.
	LP NATIONAL TOUR	10026			274 507
CATS EYE, LL	TREET #1101, NEW YORK, NY C	10036	THEATRICAL	1	274,507.
	Y #914, NEW YORK, NY 100	23	THEATRICAL	J	271,209.
Total number of other cont		A			
action of other services	>	4			

623101/01-18-07 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. 12

Schedule A (Form 990 or 990-EZ) 2006

Schedule A (Form 990 or 990-EZ) 2006 MANAGEMENT COMPANY

58-1320590 Page 2

Ρ	Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying activities \$ 300. line i of Part VI-B.) \$ VI-B, LINE I			
	line i of Part VI-B.) VI-B, LINE I	1	Х	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
ł	a Sale, exchange, or leasing of property? SEE STATEMENT 14	2a	Х	
I	b Lending of money or other extension of credit?	2b		X
(c Furnishing of goods, services, or facilities?	2c		X
(d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 15	2d	Х	
(e Transfer of any part of its income or assets?	2e		X
	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			[
	the organization determines that recipients qualify to receive payments.)	3a		Х
I	b Dd the organization have a section 403(b) annuity plan for its employees?	3b	Х	
(c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			[
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		Х
(d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х
4 ;	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
	and 4g	4a		X
	b Did the organization make any taxable distributions under section 4966?N/A	4b		
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
	d Enter the total number of donor advised funds owned at the end of the tax year		N/	
(e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/	A
1	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			-
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
(g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Schedule A (Form 990 or 990-EZ) 2006

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Schedule A (Form 990 or 990-EZ) 2006	MANAGEMENT	COMPANY
	MANAGENENT	CONTANT

Par	t IV	Reason for Non-Private Foundation S	Status (See pages 4 th	rough 7 of the instructio	ns.)				
I certify	/ that th	e organization is not a private foundation because it is: (I	Please check only ONE a	pplicable box.)					
5		A church, convention of churches, or association of ch	urches. Section 170(b)(1)(A)(i).					
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part	V.)						
7		A hospital or a cooperative hospital service organization	n. Section 170(b)(1)(A)(i	ii).					
8		A federal, state, or local government or governmental u	nit. Section 170(b)(1)(A))(V).					
9		A medical research organization operated in conjunctio	n with a hospital. Sectior	n 170(b)(1)(A)(iii). Enter t	he hospital'	s name, city,			
	and state 🕨								
10		An organization operated for the benefit of a college or	university owned or oper	rated by a governmental ι	init. Section	170(b)(1)(A)(i	v).		
		(Also complete the Support Schedule in Part IV-A.)							
11a		An organization that normally receives a substantial pa	rt of its support from a g	overnmental unit or from	the general	public.			
		Section 170(b)(1)(A)(vi). (Also complete the Support	Schedule in Part IV-A.)						
11b		A community trust. Section 170(b)(1)(A)(vi). (Also con	nplete the Support Sche	dule in Part IV-A.)					
12	X	An organization that normally receives: (1) more than							
		receipts from activities related to its charitable, etc., fur							
		its support from gross investment income and unrelate by the organization after June 30, 1975. See section 5				ses acquireu			
			.,.,		,				
13		An organization that is not controlled by any disqualifie		undation managers) and (otherwise me	ets the require	ements of section		
		509(a)(3). Check the box that describes the type of sup				—			
		Type I Type II	X Type III-Fu	nctionally Integrated		Type III-	Other		
		Provide the following information al	out the supported organ	izations (See page 7 of	the instruction	ns)			
		(a)	(b)	(c)	(d	,	(e)		
		Name(s) of supported organization(s)	Employer	Type of organization	-	, upported	Amount of		
			identification	(described in lines	organizati	on listed in	support		
			number (EIN)	5 through 12 above		porting			
				or IRC section)		zation's documents?			
-					Yes	No			
					Yes	No			
					Yes	No			
					Yes	No			
					Yes	No			
					Yes	No			
					Yes	No			
					Yes	No			
					Yes	No			
					Yes	No			
					Yes	No			
					Yes	No			
					Yes	No			
					Yes	No			
					Yes	No			

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006

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TENNESSEE PERFORMING ARTS CENTER (TPAC) Schedule A (Form 990 or 990-EZ) 2006 MANAGEMENT COMPANY

58-1320590 Page 4

Pa	rt IV-A Support Schedule (C Note: You may use th	omplete only if you che e worksheet in the insti	ecked a box on line 10 ructions for converting	, 11, or 12.) Use cash from the accrual to th	method of account e cash method of acc	ng. countina.
	ndar year (or fiscal year	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions	(a) 2003	(b) 2004	(0) 2000	(u) 2002	(6) 10141
	received. (Do not include unusual grants. See line 28.)	2,548,840.	2,439,320.	2,882,234.	2,878,125	10,748,519.
16	Membership fees received					
17	Gross receipts from admissions,					
	merchandise sold or services performed, or furnishing of					
	facilities in any activity that is					
	related to the organization's charitable, etc., purpose	6 967 565	8 531 805	8 273 028	9 905 761	33,678,159.
18	Gross income from interest.	0,907,505.	0,551,005.	0,275,020.	9,905,701	55,070,155.
10	dividends, amounts received from					
	payments on securities loans (sec- tion 512(a)(5)), rents, royalties, and					
	unrelated business taxable income (less section 511 taxes) from					
	businesses acquired by the	0 700	1 0 0 1	1 100	10 100	21 010
19	organization after June 30, 1975 Net income from unrelated business	9,790.	1,901.	1,193.	18,126	31,010.
19	activities not included in line 18					
20	Tax revenues levied for the					
	organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a					
	governmental unit without charge.					
	Do not include the value of services or facilities generally furnished to					
	the public without charge	67,620.	67,620.	67,620.	67,620	270,480.
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	9,593,815.	11,040,646.	11,224,075.	12,869,632.	44,728,168.
24	Line 23 minus line 17	2,626,250.		2,951,047.	2,963,871	11,050,009.
25	Enter 1% of line 23	95,938.	110,406.	112,241.		
26	Organizations described on lines 1				► 26a	N/A
D	Prepare a list for your records to she unit or publicly supported organizati					
	Do not file this list with your return	,	•		► 26b	N/A
C	Total support for section 509(a)(1) t				► 26c	N/A
d	Add: Amounts from column (e) for I					
		22	26b		► 26d	N/A
e	Public support (line 26c minus line 2					N/A
1 27	Public support percentage (line 26 Organizations described on line 12					N/A %
21	records to show the name of, and to					
	such amounts for each year:		and four four four and		,	
	(2005) 0	. (2004)		003)	0. (2002)	0.
b	For any amount included in line 17 t				•	
	and amount received for each year,		• • • •			•
	described in lines 5 through 11b, as the larger amount described in (1) o					e amount received and
	(2005) 0	• (2004)		003)	0 . (2002)	0.
C	Add: Amounts from column (e) for I	ines: 15	10,748,519.	16		0.
	17 33,6	0. 20 an		21 270 ,	480. ► 27c	44,697,158.
d		0 . an	d line 27b total	21 270,	0. ► 27d	0.
e	Public support (line 27c total minus Total support for section 509(a)(2) t	line 27d total)			▶ 27e	44,697,158.
t g	Public support for section 509(a)(2) t Public support percentage (lin					99.9307%
•	Investment income percentage					
28 L	Jnusual Grants: For an organization how, for each year, the name of the c	n described in line 10, 11, ontributor, the date and ar	or 12 that received any L	inusual grants during 200	2 through 2005, prepar	e a list for your records to
r	eturn. Do not include these grants in	line 15	ONE	-	· ·	dule A (Form 990 or 990-EZ) 2006
			15			

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edule A (Form 990 or 990-EZ) 2006 MANAGEMENT COMPANY	58-132059		age
art V Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/.	A	
		Yes	N
Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governin instrument, or in a resolution of its governing body?	g		
Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,	23		
and other written communications with the public dealing with student admissions, programs, and scholarships?			
Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
to all parts of the general community it serves?	31		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
Does the organization maintain the following:			
Records indicating the racial composition of the student body, faculty, and administrative staff?			
Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	000		
admissions, programs, and scholarships?			
Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d		
Does the organization discriminate by race in any way with respect to:	33a		
Students' rights or privileges?			
Admissions policies?	330		
Employment of faculty or administrative staff? Scholarships or other financial assistance?	33d		_
Educational policies?			
Use of facilities? Athletic programs?			
Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
Does the organization receive any financial aid or assistance from a governmental agency?	34a		
Has the organization's right to such aid ever been revoked or suspended?			
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75			
1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

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58-1320590 Page 6

				5	0 1320330 Tug
Ρ	art VI-A Lobbying Expenditures by Electing Public Charities ((To be completed ONLY by an eligible organization that filed Form 5768)	(See paç	ge 10 o	f the instructions.)	N/A
Che	ck 🕨 a 🛄 if the organization belongs to an affiliated group. Check 🕨 b	if y	/ou che	cked "a" and "limited contr	ol" provisions apply.
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)			(a) Affiliated group totals	(b) To be completed for all electing organizations
	(N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		36	·	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		37		
38	Total lobbying expenditures (add lines 36 and 37)		38		
39	Other exempt purpose expenditures	r	39		
40	Total exempt purpose expenditures (add lines 38 and 39)		40		
41	Lobbying nontaxable amount. Enter the amount from the following table -				
	If the amount on line 40 is - The lobbying nontaxable amount is -				
	Not over \$500,000 20% of the amount on line 40	ך			
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000				
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	}	41		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000				
	Over \$17,000,000 \$1,000,000	기			
42	Grassroots nontaxable amount (enter 25% of line 41)		42		
	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		43		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		44		

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

			Lobbying Ex	penditures During 4-Yea	r Averaging P	eriod		N/A
Calendar year (or fiscal year beginnin	ig in) 🕨	(a) 2006	(b) 2005	(c) 2004		(d) 2003		(e) Total
45 Lobbying nonta amount								0.
46 Lobbying ceiling (150% of line 4	-							0.
47 Total lobbying expenditures								0.
48 Grassroots non amount								0.
49 Grassroots ceili (150% of line 4	•							0.
50 Grassroots lobb expenditures								0.
		Activity by Noneled nly by organizations that di	-		ctions.)			
• • •	•	on attempt to influence nati		on, including any attempt	to	Yes	No	Amount
	0	lative matter or referendum	, 0				X	
 b Paid staff or ma c Media advertise 	nagement (In	clude compensation in expe	enses reported on lines c th	nrough h.)			X X	
		ors, or the public					X	
		broadcast statements					Х	
		for lobbying purposes					X	
		, their staffs, government o				X		300.
		nars, conventions, speeche					Х	
i Total lobbying e	xpenditures (Add lines c through h .)						300.
If "Yes" to any o	f the above, a	lso attach a statement givin	g a detailed description of t	the lobbying activities.			SEE	STATEMENT 16

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Schedule A (Form 990 or 990-EZ) 2006

Exempt Organi	zations (See page 13 of the instr	uctions.)	d Relationships With Nonchar		
	directly or indirectly engage in any of		-		
., .	section 501(c)(3) organizations) or ir		olitical organizations?	-	- 1
	ganization to a noncharitable exempt	-			'es No
					<u> </u>
				a (ii)	X
b Other transactions:					
(i) Sales or exchanges of ass	ets with a noncharitable exempt organ	nization			X
(ii) Purchases of assets from	a noncharitable exempt organization			b(ii)	X
(iii) Rental of facilities, equipm	ent, or other assets			b(iii)	X
(iv) Reimbursement arrangem	ents			b(iv)	X
(v) Loans or loan guarantees					X
• •					X
	, mailing lists, other assets, or paid er				X
			always show the fair market value of the	[*]	21
goods, other assets, or service transaction or sharing arranger	s given by the reporting organization. nent, show in column (d) the value of	If the organization received	l less than fair market value in any r services received:	N	/A
(a) (b) Line no. Amount involved	(c) Name of noncharitable exe	empt organization	(d) Description of transfers, transactions, and	sharing arrar	ngements
	a)(3)) or in section 527?		i	Yes	X No
(a Name of or		(b) Type of organization	(c) Description of relations	hip	
623152 01-18-07		1	Schedule A (Fo	rm 990 or 99	0-EZ) 2006

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2006.08000 TENNESSEE PERFORMING ARTS C 18961__1

18

GIFTED TO THE ORGANIZATION. DEPRECIATION IS

IMPROVEMENTS, EQUIPMENT AND FURNITURE ARE RECORDED AT COST, WHEN PURCHASED, OR AT FAIR MARKET VALUE, WHEN

TO SEVEN YEARS FOR COMPUTERS, FURNITURE AND EQUIPMENT, THIRTY YEARS FOR LOBBY IMPROVEMENTS, AND TEN YEARS FOR

CALCULATED BY THE STRAIGHT-LINE METHOD TO ALLOCATE THE COST OF DEPRECIABLE ASSETS, AS SO DETERMINED, TO

OPERATIONS OVER ESTIMATED USEFUL LIVES OF THREE

30 STATEMENT(S) 1 2006.08000 TENNESSEE PERFORMING ARTS C 18961__1

-		

PROPERTY, PLANT & EQUIPMENT ACCUMULATED DEPRECIATION

FORM 990, PART IV, LINE 57C:

NET FIXED ASSETS

OTHER IMPROVEMENTS.

6,846,659.
<2,238,928.>

4,607,731.

FOOTNOTES

FORM 990 GAIN (LOSS) FROM	M SALE OF OTH	IER ASSETS	STA	ATEMENT	2
DESCRIPTION		DATI ACQUII				
FIXED ASSETS		VARIO	JS VARIOU	S PURCH	HASED	
NAME OF BUYER SA	GROSS LES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAI OR (LOS	
VARIOUS	2,683.	320,877.	0.	298,001.	<20,19	<u> </u>
TO FM 990, PART I, LN 8	2,683.	320,877.	0.	298,001.	<20,19	 3.>
FORM 990 DESCRIPTION OF EVENT	GROSS	CONTRIBUT		DIRECT	ATEMENT NET INCOME	3
	RECEIPTS	S INCLUDED	REVENUE	EXPENSES	INCOME	
GALA EVENT DEV. PREMIERE EVENING	213,278 215,258			112,829. 73,241.	<58,64 <61,93	
TO FM 990, PART I, LINE 9	428,536	5. 363,039	. 65,497.	186,070.	<120,57	3.>
FORM 990 OTHER CHA	NGES IN NI	ET ASSETS OR	FUND BALANC	ES STA	ATEMENT	4
DESCRIPTION					AMOUNT	
LOSS ON DERIVATIVE FINANC	CIAL INSTRU	JMENT			<11	8.>
TOTAL TO FORM 990, PART I	, LINE 20				<11	 8.>

FORM 990	OTHE	R EXPENSES		STATEMENT	5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISI	NG
		<u> </u>		.1 0	
ARTIST FEES	6,036,402.	6,037,402.	0.	<1,0	
CONTRACT LABOR	1,044,141.	1,044,141.	0.		0.
BAD DEBT EXPENSE	26,950.	0.	0.	26,9	
CASH OVER/SHORT	1,395.	858.	0.	5	37.
CONCESSIONS SUPPLIES	154,097.	154,077.	20.	0.0	0.
CREDIT CARD FEES	181,560.	171,696.	0.	9,8	
CUSTODIAL	120,328.	120,328.	0.		0.
DUES AND	24 4 24		12 226		
SUBSCRIPTIONS	34,191.	16,107.	13,906.	4,1	78.
FEES -		4 4 9 5 4			< -
TICKETING/BANK/OTHER	21,892.	14,054.	7,573.	2	65.
MARKETING -					
INSTITUTION	41,754.	39,558.	1,107.	1,0	
MEALS/ENTERTAINMENT	11,484.	10,181.	7,556.	<6,2	
MISCELLANEOUS	98,423.	56,074.	15,287.	27,0	
INSURANCE	77,893.	0.	77,893.		0.
PRESENTER SHARE	217,396.	217,396.	0.		0.
PRODUCTION COSTS	125,512.	125,000.	0.	5	12.
PROFESSIONAL					
CONSULTING	137,563.	19,314.	118,249.		Ο.
REPAIRS AND					
MAINTENANCE	50,310.	34,457.	9,119.	6,7	34.
SECURITY	56,800.	56,800.	0.		Ο.
TECH AND HOUSE					
SUPPLIES	43,549.	37,915.	5,634.		Ο.
TRANSPORTATION					
GRANTS EXPENSE	7,887.	7,887.	0.		Ο.
UNIFORMS AND					
ALTERATIONS	2,437.	2,437.	0.		Ο.
MARKETING -					
PROGRAMMING	966,224.	966,224.	0.		0.
FREIGHT	5.	0.	5.		0.
STATE MAINTENANCE	120,003.	120,003.	0.		Ο.
TRT	947.	0.	947.		0.
TOTAL TO FM 990, LN 43	9,579,143.	9,251,909.	257,296.	69,9	38.

58-1320590

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

EXPLANATION

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

FORM 990 OTHER INVESTMENT	rs	STATEMENT	7
DESCRIPTION	VALUATION METHOD	AMOUNT	
INVESTMENT IN IPN	COST	5,00)0.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		5,00)0.
FORM 990 MORTGAGES PAYABLE	 2	STATEMENT	8
DESCRIPTION		BALANCE DU	3
BANK OF AMERICA		2,027,85	50.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B,	, COLUMN B	2,027,85	50.
FORM 990 OTHER LIABILITIES	5	STATEMENT	9
DESCRIPTION		AMOUNT	
DEFERRED REVENUES DEPOSITS INTEREST RATE SWAP LIABILITY		2,370,65 227,53	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		2,598,22	23.

FORM 990	OTHER	SECURITIES			STATEMENT	10
SECURITY DESCRIPTION			c	COST/FMV	OTHER SECURITIE	S
INTEREST RATE SWAP ASSET			-	FMV		0.
TO FORM 990, LINE 54B, COL	В					0.
FORM 990 OTHER E	XPENSES	NOT INCLUDED	ON FORM	1 990	STATEMENT	11
DESCRIPTION					AMOUNT	
LOSS ON DERIVATIVE INSTRUM DIRECT SPECIAL EVENT EXPEN					1 186,0	19. 71.
TOTAL TO FORM 990, PART IV	-B				186,1	90.
FORM 990 IDENTI	FICATIO	N OF RELATED C			STATEMENT	12
		RT VI, LINE 80				
NAME OF ORGANIZATION				EXEM		
	PA	RT VI, LINE 80			IPT NONEXE	
NAME OF ORGANIZATION TENNESSEE PERFORMING ARTS	PA FOUNDAT E ARTS	RT VI, LINE 80	В	EXEM X	IPT NONEXE	
NAME OF ORGANIZATION TENNESSEE PERFORMING ARTS NASHVILLE INSTITUTE FOR TH	PA FOUNDAT E ARTS	NT VI, LINE 80	В	EXEM X	IPT NONEXE	MPT 13 PR NC-
NAME OF ORGANIZATION TENNESSEE PERFORMING ARTS NASHVILLE INSTITUTE FOR TH FORM 990	PA FOUNDAT E ARTS PROGR BUS	UNRELATED	B ENUE EXCL	EXEM X X EXCLUDED	IPT NONEXE	EMPT 13 PR NC- ME 24. 70. 66. 01. 26. 00. 00.

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

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

SCHEDULE A

EXPLANATION OF TRANSACTIONS PART III, LINE 2D

STATEMENT 15

TPAC PAID THE CEO A BONUS AND ALSO REIMBURSED TRAVEL EXPENSE MADE PERSONALLY BY AN EMPLOYEE.

SCHEDULE A	STATEMENT O	F LOBBYING	ACTIVITIES -	PART VI-B	STATEMENT	16
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TPAC PAYS \$300 IN LOBBYIST REGISTRATION FEES BUT TO DATE HAS NOT PERFORMED ANY LOBBYING ACTIVITIES. IF LOBBYING ACTIVITIES WERE PERFORMED, THE PURPOSE WOULD BE TO ENCOURAGE THE ENACTMENT OF LEGISLATION THAT SUPPORTS EDUCATION AND THE ARTS.

Participant Network File a separate application for each return. If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box Image 20 this form. If you are filing for an Automatic 3-Month Extension, complete only Part I (an page 2 of this form). Image 20 this form). D not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Image 20 this form). Section 501(c) corporations required to file Form 9907 and requesting an automatic 6-month extension - check this box and complete Part I only automatic 6-month extension - check this box and complete Part I only - automatic 6-month extension - check this box and complete Part I only - automatic 5-months for section 501(c) corporations required to file form 9907. All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income fast are returns. Electronic Filing (e-file), Generally, you can electronically (ife Form 9908), Go98, or 870, group returns, or a composite or consolidated form 9907. 901. Instead, you must a both the huly completed and signed page 2 (Part II) of Form 8868. Employer identification number strusters. 901. Instead, MAGEMENT Employer Identification number strusters. Sa - 1320590 Number, streat, and room or sulte no. If a P.O. box, see instructions. NASHVILLE, TM 37243 Employer Identification number strusters. If on m 990.F (compostofic, state, and 2IP code. For a foreign addr	Form 88 (Rev. April	2007)	Application for Extension of Time To File ar Exempt Organization Return	ו	OMB No. 1545-1709
• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). Section 501(c) corporations required to file Form 990.T and requesting an automatic 6-month extension - check this box and complete Part I only If the corporations (including 1120-C files), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file one of the return reduce block (in Form 501) (corporations required to file Form 980.E). Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the return reduce block (in form) files form 980.E). Month Extension ele income files (C-files), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file one of the return reduce block (in form) files form 980.E). Month Extension ele intervent in the file (intervent intervent inte			File a separate application for each return.		
Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box All other corporations (including 1120-C files), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tare returns. Electronic Filing (e-file), Generally, you can electronically file Form 890-TI, However, you cannot file Form 890-EL, 6069, or 8870, group returns, or a composite or consolidated Form 1040 Form 8068. For more details on the electronic filing of the hully complete and signed page 2 (Part) of Neweer, you cannot file Form 890-EL, 6069, or 8870, group returns, or a composite or consolidated Form not details on the electronic filing of this form, interest part of this form, you must submit the hully complete and signed page 2 (Part) of The 890-EL, 6069, or 8870, group returns, or a composite or consolidated Form not details on the electronic filing of this form, interest part or one suite no r. (f a PC abor, text). Type or Nano E Exampt Organization Employer identification number interest, and room or suite no. (f a PC. box, see instructions. NANCEEMENT COMPANY 58 – 1320590 File bytem Number, street, and room or suite no. (f a PC. box, see instructions. NASHVILLE, TN 37243 505 DEADERICK STREET Check type of return to be filed(file a separate application for each return): Form 990-T (sec. 4016) or 408(a) trust) Form 5227 Form 990-EL Form 990-T (sec. 4016) or 408(a) trust) Form 5827 Form 990-EL Form 990-T (corporation) Form 6069 F	 If you ar 	e filing for an Add	itional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this f	orm).	······································
and complete Part I only ▲ All other corporations (including 1120-C files), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file one of the return fold biol (file Comparities) request an extension of time to file one of the return incle below (file form 980-1). However, you cannot the Form 8086 electronical filling of this form, for other bottime of 101 (comparities) amonth extension of (2) you file Form 890-80, 0689, or 8870, group returns, or a composite or consolidated Form wist www.is.gov/efile and click on e-file for Charites & Nonprofits. Type or Name of Exempt Organization Textment wist group/efile and click on e-file for Charites & Nonprofits. Employer identification numb models. So the file form 990-10. Top or NamAGEMENT COMPANY 58-1320590 Statum Set S05 DEADERTICK STREET Employer identification numb Image: and the file one of the extern on or subte and T2P do de- For a foreign address, see instructions. NamAGEMENT COMPANY So 5 DEADERTICK STREET City, town or post office, state, and ZIP code. For a foreign address, see instructions. Name Set Image: and the file one of the truth office of the a separate application for each return): Form 990. Form 990. Form 990. Form 990. Form 990. Form 900. Form	Part I	Automatio	3-Month Extension of Time. Only submit original (no copies needed).		
to file income tax returns. Electronic Filing G-file), Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the return noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, 990-T. To prove page 10 (Part 19 (Par		., .			
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print TENNESSEE PERFORMING ARTS CENTER (TPAC) MANGEMENT COMPANY 58-1320590 Number, street, and room or subte no. If a P.O. box, see instructions. 505 DEADERICK STREET City, town or post office, state, and 2/P code. For a foreign address, see instructions. NASHVILLE, TN 37243 58-1320590 Check type of return to be filed(file a separate application for each return): Form 990 Form 990 (corporation) Form 4720 Form 990-BL Form 990-T (corporation) Form 5227 Form 990-BL Form 990-T (trust other than above) Form 6069 Form 990-FF Form 1041.A Form 8870 • The books are in the care of ▶ JULIE GILLEN, CFO Telephone No. ▶ (615) 782-4033 FAX No. ▶ • If the organization does not have an office or place of business in the United States, check this box	noted belo the additio 990-T. Inst	w (6 months for s nal (not automatic ead, you must su	ection 501(c) corporations required to file Form 990-T). However, you cannot file Form 8 c) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a co bmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on t	3868 e mposit	lectronically if (1) you want te or consolidated Form
Pile by the data for minor or good of the group, check this box Sot DEADERTICK STREET City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37243 Check type of return to be filed(file a separate application for each return): Form 990 X Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 Form 990-PF Form 1041-A Form 8870 • The books are in the care of ▶ JULIE GILLEN, CFO Treagnization does not have an office or place of business in the United States, check this box ▶ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a droup Return, enter the organization's four digit Group Exemption Number (GEN) I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for: > Calendar year or or > Calendar year or or I the supplication is for Form 90-BL, goo-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonor		TENNESSE	E PERFORMING ARTS CENTER (TPAC)	-	-
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Check type of return to be filed (file a separate application for each returm):		City, town or po	st office, state, and ZIP code. For a foreign address, see instructions.		
X Form 990 □ Form 990-T (corporation) □ Form 4720 □ Form 990-BL □ Form 990-T (csec. 401(a) or 408(a) trust) □ Form 5227 □ Form 990-EZ □ Form 990-T (trust other than above) □ Form 6069 □ Form 990-PF □ Form 1041-A □ Form 8870 • The books are in the care of ▶ JULIE GILLEN, CFO	Check typ				
Telephone No. ▶ (615) 782-4033 FAX No. ▶ • If the organization does not have an office or place of business in the United States, check this box ▶ • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ • If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover the organization's return for the organization's return for the organization required to file Form 990-T) extension of time until FEBRUARY 15, 2008 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ • □ calendar year or • □ and ending JUN 30, 2007 • It this tax year is for less than 12 months, check reason: □ Initial return Final return 3a If this application is for Form 990-BL, 990-FF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ b If this application is for Form 990-FF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if require	Form	ו 990-BL ו 990-EZ	Form 990-T (sec. 401(a) or 408(a) trust) Form 52 Form 990-T (trust other than above) Form 60	27 69	
 If the organization does not have an office or place of business in the United States, check this box					
FEBRUARY 15, 2008 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶	If the orIf this is	ganization does r	not have an office or place of business in the United States, check this box	s is for	the whole group, check th
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deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	-			30	φ
	See	instructions.		3c	\$ N/A
	LHA Fo	r Privacy Act and	Paperwork Reduction Act Notice, see instructions.		Form 8868 (Rev. 4-200

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Tennessee Performing Arts Center Statement of Program Services EIN: 58-1320590

Tennessee Performing Arts Center maintains the highest standards for programming and education activities that benefit the entire community. In addition to offering a diverse season of culturally engaging performances by local and national artists, TPAC provides four distinct programs that provide extended educational services to students and TPAC audiences:

During the 2007 fiscal year, Humanities Outreach in Tennessee (HOT) presented 74 professional performances of theater, dance and music for student audiences at TPAC in addition to one in-school tour. Subsidized tickets, travel grants and classroom materials were provided to ensure that each student could have access to diverse cultural and educational programs. HOT also provided In-School student workshops, audience discussions, and workshops for teachers which addressed the educational content of each performance. During the 2006-2007 academic year, 35,769 students and teachers from 370 schools attended HOT Season for Young People performances.

ArtSmart is a classroom-based instruction program that accompanies the HOT Season for Young People. Through ArtSmart, students arrive at the theatre with an expanded capacity to engage with the performance they are about to see. Specialized training enables educators and Teaching Artists to guide arts-based instruction that challenge young people to imagine, to practice and to reflect. 6,897 students and teachers participated in ArtSmart in 2006-2007. All 29 schools from Davidson County received ArtSmart education services at no charge.

TPAC's Wolf Trap Early Learning through the Arts program brings arts-based classroom residencies to preschools and Head Start Centers. Teaching Artists and teachers use arts instruction to target early childhood developmental goals and help children learn. 1,019 children and teachers participated in Wolf Trap in 2006-2007 at no charge.

InsideOut is for adults who want to grow in their knowledge and enjoyment of the performing arts. The program offers a series of lunch seminars, performance excerpts, discussions, workshops and sneak previews behind the scenes. 1,886 individuals participated in this program during the year at no charge.

Form 990, Page 3, Part III

Expenses: \$12,813,199