#### **2005 TAX RETURN**

#### PREPARER REVIEW COPY

Client:	06150
Chent.	06130

Prepared for: THE NASHVILLE SHAKESPEARE FESTIVAL

1604 8TH AVENUE SOUTH SUITE #310

NASHVILLE, TN 37203

615-255-2273

Prepared by: SARAH C. HARDEE, CPA

AKERSLOOT, PATTERSON & ASSOCIATES, PLLC

3326 ASPEN GROVE DRIVE, SUITE 500

FRANKLIN, TN 37067

615-376-8800

**Date:** MAY 8, 2007

Comments:

Route to:

### AKERSLOOT, PATTERSON & ASSOCIATES, PLLC 3326 ASPEN GROVE DRIVE, SUITE 500 FRANKLIN, TN 37067 615-376-8800

May 8, 2007

THE NASHVILLE SHAKESPEARE FESTIVAL 1604 8TH AVENUE SOUTH Suite #310 NASHVILLE, TN 37203

Dear Client:

Enclosed is your 2005 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page eight. No tax is payable with the filing of this return. Mail your Federal return on or before May 15, 2007 to:

## INTERNAL REVENUE SERVICE OGDEN, UT 84201-0027

Thanks for giving us the opportunity to provide you with this service and please be sure to call if you have any questions.

Sincerely,

Sarah C. Hardee, CPA

## Form 990

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047 2005

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

, 2006 For the 2005 calendar year, or tax year beginning 10/01, 2005, and ending D Employer Identification Number Check if applicable: THE NASHVILLE SHAKESPEARE FESTIVAL 58-1807951 IRS label or print or type. See Address change 1604 8TH AVENUE SOUTH #310 E Telephone number Name change NASHVILLE, TN 37203 615-255-2273 specific instruc-Initial return Accounting method: Cash X Accrual Final return Other (specify) Amended return H and I are not applicable to section 527 organizations. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt Application pending charitable trusts must attach a completed Schedule A H (a) Is this a group return for affiliates? . . . (Form 990 or 990-EZ). H (b) If 'Yes,' enter number of affiliates . ▶ G Web site: ► N/A H (c) Are all affiliates included? . . . . . . . . (If 'No.' attach a list, See instructions.) Organization type ► X 501(c) 3 ◀ (insert no.) 4947(a)(1) or (check only one).... H (d) Is this a separate return filed by an if the organization's gross receipts are normally not more than organization covered by a group ruling? \$25,000. The organization need not file a return with the IRS; but if the organization Group Exemption Number... chooses to file a return, be sure to file a complete return. Some states require a complete return. Check ► if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 264, 222. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions) 1 Contributions, gifts, grants, and similar amounts received: 139,123. 1 a a Direct public support..... **b** Indirect public support..... 1b 1 c 178,901. 178,901. noncash \$ 1d 84,218. 2 Program service revenue including government fees and contracts (from Part VII, line 93)..... 2 3 Membership dues and assessments..... 3 4 4 Interest on savings and temporary cash investments..... 6a Gross rents..... 6c c Net rental income or (loss) (subtract line 6b from line 6a)..... 1,103. SEE STATEMENT 1) 7 Other investment income (describe..... (B) Other (A) Securities 8a Gross amount from sales of assets other 8a than inventory..... 8b **b** Less: cost or other basis and sales expenses . . . . . .

Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

,	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	<b>(B)</b> Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch)					
	(cash \$					
	non-cash \$)					
	If this amount includes foreign grants, check here.	22				
23	Specific assistance to individuals (att sch)	23				
24	Benefits paid to or for members (att sch)	24				
25	Compensation of officers, directors, etc	25	0.	0.	0.	0.
26	Other salaries and wages	26	117,311.	71,828.	19,108.	26,375.
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29	7,491.	4,587.	1,219.	1,685.
30	Professional fundraising fees	30				
31	Accounting fees	31	3,859.		3,859.	
32	Legal fees	32				
33	Supplies	33	1,315.		1,315.	
34	Telephone	34	1,658.		1,658.	
35	Postage and shipping	35	1,562.		1,562.	
36	Occupancy	36	3,000.	3,000.		
37	Equipment rental and maintenance	37				
38	Printing and publications	38	7,293.		4,734.	2,559.
39	Travel	39	5,178.	580.	4,598.	
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	1,464.		1,464.	
	Other expenses not covered above (itemize):					
a	SEE STATEMENT 2	43a	111,189.	95,073.	16,116.	
k	)	43b				
c		43c				
c	·	43d				
e	,	43e				
f		43f				
ç	<b>.</b>	43g				
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	261,320.	175,068.	55,633.	30,619.
Join	t Costs. Check . ► if you are following	SOP 98			· · · · · · · · · · · · · · · · · · ·	
	any joint costs from a combined educational			icitation reported in (B) P	rogram services?	► Yes X No
	s, enter (i) the aggregate amount of these				mount allocated to Progra	
\$_		ocated	to Management and gen	neral \$	; and <b>(iv)</b> the	amount allocated
o Fu	ndraising \$ .					
RΔA						Form <b>990</b> (2005)

Page 3

#### THE NASHVILLE SHAKESPEARE FESTIVAL Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What All org clients ization	is the organization's prim ganizations must describ s served, publications iss ns and 4947(a)(1) nonexe	ary exempt purpose?	3 id concise manner. State the number of urable. (Section 501(c)(3) and (4) organof grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
	SEE STATEMENT 4			
- - b	(Grants and allocations		cludes foreign grants, check here ▶	175,068.
- - -				
<b>c</b> _		\$ ) If this amount in		
d_		\$ ) If this amount in		
- - - (	Grants and allocations	\$ ) If this amount in	cludes foreign grants, check here	
	, ,			
_	(Grants and allocations	······································	cludes foreign grants, check here	175 069
	Total of Program Service	Expenses (should equal line 44, column (B), Prog	gram services)	175,068.
BAA				Form <b>990</b> (2005)

TEEA0103L 10/14/05

## Balance Sheets (See Instructions)

Note	: Wh	ere required, attached schedules and amounts within umn should be for end-of-year amounts only.	the description	(A) Beginning of year		<b>(B)</b> End of year
T	45	Cash — non-interest-bearing		45,109.	45	42,250.
İ	46	Savings and temporary cash investments		10,010.	46	10,475.
		Accounts receivable		·		
		Less: allowance for doubtful accounts	47 b	1,728.	47 c	2,666.
	48 a	Pledges receivable	48a			
		Less: allowance for doubtful accounts			48c	
ĺ		Grants receivable		47,532.	49	55,520.
AS	50	Receivables from officers, directors, trustees, and keemployees (attach schedule)	ey		50	
A S E T S	51 a	Other notes & loans receivable (attach sch)				
T S		Less: allowance for doubtful accounts			51 c	
•		Inventories for sale or use			52	
		Prepaid expenses and deferred charges		1,392.	53	1,574.
	54	Investments - securities (attach schedule)	► Cost FM	V	54	
	55 a	Investments – land, buildings, & equipment: basis.	55 a			
	b	Less: accumulated depreciation (attach schedule)	55 b		55 c	
	56	Investments – other (attach schedule)			56	
	57 a	Land, buildings, and equipment: basis	57a 17,006			
	b	Less: accumulated depreciation (attach schedule)	<b>57b</b> 14,750	. 1,975.	57 c	2,256.
		Other assets (describe ►	)	446.	58	
İ	59	Total assets (must equal line 74). Add lines 45 throu	ıgh 58		59	114,741.
	60	Accounts payable and accrued expenses		6,295.	60	9,942.
Ļ.	61	Grants payable			61	
A	62	Deferred revenue			62	
Ĩ		, , , , , ,			63	
AB I L I T		Tax-exempt bond liabilities (attach schedule)		64a		
E		Mortgages and other notes payable (attach schedule)			64b	
S		Other liabilities (describe		65	9,942.	
		Total liabilities. Add lines 60 through 65		6,295.	66	9,942.
N	Urgani	,	nd complete lines 67			
P F	<b>~</b> ¬	through 69 and lines 73 and 74.		92,097.	67	82,730.
A S	67 69	Unrestricted Temporarily restricted			68	22,069.
ASSETS	68 69	Permanently restricted			69	22,005.
\$		izations that do not follow SFAS 117, check here ►	and complete lines	•		
R	oryanı	70 through 74.	and complete into			
FUND	70	Capital stock, trust principal, or current funds			70	
D	71	Paid-in or capital surplus, or land, building, and equi			71	
B	72	Retained earnings, endowment, accumulated income			72	
BALANCES		Total net assets or fund balances (add lines 67 throu	ugh 69 <b>or</b> lines 70 through		73	104,799.
Š	74	72; column (A) must equal line 19; column (B) must		100 100	74	114,741.
BAA	74	Total liabilities and net assets/fund balances. Add lin	ics oo ai iu /3	100,192.	1/7	Form <b>990</b> (2005)

Ø	Reconciliation of Revenuinstructions.)	ue per Audited Financia	l Statements with	Revenue per Retu	rn (See
а	Total revenue, gains, and other support	per audited financial statemer	nts	a	330,216.
b	Amounts included on line <b>a</b> but not on Pa				
	1 Net unrealized gains on investments		ы1		
	2Donated services and use of facilities			65,994.	
				03,334.	
	3Recoveries of prior year grants				
	<b>4</b> Other (specify):				
	Add lines b1 through b4				
c	Subtract line <b>b</b> from line <b>a</b>			c	264,222.
d	Amounts included on Part I, line 12, but 1 Investment expenses not included on Pa		41		
	000 ( )()				
			d2		
_	Add lines <b>d1</b> and <b>d2</b>				264,222.
	Reconciliation of Expens	ses per Audited Financi	al Statements wit	h Expenses per Re	
а	Total expenses and losses per audited fi			a	327,314.
b	Amounts included on line <b>a</b> but not on Pa	•	ь1	65,994.	
	1 Donated services and use of facilities			03,334.	
	2Prior year adjustments reported on Part		<del> </del>		
	<b>3</b> Losses reported on Part I, line 20		b3		
	Add lines <b>b1</b> through <b>b4</b>		<del>   </del>	b	
С	Subtract line <b>b</b> from line <b>a</b>			с	261,320.
d	Amounts included on Part I, line 17, but	not on line <b>a:</b>			
	1 Investment expenses not included on Pa	rt I, line 6b	d1		
	2Other (specify):				
	Add lines <b>d1</b> and <b>d2</b>				
e	Total expenses (Part I, line 17). Add line				
iá.	Current Officers, Director or key employee at any time dur	rs, Trustees, and Key E ring the year even if they were	<b>imployees</b> (List ead e not compensated.) <i>(S</i>	th person who was an of See the instructions.)	fficer, director, trustee,
		(B) Title and average hours	(C) Compensation	(D) Contributions to	(E) Expense
	(A) Name and address	per week devoted to position	(if not paid, enter -0-)	employee benefit plans and deferred	account and other allowances
		'	•	compensation plans	
SE	E STATEMENT 6		0.	0.	0.
		100			
					·

TEEA0105L 10/17/05

Form **990** (2005)

BAA

Form <b>990</b> (2005) THE NASHVILLE SHAKESP.	EARE FESTIVAL		58-1807	951	Page 6
Current Officers, Directors, Tru	istees, and Key E	mployees (continued	)		Yes No
75a Enter the total number of officers, directors, and trustees po					
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relat	nsated professional and Jah family or business i	d other independent con relationships? If 'Yes.' a	tractors listed in Schedu Itach a statement that	ie	Х
c Do any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from to this organization through common supervision.  Note. Related organizations include section 50	oloyees listed in form S nsated professional and n any other organizatio on or common control?	90, Part V-A, or highest d other independent con ns, whether tax exempt	compensated employee tractors listed in Schedu or taxable, that are relat	es le ted	X
If 'Yes,' attach a statement that identifies the in other organization(s), and describes the comparelated organization	ensation arrangements	s, including amounts par	d to each individual by e	1 2	X
d Does the organization have a written conflict o	f interest policy?			75d	
Former Officers, Directors, Tru Benefits (If any former officer, direct during the year, list that person below a the instructions.)	or, trustee, or key emp and enter the amount o	loyee received compens of compensation or other	ation or other benefits ( benefits in the appropri	described be ate column.	elow) See
(A) Name and address	<b>(B)</b> Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	<b>(E)</b> Exp account a allowa	and other
					,
Other Information (See the instruc	tions.)				Yes No
76 Did the organization engage in any activity not attach a detailed description of each activity					X X
Were any changes made in the organizing or go If 'Yes,' attach a conformed copy of the change	es.				X
<b>78a</b> Did the organization have unrelated business of <b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b>	gross income of \$1,000 for this year?	or more during the yea		78a	N/A
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	n, or substantial contra	action during the			X
80 a Is the organization related (other than by assomembership, governing bodies, trustees, office b If 'Yes,' enter the name of the organization ▶	ciation with a statewiders, etc, to any other e	e or nationwide organiza	ition) through common ganization?	80 a	X
81a Enter direct and indirect political expenditures.	and c	L	exempt or nonexer	 mpt. 0.	
b Did the organization file Form 1120-POI for this				81 в	Х

	990 (2005) THE NASHVILLE SHAKESPEARE FESTIVAL	58-180	1331		age 7
	Other Information (continued)			Yes	No
82	a Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?	at no charge or at	82		Х
	of tyes ' you may indicate the value of these items here. Do not include this amount as	,	.,,		
	revenue in Part I or as an expense in Part II. (See instructions in Part III.)		N/A	a X	
	a Did the organization comply with the public inspection requirements for returns and exemption or Did the organization comply with the disclosure requirements relating to quid pro quo contribu				<u> </u>
	a Did the organization comply with the disclosure requirements relating to quid pro quo contributant Did the organization solicit any contributions or gifts that were not tax deductible?			+	x
	If 'Yes,' did the organization include with every solicitation an express statement that such column not tax deductible?	numbulions or girls were	841	o N	/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		85		/A
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		851	o N	/A
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the waiver for proxy tax owed for the prior year.	e organization received	a		
	Dues, assessments, and similar amounts from members	85 c	N/A		
	d Section 162(e) lobbying and political expenditures		N/A		
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A		
	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A		
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85	g N	/A
	n If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reason				
	dues allocable to nondeductible lobbying and political expenditures for the following tax year?		851	n N	/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on	ا مم ا	NT / 7		
	line 12		N/A N/A		
	Gross receipts, included on line 12, for public use of club facilities		N/A		
87		6/ a	N/A		
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87 b	N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corran entity disregarded as separate from the organization under Regulations sections 301.77	01-2 and 301.//01-3?			v
	If 'Yes,' complete Part IX		88		X
89	a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year un section 4911 ► 0.; section 4912 ► 0.; section 4		0.		
					*********
1	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess during the year or did it become aware of an excess benefit transaction from a prior year? If explaining each transaction	Yes,' attach a statemen	t <b>89</b> 1	<b>b</b>	X
(	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	e ▶			0.
	Enter: Amount of tax on line 89c, above, reimbursed by the organization	▶			0.
90	List the states with which a copy of this return is filed NONE			<b>_</b>	
	Number of employees employed in the pay period that includes March 12, 2005 (See instructi	ons.)	90	b	<u>C</u>
91		mber ► 615-255			
	Located at ► 1604 8TH AVE. SOUTH #310, NASHVILLE TN	ZIP + 4 ► 3	1203	Vac	No
I	At any time during the calendar year, did the organization have an interest in or a signature of	r other authority over a	91	Yes	No X
	financial account in a foreign country (such as a bank account, securities account, or other fir If 'Yes,' enter the name of the foreign country			9	Λ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of F	oreign Bank and			

BAA

Financial Statements

Form **990** (2005)

N/A

91 c

c At any time during the calendar year, did the organization maintain an office outside of the United States?.....

If 'Yes,' enter the name of the foreign country ▶\_\_\_\_\_\_.

			See the instructions.)  business income	Excluded by sect	ion 512, 513, or 514	<b>(E)</b>
	ter gross amounts unless e indicated.	(A) Business code	<b>(B)</b> Amount	(C) Exclusion code	<b>(D)</b> Amount	Related or exempt function income
	rogram service revenue:					6 205
	ADVERTISING					6,305. 9,568.
	CONCESSIONS					68,345.
c_ <u>F</u>	PROGRAM FEES AND TICK					00,345.
d				_		
e						
	ledicare/Medicaid payments					
•	ees & contracts from government agencies					
	lembership dues and assessments.					
	terest on savings & temporary cash invmnts.					
	ividends & interest from securities					
	et rental income or (loss) from real estate:  ebt-financed property					
	ot debt-financed property					
	et rental income or (loss) from pers prop					
	other investment income			14	1,103.	
<b>100</b> G	ain or (loss) from sales of assets ther than inventory					
	et income or (loss) from special events					
<b>102</b> Gi	ross profit or (loss) from sales of inventory					
103 0	other revenue: a					
b						
c						
d						
104 C	ubtotal (add columns (B), (D), and (E))				1,103.	84,218.
104 St	otal (add line 104, columns (B), (D), and (E))	and (E))				85,321.
	ne 105 plus line 1d, Part I, should equ					
Note. Lin	Relationship of Activities	to the Acco	mplishment of F	xempt Purpose	S (See the instruction	ons.)
Line No				-xomper anpece		
				of Dort VIII contribut	ad importantly to the	accomplishment
Line No	of the organization's exempt purp	h income is re oses (other tha	ported in column (E) an by providing funds	of Part VII contribute for such purposes).	ed importantly to the	accomplishment
	Explain how each activity for whic of the organization's exempt purpose SEE STATEMENT 7	h income is re oses (other tha	ported in column (E) an by providing funds	of Part VII contribute for such purposes).	ed importantly to the	accomplishment
	of the organization's exempt purp	h income is re oses (other tha	ported in column (E) an by providing funds	of Part VII contribute for such purposes).	ed importantly to the	accomplishment
<b>Y</b>	of the organization's exempt purpose SEE STATEMENT 7	oses (other tha	an by providing funds	tor such purposes).	· · · · · · · · · · · · · · · · · · ·	
<b>Y</b>	of the organization's exempt purpose SEE STATEMENT 7  Information Regarding Tax	xable Subs	idiaries and Dis	regarded Entitie	<b>S</b> (See the instruction	ns.)
Part	of the organization's exempt purpose SEE STATEMENT 7  Information Regarding Tax (A)	xable Subsi	idiaries and Disi	regarded Entitie:	S (See the instruction	ns.) <b>(E)</b>
Pan P	of the organization's exempt purpose SEE STATEMENT 7  Information Regarding Tax (A)  e, address, and EIN of corporation,	xable Subsi	idiaries and Disi	regarded Entitie	<b>S</b> (See the instruction	ns.)
<b>Fars</b> €	of the organization's exempt purpose SEE STATEMENT 7  Information Regarding Tax (A)	xable Subsi	idiaries and Disi	regarded Entitie:	<b>S</b> (See the instruction <b>(D)</b> Total	ns.) (E) End-of-year
<b>Fars</b> €	of the organization's exempt purpose SEE STATEMENT 7  Information Regarding Tax (A)  e, address, and EIN of corporation,	xable Subsi	idiaries and Disi	regarded Entitie:	<b>S</b> (See the instruction <b>(D)</b> Total	ns.) (E) End-of-year
<b>Fars</b> €	of the organization's exempt purpose SEE STATEMENT 7  Information Regarding Tax (A)  e, address, and EIN of corporation,	xable Subsi	idiaries and Disi	regarded Entitie:	<b>S</b> (See the instruction <b>(D)</b> Total	ns.) (E) End-of-year
<b>Fars</b> €	of the organization's exempt purpose SEE STATEMENT 7  Information Regarding Tax (A)  e, address, and EIN of corporation,	xable Subsi	idiaries and Disi	regarded Entitie:	<b>S</b> (See the instruction <b>(D)</b> Total	ns.) (E) End-of-year
Name p:	of the organization's exempt purpose SEE STATEMENT 7  Information Regarding Tax (A)  e, address, and EIN of corporation, arthership, or disregarded entity	xable Subsi (B) Percentage ownership in	idiaries and Disi	regarded Entities (C) of activities	S (See the instruction (D)  Total income	ns.) (E) End-of-year assets
Name Part P	of the organization's exempt purpose SEE STATEMENT 7  Information Regarding Tax (A) e, address, and EIN of corporation, artnership, or disregarded entity  Information Regarding Tra	xable Subsi (B) Percentage ownership in	idiaries and Disi	regarded Entities (C) of activities	S (See the instruction (D)  Total income	ns.) (E) End-of-year assets
Name po	of the organization's exempt purpose SEE STATEMENT 7  Information Regarding Tax (A)  e, address, and EIN of corporation, artnership, or disregarded entity  Information Regarding Tratte organization, during the year, receive any furnity and the organization, during the year, receive any furnity and the organization of the year, receive any furnity and the year, receive any furnity and the year, receive any furnity and the year, receive any furnity and the year, receive any furnity and the year, receive any furnity and the year, receive any furnity and the year, receive any furnity and the year, receive any furnity and the year, receive any furnity and the year.	xable Subsi (B) Percentage ownership in	idiaries and Disi	regarded Entities (C) of activities resonal Benefit C on a personal benefit contri	S (See the instruction (D) Total income	ms.)  (E)  End-of-year assets  instructions.)
Name point N/A  N/A  Part a Did to b Did	of the organization's exempt purpose SEE STATEMENT 7  Information Regarding Tax (A)  e, address, and EIN of corporation, arthership, or disregarded entity  Information Regarding Tratte organization, during the year, receive any furthe organization, during the year, pa	xable Subsi (B) Percentage ownership in  ansfers Ass nds, directly or including premiums, directly or including premium premiu	idiaries and Disi	regarded Entities (C) of activities resonal Benefit C on a personal benefit contri	S (See the instruction (D) Total income	ms.)  (E)  End-of-year assets  instructions.)
Name point N/A  N/A  Part a Did to b Did	of the organization's exempt purpose SEE STATEMENT 7  Information Regarding Tax (A)  e, address, and EIN of corporation, arthership, or disregarded entity  Information Regarding Trathe organization, during the year, receive any furthe organization, during the year, passed If 'Yes' to (b), file Form 8870 and Formation's Exemption of the second	xable Subsi (B) Percentage ownership in the subside ownership in the su	idiaries and Districtions of Nature	regarded Entitie: (C) of activities  resonal Benefit Con a personal benefit control a personal benefit	S (See the instruction (D)  Total income  Contracts (See the ract?	instructions.)  Yes X No Yes X No
Name point N/A  N/A  Part a Did to b Did	of the organization's exempt purpose SEE STATEMENT 7  Information Regarding Tax (A)  e, address, and EIN of corporation, arthership, or disregarded entity  Information Regarding Tratte organization, during the year, receive any furthe organization, during the year, pa	xable Subsi (B) Percentage ownership in the subside ownership in the su	idiaries and Districtions of Nature	regarded Entitie: (C) of activities  resonal Benefit Con a personal benefit control a personal benefit	S (See the instruction (D)  Total income  Contracts (See the ract?	instructions.)  Yes X No Yes X No
Name pa N/A a Did b Did Note:	of the organization's exempt purpose SEE STATEMENT 7  Information Regarding Tax (A)  e, address, and EIN of corporation, arthership, or disregarded entity  Information Regarding Trathe organization, during the year, receive any furthe organization, during the year, passed If 'Yes' to (b), file Form 8870 and Formation's Exemption of the second	xable Subsi (B) Percentage ownership in the subside ownership in the su	idiaries and Districtions of Nature	regarded Entitie: (C) of activities  resonal Benefit Con a personal benefit control a personal benefit	S (See the instruction (D)  Total income  Contracts (See the ract?	instructions.)  Yes X No Yes X No
Name part N/A  N/A  a Did to Did Note:  Please Sign	of the organization's exempt purpose SEE STATEMENT 7  Information Regarding Tax (A)  e, address, and EIN of corporation, arthership, or disregarded entity  Information Regarding Trathe organization, during the year, receive any furthe organization, during the year, passed If 'Yes' to (b), file Form 8870 and Formation's Exemption of the second	xable Subsi (B) Percentage ownership in the subside ownership in the su	idiaries and Districtions of Nature	regarded Entitie: (C) of activities  resonal Benefit Con a personal benefit control a personal benefit	S (See the instruction (D)  Total income  Contracts (See the ract?	instructions.)  Yes X No Yes X No
Name part N/A  N/A  a Did to Did Note:  Please Sign	of the organization's exempt purpose SEE STATEMENT 7  Information Regarding Tax (A)  e, address, and EIN of corporation, artnership, or disregarded entity  Information Regarding Tratte organization, during the year, receive any furthe organization, during the year, particle 'Yes' to (b), file Form 8870 and Form Under penalties of perjury, I declare that I he true, correct, and complete. Declaration of positions is signature of officer	Ansfers Assumed, directly or incompared this preparer (other than	idiaries and Dision Nature  of Nature  terest  Resident Nature  rest Resident Nature  re	regarded Entitie: (C) of activities  resonal Benefit Con a personal benefit control a personal benefit	S (See the instruction (D)  Total income  Contracts (See the ract?	instructions.)  Yes X No Yes X No
Name part N/A  N/A  a Did to Did Note:  Please Sign	of the organization's exempt purpose SEE STATEMENT 7  Information Regarding Tax (A)  e, address, and EIN of corporation, arthership, or disregarded entity  Information Regarding Trathe organization, during the year, receive any furthe organization, during the year, part of 'Yes' to (b), file Form 8870 and Form Under penalties of perjury, I declaration of part of true, correct, and complete. Declaration of part of the second par	Ansfers Assumed, directly or incompared this preparer (other than	idiaries and Dision Nature  of Nature  terest  Resident Nature  rest Resident Nature  re	regarded Entitie: (C) of activities  resonal Benefit Con a personal benefit control a personal benefit	S (See the instruction (D)  Total income  Contracts (See the ract?	instructions.)  Yes X No Yes X No
Name part N/A  N/A  a Did to Did Note:  Please Sign Here	of the organization's exempt purpose SEE STATEMENT 7  Information Regarding Tax (A)  e, address, and EIN of corporation, artnership, or disregarded entity  Information Regarding Tratte organization, during the year, receive any furthe organization, during the year, part of 'Yes' to (b), file Form 8870 and Form Under penalties of perjury, I declare that I have, correct, and complete. Declaration of positions of property of the penalties of perjury, I declare that I have, correct, and complete. Declaration of positions of property of the penalties of officer  NANCY VANRECE, EXECUTED Type or print name and title.	Ansfers Assumed, directly or incompared this preparer (other than	idiaries and Dision Nature  of Nature  terest  Resident Nature  rest Resident Nature  re	regarded Entitie: (C) of activities  resonal Benefit Con a personal benefit control a personal benefit	S (See the instruction (D)  Total income  Contracts (See the ract?	instructions.)  instructions.)  Yes X No Yes X No yes x No
Name point N/A  N/A  a Did to Did Note:  Please Sign Here	of the organization's exempt purpose SEE STATEMENT 7  Information Regarding Tax (A)  e, address, and EIN of corporation, artnership, or disregarded entity  Information Regarding Tratte organization, during the year, receive any furthe organization, during the year, particle organization of processing organization of processing organization of processing organization of processing organization of processing organization of processing organization of processing organization of processing organization of processing organization of processing organization of processing organization of processing organization organizatio	Ansfers Assumed, directly or incompared this preparer (other than	idiaries and Dision Nature  of Nature  terest  Resident Nature  rest Resident Nature  re	regarded Entitie: (C) of activities  rsonal Benefit Con a personal benefit control on which prepare	S (See the instruction (D)  Total income  Contracts (See the ract?	instructions.)  Yes X No Yes X No
Name part N/A  N/A  a Did to Did Note:  Please Sign Here  Paid Pre-	of the organization's exempt purpose SEE STATEMENT 7  Information Regarding Tax (A)  e, address, and EIN of corporation, arthership, or disregarded entity  Information Regarding Trathe organization, during the year, receive any furthe organization, during the year, particle organization of property of the year of	Ansfers Assonds, directly or incomparer (other than other than oth	idiaries and Display Relations and Display R	regarded Entitie: (C) of activities  resonal Benefit Con a personal benefit control a personal benefit control and personal benefit	S (See the instruction (D)  Total income  Contracts (See the ract? t contract?  Date  Check if self-	instructions.)  Instructions.)  Instructions.  Inst
Name point N/A  N/A  a Did to Did Note:  Please Sign Here	of the organization's exempt purpose SEE STATEMENT 7  Information Regarding Tax (A)  e, address, and EIN of corporation, arthership, or disregarded entity  Information Regarding Trathe organization, during the year, receive any furthe organization, during the year, particle organization of property of the year of	Rable Subsi  (B)  Percentage ownership in ansfers Assends, directly or including premiums, our 4720 (see pare examined this preparer (other than a second control of the second	idiaries and Districtions of Section 1981  sociated with Performance	regarded Entitie: (C) of activities  resonal Benefit Control a personal ben	S (See the instruction (D)  Total income  Contracts (See the ract? t contract?  Date  Check if self-employed F	instructions.)  Instructions.)  Instructions.  Inst

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

## Organization Exempt Under Section 501(c)(3)

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

Charitable Trust

Department of the Treasury Internal Revenue Service Supplementary Information — (See separate instructions.)

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

2005

OMB No. 1545-0047

Name of the organization			Employer identification	number
THE NASHVILLE SHAKESPEARE FESTIVA	L		58-1807951	
Compensation of the Five Hig (See instructions. List each one. If the		ner Than Officer	s, Directors, ar	nd Trustees
(a) Name and address of each employee paid more than \$50,000	<b>(b)</b> Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
	,			
Total number of other employees paid				
over \$50,000	0	<u> </u>		
Compensation of the Five Hig (See instructions. List each one (whether	<b>Thest Paid Independent C</b> her individuals or firms). If there	ontractors for P are none, enter 'Nor	Professional Se	rvices
(a) Name and address of each independent contra	actor paid more than \$50,000	<b>(b)</b> Type	of service	(c) Compensation
NONE				
		_		
Total number of others receiving over \$50,000 for professional services	0			
Compensation of the Five Hig		<u> </u>	ther Services	
(List each contractor who performed senter 'None.' See instructions.)				there are none,
(a) Name and address of each independent contra	actor paid more than \$50,000	<b>(b)</b> Type (	of service	(c) Compensation
NONE				
Total number of other contractors receiving over \$50,000 for other services	0			

Page 3

Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. (e) Total Calendar year (or fiscal year **(a)** 2004 beginning in) Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.). 193,649. 150,382 158,412. 707,267. 204,824. 0. Membership fees received . . . . Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 58,388. 78,039. 210,833. 22,102. 52,304. charitable, etc, purpose . . Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organ-403. 403. 1,020. 214. ization after June 30, 1975. Net income from unrelated business 0. activities not included in line 18... Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf..... The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to 19,900 21,875 41,775. the public without charge . . . Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE . STMT . 8 82,049. 44,352 126,401. 309,189. 290,708. 229,073. 258,326. 1,087,296. 23 Total of lines 15 through 22 238,404. 170,685. 180,287. 876,463 287,087. 24 Line 23 minus line 17....... 2,907. 2,291. 2,583. 3,092. 25 Enter 1% of line 23...... 17,529. 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24..... 26 a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your 26b return. Enter the total of all these excess amounts 876,463 26 c c Total support for section 509(a)(1) test: Enter line 24, column (e)..... 1,020. 19 126,401. 26 18 d Add: Amounts from column (e) for lines: 127,421. 26 d 749,042. 26 e e Public support (line 26c minus line 26d total)..... 85.46 % f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). 26 f 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: \_ \_ \_ \_ \_ (2003) \_ \_ \_ \_ \_ (2002) \_ \_ \_ \_ \_ (2002) \_ \_ \_ \_ (2001) \_ \_ \_ \_ bFor any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: c Add: Amounts from column (e) for lines: 27 c 27 d d Add: Line 27a total..... 27 e e Public support (line 27c total minus line 27d total) ..... f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) .... > 27f 27 g કૃ g Public support percentage (line 27e (numerator) divided by line 27f (denominator))..... 용 h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . . . 27 h

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a

Ž.	Private School Questionnaire (See instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	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.)	-		
		_		
32	<ul> <li>Does the organization maintain the following:</li> <li>a Records indicating the racial composition of the student body, faculty, and administrative staff?</li> </ul>	32 a		************
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32 c	+	+
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 a		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
		-		
33				
	a Students' rights or privileges?	33a		
	<b>b</b> Admissions policies?	33b		
	<b>c</b> Employment of faculty or administrative staff?	33c		
	d Scholarships or other financial assistance?	33d		
	e Educational policies?	336		+
	f Use of facilities?	33f		-
	g Athletic programs?	33 g	<del> </del>	+
	h Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
		- -		
34	la Does the organization receive any financial aid or assistance from a governmental agency?	34 a	-	-
	<b>b</b> Has the organization's right to such aid ever been revoked or suspended?	34 b		
35	Does the organization certify that it has complied with the applicable requirements of sections and 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial	35		

Sche	edule <b>A</b> (Form 990 or 990	-EZ) 2005 THE NA	SHVILLE SHAKES	PEARE FEST	IVAL		58-1	807	951 Page	5
	Lobbying Ex (To be complete	xpenditures by Ele ed ONLY by an eligible	ecting Public Char organization that filed F						N/A	
Che	ck ► a if the organiz	zation belongs to an affi	liated group. Check	<b>▶ b</b> if you	checke	d 'a' and 'l	imited	contro	ol' provisions apply.	_
		imits on Lobbying	•			Affiliate tot	a <b>)</b> d grou <sub>l</sub> als	p	<b>(b)</b> To be completed for ALL electing	
	(The term	'expenditures' means	amounts paid or incurre	ed.)					organizations	
36	Total lobbying expenditu				36				_,	_
<b>37</b>	Total lobbying expenditu				37					_
38	Total lobbying expenditu	<u> </u>			38					
39	Other exempt purpose e				39					
40	Total exempt purpose e				40					<b></b>
41	Lobbying nontaxable an									ø
	If the amount on line 40		lobbying nontaxable ar							
	Not over \$500,000									×
	Over \$500,000 but not over \$1,				41			******		<b>**</b>
	Over \$1,000,000 but not over \$ Over \$1,500,000 but not over \$				41					<b>*</b>
	Over \$17,000,000 but not over \$									×
42	Grassroots nontaxable a				42					<i>1</i> 5555
43	Subtract line 42 from lin				43					_
44	Subtract line 41 from lin				44					
	Caution: If there is an a									
			Averaging Period		n 501	(h)				
	(Some organ	nizations that made a se	ection 501(h) election de ee the instructions for li	o not have to cor	mplete a	all of the five	e colu	mns b	pelow.	
			Lobbying Expen	ditures During 4	-Year A	veraging P	eriod			
	Calendar year (or fiscal year beginning in) ►	<b>(a)</b> 2005	<b>(b)</b> 2004	<b>(c)</b> 2003		-	<b>d)</b> 002		<b>(e)</b> Total	
45	Lobbying nontaxable amount									
46	Lobbying ceiling amount (150% of line 45(e))									
47	Total lobbying expenditures									
48	Grassroots non- taxable amount									
49	Grassroots ceiling amount (150% of line 48(e))									
	Grassroots lobbying expenditures									
		nly by organizations tha	at did not complete Parl	t VI-A) (See instr			Т	Т	N/A	
Jurir atten	ng the year, did the orgar npt to influence public op	nization attempt to influe inion on a legislative ma	ence national, state or i atter or referendum, thr	ocal legislation, fough the use of:	includin	g arry	Yes	No	Amount	
	Volunteers						<b></b>			
_	Paid staff or manageme									
	: Media advertisements									
	Mailings to members, le									_
	Publications, or publishe									
	Grants to other organiza									
	Direct contact with legisl									
	Rallies, demonstrations,									_
i	Total lobbying expenditu									
	If 'Yes' to any of the abo	ove, also attach a stater	ment giving a detailed o	lescription of the	lobbyir	g activities	i			

2	n	n	Z
	u	ŧ.	Π

#### **FEDERAL STATEMENTS**

PAGE 1

**CLIENT 06150** 

#### THE NASHVILLE SHAKESPEARE FESTIVAL

58-1807951

5/08/07

01:49PM

STATEMENT 1 FORM 990, PART I, LINE 7 OTHER INVESTMENT INCOME

INVESTMENT INCOME

#### STATEMENT 2 FORM 990, PART II, LINE 43 OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	FUNDRAISING
BANK CHARGES CONCESSIONS	430 3,553		430.	
DUES	3,112	•	3,112.	
INSURANCE MISCELLANEOUS	9,511 790	•	9,511. 790.	
PRODUCTION COSTS STORAGE	91,520 2,115		2,115.	
	TOTAL \$ 111,031		\$ 15,958.	\$ 0.

## STATEMENT 3 FORM 990, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE NASHVILLE SHAKESPEARE FESTIVAL IS A NONPROFIT ORGANIZATION, WHICH PRODUCES A VARIETY OF THEATRICAL PRODUCTIONS FOR THE BENEFIT OF THE GENERAL PUBLIC AND STUDENTS OF MIDDLE TENNESSEE SCHOOLS.

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

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
MACBETH "MACBETH" - PROFESSIONAL THEATER PRODUCTION, FREE TO 12,000 ATTENDEES AT OUTDOOR SHAKESPEARE IN THE PARK FESTIVAL, ALSO TO 7,000 STUDENTS THROUGH PERFORMANCES AT TENNESSEE PERFORMING ARTS CENTER.  INCLUDES FOREIGN GRANTS: NO	37,889.	157,596.
MOTHER COURAGE A PROFESSIONAL PERFORMANCE OF "MOTHER COURAGE AND HER CHILDREN" BY BERTOLD BRECHT AND ACCOMPANYING IN-SCHOOL WORKSHOPS FOR 300 STUDENTS AND TEACHERS FROM NASHVILLE AREA HIGH SCHOOLS.  INCLUDES FOREIGN GRANTS: NO	1,500.	2,101.

APPRENTICE COMPANY AND OTHER OUTREACH ACTIVITIES

2005	FE	DERAL STATI	EMENTS			PAGE 2
<b>CLIENT 06150</b>	THE NAS	SHVILLE SHAKESP	EARE FESTI	VAL		58-1807951
5/08/07	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					01:49PM
STATEMENT 4 (CON' FORM 990, PART III, I STATEMENT OF PRO	LINE A	ACCOMPLISHMENT	s			
	DESCRIP	TION		GRANTS ALLOCAT		PROGRAM SERVICE EXPENSES
THE APPRENTICE CO HIGH-SCHOOL AGED PERFORMANCE EXPER IN-SCHOOL SHAKESP STUDENTS	ACTORS WITH PROJECT NSF ALS	OFESSIONAL TRAIN SO BROUGHT ENRIC	ING AND HING	2		15 271
STUDENTS.		INCLUDES FOREIG	GN GRANTS:	NO		15,371.
				\$ 39,	389. \$	175,068.
0TATEMENT 5						
STATEMENT 5 FORM 990, PART IV, I LAND, BUILDINGS, A	LINE 57 ND EQUIPMENT CATEGORY		BASIS	ACCUM. DEPREC.		BOOK /ALUE
FORM 990, PART IV, I LAND, BUILDINGS, A	ND EQUIPMENT  CATEGORY		BASIS 17,006. 17,006.	DEPREC. \$ 14,750	<u>\</u> . \$	BOOK /ALUE 2,256. 2,256.
FORM 990, PART IV, I LAND, BUILDINGS, A	ND EQUIPMENT  CATEGORY  IPMENT	TEES, AND KEY E	17,006. 17,006.	DEPREC. \$ 14,750 \$ 14,750	. \$ . \$ \$	Z, 256. 2, 256. 2, 256.
FORM 990, PART IV, LAND, BUILDINGS, A  MACHINERY AND EQU  STATEMENT 6 FORM 990, PART V-A	ND EQUIPMENT  CATEGORY  IPMENT  DIRECTORS, TRUS	TEES, AND KEY E	17,006. 17,006. MPLOYEES	DEPREC. \$ 14,750 \$ 14,750 CON	TRI- ON TO	Z, 256. 2, 256. 2, 256. EXPENSE ACCOUNT/
FORM 990, PART IV, LAND, BUILDINGS, A  MACHINERY AND EQU  STATEMENT 6 FORM 990, PART V-A LIST OF OFFICERS, E	ND EQUIPMENT  CATEGORY  IPMENT  DIRECTORS, TRUS  ADDRESS  IVE	TEES, AND KEY ENTITLE AND AVERAGE HOUSE	17,006. 17,006. MPLOYEES	DEPREC. \$ 14,750 \$ 14,750  CON PEN- BUTI	TRI- ON TO	2,256. 2,256. 2,256. EXPENSE ACCOUNT/ OTHER

VICE CHAIR

SECRETARY

BOARD MEMBER

0.

0.

0.

0.

0.

0.

0.

0.

BILL COLEMAN 4537 STONEY BROOK PEGRAM, TN 37143

2508 WESTWOOD AVE. NASHVILLE, TN 37212

615 WESTVIEW AVE. NASHVILLE, TN 37205

CHRIS DOWDY

ROBERT ELMAN

2005

### **FEDERAL STATEMENTS**

PAGE 3

**CLIENT 06150** 

#### THE NASHVILLE SHAKESPEARE FESTIVAL

58-1807951

5/08/07

01:49PM

#### STATEMENT 6 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE A AVERAGE I PER WEEK D	HOURS		CONTRI- BUTION TO EBP & DC	ACCOUNT/
MIMI FONDREN 1203B NOELTON NASHVILLE, TN 37215	BOARD	MEMBER 2	\$ 0	. \$ 0.	\$ 0.
DAVID MARCUS 602 SUMMERWIND DRIVE NASHVILLE, TN 37215	BOARD	MEMBER 2	0	. 0.	0.
NANCY DENNING MARTIN 2220 CARTER AVE. NASHVILLE, TN 37206	BOARD	MEMBER 2	0	. 0.	0.
CHARLES MCELROY 3514 WOODMONT BLVD. NASHVILLE, TN 37215	BOARD	MEMBER 2	0	. 0.	0.
STELLA REED 115 STAR BLVD. MADISON, TN 37115	BOARD .	MEMBER 2	0	. 0.	0.
PHILLIP PHY 2525 WEST END AVE., STE. 300 NASHVILLE, TN 37203	BOARD	MEMBER 2	0	. 0.	0.
MARY TANNER BAILEY 1040 STREET ROAD KINGSTON SPRINGS, TN 37082	BOARD	MEMBER 2	0	. 0.	0.
		TOTAL	\$ 0	. \$ 0.	\$ 0.

# STATEMENT 7 FORM 990, PART VIII RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93A	DONATIONS COLLECTED FOR ADS IN PRODUCTION PROGRAMS
93B	CONCESSIONS SOLD DURING VARIOUS PRODUCTIONS DURING THE YEAR.
93C	MISCELLANEOUS INCOME RECOGNIZED FROM PUBLIC PERFORMANCES DURING THE YEAR.
93D	FEES COLLECTED FOR WORKSHOPS FOR STUDENTS AND ACTORS
99	REPRESENTS INTEREST EARNED ON CERTIFICATE OF DEPOSIT, WHICH IS HELD BY THE ORGANIZATION AND CLASSIFIED AS RESTRICTED DUE TO BEING HELD AS ACTORS' PAY, AS REQUIRED BY THE ORGANIZATION'S AGREEMENT WITH THE ACTORS

2005

### **FEDERAL STATEMENTS**

PAGE 4

**CLIENT 06150** 

#### THE NASHVILLE SHAKESPEARE FESTIVAL

58-1807951

5/08/07

01:49PM

STATEMENT 8 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

DESCRIPTION		(A	A) 2004	 (B) 2003	_(C)	2002	(D)	2001	(]	E) TOTAL
MISC. INCOME		\$	8,050.	\$ 5,176.	\$	0.	\$	0.	\$	13,226.
IN-KIND DONATIONS			73,999.	39,176.		0.		0.		113,175.
	TOTAL	\$	82,049.	\$ 44,352.	\$	0.	\$	0.	\$	126,401.

2005 FEDERAL EXEMPT O	PAGE 1		
CLIENT 06150 THE NASHVILLI	58-1807951		
5/08/07			1:49 PM
REVENUE	2005	2004	DIFF
CONTRIBUTIONS, GIFTS, AND GRANTS PROGRAM SERVICE REVENUE OTHER INVESTMENT INCOME	84,218	177,275 25,526 887	1,626 58,692 216
TOTAL REVENUE	264,222	203,688	60,534
EXPENSES PROGRAM SERVICES MANAGEMENT AND GENERAL FUNDRAISING	55,633	137,301 21,085 26,688	37,767 34,548 3,931
TOTAL EXPENSES	261,320	185,074	76,246
NET ASSETS OR FUND BALANCES EXCESS OR (DEFICIT) FOR THE YEAR NET ASSETS/FUND BAL. AT BEG. OF YEAR NET ASSETS/FUND BAL. AT END OF YEAR.	101,897	18,614 83,283 101,897	-15,712 18,614 2,902