

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

2008**Open to Public Inspection****A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 505 DEADERICK STREET City or town, state or country, and ZIP + 4 NASHVILLE, TN 37243	D Employer identification number 58-1320590
		E Telephone number (615) 782-4033	G Gross receipts \$ 12,513,341.
		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
		F Name and address of principal officer: KATHLEEN O'BRIEN SAME AS C ABOVE	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.TPAC.ORG			
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1977 M State of legal domicile: TN	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE QUALITY ARTS ENTERTAINMENT AND EDUCATION TO THE RESIDENTS OF TENNESSEE THROUGH		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of employees (Part V, line 2a)	5	381
	6 Total number of volunteers (estimate if necessary)	6	300
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	15,220.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	7,219.
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	2,499,110.	2,604,567.
	9 Program service revenue (Part VIII, line 2g)	9,486,912.	9,855,697.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	103,074.	7,498.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-110,858.	-161,071.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,978,238.	12,306,691.
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,250,890.	4,616,981.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 345,611.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,061,875.	8,051,378.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,312,765.	12,668,359.
	19 Revenue less expenses. Subtract line 18 from line 12	665,473.	-361,668.
Net Assets or Fund Balances		Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	9,116,376.	13,167,647.
	21 Total liabilities (Part X, line 26)	4,593,952.	9,005,596.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,522,424.	4,162,051.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	▶ Signature of officer KATHLEEN O'BRIEN, PRESIDENT & CEO Type or print name and title	Date		
Paid Preparer's Use Only	Preparer's signature ▶ Firm's name (or yours if self-employed), address, and ZIP + 4 KRAFTCPAS PLLC 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228	Date 02/01/10	Check if self-employed ▶ <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ (615) 242-7351

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: **SEE SCHEDULE O FOR CONTINUATION TO PROVIDE FACILITIES, SERVICES AND PROGRAMS OF THE HIGHEST QUALITY FOR THE GREATEST BENEFIT OF THE PEOPLE, INSTITUTIONS AND COMMUNITIES OF THE STATE, AND TO TAKE A LEADERSHIP ROLE IN FOSTERING THE PERFORMING ARTS, ARTS EDUCATION, RESIDENT ART GROUPS AND OTHER ARTS**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ **10,042,289.** including grants of \$ **0.**) (Revenue \$ **9,532,975.**)
TPACMC IS A NOT-FOR-PROFIT ORGANIZATION. TPACMC ENTERED INTO AN AGREEMENT WITH THE STATE OF TENNESSEE & THE TENNESSEE PERFORMING ARTS FOUNDATION IN 1978. THE INITIAL AGREEMENT ESTABLISHED TPACMC PRINCIPALLY FOR THE PURPOSE OF PRESENTING QUALITY ARTS ENTERTAINMENT & EDUCATION TO TENNESSEE RESIDENTS THROUGH THE OPERATION OF THE TENNESSEE PERFORMING ARTS CENTER. TPACMC HAS ADMINISTRATIVE CONTROL OVER THE OPERATIONS AND FUNCTIONS OF THE 4 THEATERS LOCATED IN TWO BUILDINGS IN DOWNTOWN NASHVILLE. IN ADDITION TO ITS ROLE WITH THE STATE OF TENNESSEE, TPAC OPERATES SEVERAL PROGRAM INITIATIVES INCLUDING FOUR ARTS EDUCATION PROGRAMS, PUBLIC OFFERINGS SUCH AS A BROADWAY SERIES, CONCERTS, COMEDY SHOWS, ETC. ADDITIONALLY, TPAC RENTS ITS FACILITIES TO THREE PERFORMING ARTS RESIDENT COMPANIES THE NASHVILLE OPERA

4b (Code:) (Expenses \$ **717,988.** including grants of \$ **0.**) (Revenue \$ **166,866.**)
DURING THE 2009 FISCAL YEAR, HUMANITIES OUTREACH IN TENNESSEE (HOT) PRESENTED 42 PROFESSIONAL PERFORMANCES OF THEATER, DANCE AND MUSIC FOR STUDENT AUDIENCES AT TPAC IN ADDITION TO ONE IN-SCHOOL TOUR (51 DURING 2008). 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 VISITS, POST-PERFORMANCE SEMINARS, TRANSPORTATION ASSISTANCE, AND WORKSHOPS FOR TEACHERS WHICH ADDRESSED THE EDUCATIONAL CONTENT OF EACH PERFORMANCE. DURING THE 2008 - 2009 ACADEMIC YEAR, 28,622 STUDENTS AND TEACHERS FROM 220 SCHOOLS ATTENDED HOT SEASON FOR YOUNG PEOPLE PERFORMANCES (33,432 STUDENTS AND TEACHERS FROM 194 SCHOOLS DURING THE 2007 - 2008 ACADEMIC YEAR).

4c (Code:) (Expenses \$ **76,641.** including grants of \$ **0.**) (Revenue \$ **2,165.**)
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. 5,949 STUDENTS AND TEACHERS PARTICIPATED IN ARTSMART IN 2008 - 2009 (5,724 STUDENTS AND TEACHERS IN 2007 - 2008). 27 SCHOOLS FROM DAVIDSON COUNTY RECEIVED ARTSMART EDUCATION SERVICES AT NO CHARGE (26 SCHOOLS IN 2008).

4d Other program services. (Describe in Schedule O.)
(Expenses \$ **55,710.** including grants of \$) (Revenue \$ **118.**)

4e Total program service expenses ► \$ **10,892,628.** (Must equal Part IX, Line 25, column (B).)

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

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12 X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	72	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	381	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	1a	20
b Enter the number of voting members that are independent	1b	20
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

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

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **►**
JULIE GILLEN, CFO - 615-782-4033
505 DEADERICK STREET, NASHVILLE, TN 37243

832006
12-18-08

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
EMANUEL EADS BOARD CHAIRMAN	1.00	X						0.	0.	0.
KENNY BLACKBURN BOARD VICE CHAIRMAN	0.50	X						0.	0.	0.
JOHN CODY BOARD VICE CHAIRMAN	1.00	X						0.	0.	0.
RON CORBIN BOARD TREASURER	1.00	X						0.	0.	0.
C. DALE ALLEN BOARD SECRETARY	0.50	X						0.	0.	0.
J. CHASE COLE IMMEDIATE PAST CHAIRMAN	0.50	X						0.	0.	0.
BARBARA T. BOVENDER BOARD MEMBER	0.50	X						0.	0.	0.
WILLIAM H. BRADDY, III BOARD MEMBER	0.50	X						0.	0.	0.
JEANETTE CROSSWHITE BOARD MEMBER	0.50	X						0.	0.	0.
ANSEL DAVIS BOARD MEMBER	0.50	X						0.	0.	0.
DONNA ESKIND BOARD MEMBER	1.00	X						0.	0.	0.
FARZIN FERDOWSI BOARD MEMBER	0.50	X						0.	0.	0.
JOHN FERGUSON BOARD MEMBER	0.50	X						0.	0.	0.
KATHLEEN GUION BOARD MEMBER	0.50	X						0.	0.	0.
AUBREY HARWELL, JR. BOARD MEMBER	0.50	X						0.	0.	0.
MARTHA INGRAM BOARD MEMBER	0.50	X						0.	0.	0.
MARCELITE JOHNSON BOARD MEMBER	0.50	X						0.	0.	0.

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

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HOWARD LAMAR III BOARD MEMBER	0.50	X						0.	0.	0.
STEVE TURNER BOARD MEMBER	0.50	X						0.	0.	0.
ALAN YUSPEH BOARD MEMBER	0.50	X						0.	0.	0.
SANDRA FULTON DIRECTOR EMERITA	0.50	X						0.	0.	0.
KATHLEEN O'BRIEN PRESIDENT & CEO	40.00			X				198,217.	0.	16,554.
JULIE GILLEN CHIEF FINANCIAL OFFICER	40.00			X				95,090.	0.	9,930.
TOM BAKER VP OF OPERATIONS	40.00			X				72,099.	0.	7,818.
ROBERTA CIUFFO EVP - INST. ADVANCEMENT	40.00			X				97,510.	0.	13,245.
BRENT HYAMS EVP & GENERAL MANAGER	40.00			X				79,417.	0.	13,001.
RENEE COPELAND VP OF BUS DEV & PROTOCOL	40.00			X				33,059.	0.	2,443.
1b Total								678,345.	0.	84,195.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **3**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
JERSEY BOYS TOUR, 311 WEST 43RD STREET, STE 603, NEW YORK, NY 10036	PROMOTER	1,620,597.
OUTBACK CONCERTS, 209 10TH AVE SOUTH, STE 2223, NASHVILLE, TN 37203	PROMOTER	399,889.
ELLE TOUR LIMITED PARTNERSHIP 145 WEST 45TH STREET, NEW YORK, NY 10036	PROMOTER	383,773.
TOTO TOURING COMPANY LLC, 7135 MISTREL WAY, STE 105, COLUMBIA, MD 21045	PROMOTER	361,370.
NASHVILLE BALLET 3630 REDMON STREET, NASHVILLE, TN 37209	TENANT	347,821.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **10**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form **990** (2008)

TENNESSEE PERFORMING ARTS CENTER (TPAC)
MANAGEMENT COMPANY

Form 990 (2008)

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Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	384,816.					
	d Related organizations	1d	943,385.					
	e Government grants (contributions)	1e	719,394.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	556,972.					
	g Noncash contributions included in lines 1a-1f: \$		23,890.					
	h Total. Add lines 1a-1f		2,604,567.					
	Program Service Revenue	2 a <u>TICKET SALES</u>	Business Code	711110	6,705,468.	6,705,468.		
		b <u>TICKET SERVICE CHG/FEE</u>		711110	1,165,302.	1,165,302.		
c <u>REIMBURSEMENTS</u>			711110	715,375.	715,375.			
d <u>RENTAL INCOME</u>			711110	478,761.	478,761.			
e <u>CONCESSION SALES</u>			711110	468,395.	468,395.			
f All other program service revenue			541800	322,396.	307,176.	15,220.		
g Total. Add lines 2a-2f			9,855,697.					
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			7,498.			7,498.
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross Rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ <u>384,816.</u> of contributions reported on line 1c). See Part IV, line 18	a		45,579.				
		b Less: direct expenses	b	206,650.				
		c Net income or (loss) from fundraising events		-161,071.	-161,071.			
	9 a Gross income from gaming activities. See Part IV, line 19	a						
		b Less: direct expenses	b					
		c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a						
		b Less: cost of goods sold	b					
		c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code						
11 a								
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			12306691.	9,679,406.	15,220.	7,498.		

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

Form 990 (2008)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	941,420.	198,582.	638,759.	104,079.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,972,094.	2,588,825.	248,157.	135,112.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	142,750.	121,617.	14,799.	6,334.
9 Other employee benefits	328,481.	244,256.	70,869.	13,356.
10 Payroll taxes	232,236.	205,967.	15,865.	10,404.
11 Fees for services (non-employees):				
a Management				
b Legal	7,889.		7,889.	
c Accounting	38,500.		38,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	691,753.	657,515.	34,238.	
12 Advertising and promotion	959,111.	958,872.		239.
13 Office expenses	13,387.	163.	13,224.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	14,209.	9,405.	3,404.	1,400.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	62,986.	62,986.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	347,549.	240,928.	97,666.	8,955.
23 Insurance	88,645.	753.	87,892.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a ARTIST FEES	4,266,062.	4,266,062.	0.	0.
b STATE MAINTENANCE	398,447.	398,447.	0.	0.
c CREDIT CARD FEES	218,826.	213,030.	0.	5,796.
d CONCESSIONS SUPPLIES	155,636.	155,636.	0.	0.
e REPAIRS AND MAINTENANCE	134,704.	117,685.	9,192.	7,827.
f All other expenses	653,674.	451,899.	149,666.	52,109.
25 Total functional expenses. Add lines 1 through 24f	12,668,359.	10,892,628.	1,430,120.	345,611.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

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

Form 990 (2008)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	16,315.	1	12,358.
	2 Savings and temporary cash investments	3,678,428.	2	7,018,131.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	281,793.	4	318,166.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	287,040.	9	353,553.
	10a Land, buildings, and equipment: cost basis ... 10a	7,879,035.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D ... 10b	2,529,983.	4,678,023.	5,349,052.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	25,000.	12	25,000.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	149,777.	15	91,387.
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,116,376.	16	13,167,647.	
Liabilities	17 Accounts payable and accrued expenses	654,271.	17	830,568.
	18 Grants payable		18	
	19 Deferred revenue	1,713,768.	19	5,555,945.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,851,515.	23	1,675,180.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	374,398.	25	943,903.
	26 Total liabilities. Add lines 17 through 25	4,593,952.	26	9,005,596.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,213,910.	27	4,021,014.
	28 Temporarily restricted net assets	308,514.	28	141,037.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	4,522,424.	33	4,162,051.
	34 Total liabilities and net assets/fund balances	9,116,376.	34	13,167,647.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits?	3b	X

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization **TENNESSEE PERFORMING ARTS CENTER (TPAC)** Employer identification number
MANAGEMENT COMPANY **58-1320590**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
- (ii) A family member of a person described in (i) above?

11g(ii)		
----------------	--	--
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

11g(iii)		
-----------------	--	--
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Schedule A (Form 990 or 990-EZ) 2008

TENNESSEE PERFORMING ARTS CENTER (TPAC)

Schedule A (Form 990 or 990-EZ) 2008 **MANAGEMENT COMPANY**

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2394410.	2518146.	2287111.	2499110.	2604567.	12303344.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	8441334.	7003283.	12988329.	9570651.	9901276.	47904873.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge	67,620.	67,620.	67,620.			202,860.
6 Total. Add lines 1 - 5	10903364.	9589049.	15343060.	12069761.	12505843.	60411077.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						60411077.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	10903364.	9589049.	15343060.	12069761.	12505843.	60411077.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,901.	20,344.	158,758.	104,614.	7,498.	293,115.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				15,881.	8,219.	24,100.
c Add lines 10a and 10b	1,901.	20,344.	158,758.	120,495.	15,717.	317,215.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						60728292.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.48 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.51 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	.52 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	.36 %

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Schedule A (Form 990 or 990-EZ) 2008

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

Open to Public Inspection

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

Employer identification number
58-1320590

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ \$

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

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

b Assets included in Form 990, Part X ▶ \$

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

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- | | |
|---|---|
| a <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV.

	Amount
1c	
1d	
1e	
1f	

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations
- (ii) related organizations
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Part VI	Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.
----------------	---

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		4,857,272.	917,485.	3,939,787.
d Equipment		575,308.	291,570.	283,738.
e Other		2,446,455.	1,320,928.	1,125,527.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				5,349,052.

Schedule D (Form 990) 2008

2008.05030 TENNESSEE PERFORMING ARTS C 18961 1

TENNESSEE PERFORMING ARTS CENTER (TPAC)

Schedule D (Form 990) 2008

MANAGEMENT COMPANY

58-1320590 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,306,691.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,668,359.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-361,668.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	1,464.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-169.
9	Total adjustments (net). Add lines 4-8	9	1,295.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-360,373.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	12,877,127.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	363,786.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	206,650.
e	Add lines 2a through 2d	2e	570,436.
3	Subtract line 2e from line 1	3	12,306,691.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	12,306,691.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	13,237,500.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	362,322.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	206,819.
e	Add lines 2a through 2d	2e	569,141.
3	Subtract line 2e from line 1	3	12,668,359.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	12,668,359.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

GAIN ON DERIVATIVE FINANCIAL INSTRUMENT: -169.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT SPECIAL EVENT EXPENSES: 206650.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2008

832054
12-23-08

Part XIV Supplemental Information (continued)

DIRECT SPECIAL EVENT EXPENSES: 206650.

GAIN ON DERIVATIVE INSTRUMENT: 169.

Empty lines for supplemental information.

TENNESSEE PERFORMING ARTS CENTER (TPAC)

Schedule G (Form 990 or 990-EZ) 2008

MANAGEMENT COMPANY

58-1320590 Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		FEST DE VILLE GALA (event type)	PREMIERE EVENING (event type)	NONE (total number)	
Revenue	1 Gross receipts	224,866.	205,529.		430,395.
	2 Less: Charitable contributions	179,287.	205,529.		384,816.
	3 Gross revenue (line 1 minus line 2)	45,579.			45,579.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	109,812.	96,838.		206,650.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(206,650.)
	9 Net income summary. Combine lines 3 and 8 in column (d)				-161,071.

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

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

- 9** Enter the state(s) in which the organization operates gaming activities: _____
- a** Is the organization licensed to operate gaming activities in each of these states?
- b** If "No," Explain: _____
- 10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
- b** If "Yes," Explain: _____
- 11** Does the organization operate gaming activities with nonmembers?
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

Schedule G (Form 990 or 990-EZ) 2008

TENNESSEE PERFORMING ARTS CENTER (TPAC)

Schedule G (Form 990 or 990-EZ) 2008

MANAGEMENT COMPANY

58-1320590 Page **3**

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

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

c If "Yes," enter name and address:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

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

Schedule G (Form 990 or 990-EZ) 2008

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization **TENNESSEE PERFORMING ARTS CENTER (TPAC)
MANAGEMENT COMPANY** Employer identification number
58-1320590

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision
of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

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

Schedule J (Form 990) 2008

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

[illegible]

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public Inspection

Employer Identification number
58-1320590

(F)
Estimated
amount of
other
compensation
from the
organization
and related
organizations

10,548.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.

▶ To be completed by organizations that answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

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

Employer identification number
58-1320590

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
WILLIAM BRADY	WILLIAM BRADY IS A	5,342,141.	WILLIAM BRA		X

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

Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

TENNESSEE PERFORMING ARTS CENTER (TPAC)
MANAGEMENT COMPANY

Employer identification number
58-1320590

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

THE OPERATION OF THE TENNESSEE PERFORMING ARTS CENTER (THE "CENTER" OR
"TPAC").

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ORGANIZATIONS.

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

ASSOCIATION, NASHVILLE BALLET, AND THE TENNESSEE REPERTORY THEATRE, ALL
THREE OF WHICH ARE NON-PROFIT ORGANIZATIONS. TPAC ALSO RENTS IT
FACILITIES TO OUTSIDE PROMOTERS FOR EVENTS WHERE THEY ARE/ARE NOT AT
RISK, AND TO THE STATE (WITH RENT WAIVED) FOR THEIR EVENTS. TO SUPPORT
PUBLIC PROGRAMMING, TPAC OPERATES ITS OWN TICKETING SERVICES. TO
SUPPORT ITS EDUCATIONAL PROGRAMS, TPAC ENGAGES IN FUNDRAISING WHICH
INCLUDES SOLICITING GIFTS AND SUPPORT FROM INDIVIDUALS, CORPORATIONS,
AND FOUNDATIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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. 1,026 CHILDREN
AND TEACHERS PARTICIPATED IN WOLF TRAP IN 2008 - 2009 AT NO CHARGE
(1,014 CHILDREN AND TEACHERS IN 2007 - 2008).

EXPENSES \$ 42611. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

TENNESSEE PERFORMING ARTS CENTER (TPAC)
MANAGEMENT COMPANY

Employer identification number
58-1320590

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. 2,959 INDIVIDUALS PARTICIPATED IN THIS
PROGRAM DURING THE YEAR AT NO CHARGE (2,863 INDIVIDUALS DURING 2008).
EXPENSES \$ 13099. INCLUDING GRANTS OF \$ 0. REVENUE \$ 118.

FORM 990, PART VI, SECTION A, LINE 4: TPAC RECEIVED APPROVAL FROM THE
STATE OF TENNESSEE'S ATTORNEY GENERAL 12/30/08 TO RESTATE OUR CHARTER IN
ORDER TO INCREASE OUR BOARD UP TO 28 MEMBERS.

FORM 990, PART VI, SECTION A, LINE 6: THE TPACMC BOARD OF DIRECTORS JUST
RECENTLY EXPANDED FROM 20 TO 28 MEMBERS APPOINTED FOR THREE-YEAR STAGGERED
TERMS. THREE SLOTS WERE ADDED THIS YEAR AND THE FIVE REMAINING WILL
STAGGER IN OVER THE NEXT TWO YEARS. BOARD MEMBERS ARE APPOINTED FROM THE
FOLLOWING ENTITIES:

THE TENNESSEE PERFORMING ARTS FOUNDATION - 8 SLOTS

THE TENNESSEE GOVERNOR - 5 SLOTS

TENNESSEE'S EDUCATION COMMISSIONER - 1 SLOT

THE TENNESSEE ARTS COMMISSION - 6 SLOTS

THE TENNESSEE PERFORMING ARTS CENTER - 8 SLOTS

FORM 990, PART VI, SECTION A, LINE 7A: THE FOLLOWING ORGANIZATIONS AND
INDIVIDUALS HAVE THE ABILITY TO APPOINT TPAC'S GOVERNING BODY: TENNESSEE
PERFORMING ARTS FOUNDATION, TENNESSEE ARTS COMMISSION, THE GOVERNOR OF THE

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

TENNESSEE PERFORMING ARTS CENTER (TPAC)
MANAGEMENT COMPANY

Employer identification number
58-1320590

STATE OF TENNESSEE, THE TENNESSEE EDUCATION COMMISSIONER, AND TENNESSEE
PERFORMING ARTS CENTER.

FORM 990, PART VI, SECTION A, LINE 10: UPON COMPLETION OF FORM 990 BY THE
TAX DEPARTMENT OF THE EXTERNAL AUDITORS FOR TENNESSEE PERFORMING ARTS
CENTER IT WILL BE REVIEWED BY EITHER THE CFO OR DESIGNATED FINANCE
DEPARTMENT STAFF MEMBER AND THEN A REVIEW MEETING IS HELD THAT INCLUDES THE
TPAC CEO, CFO, BOARD TREASURER, AUDIT COMMITTEE CHAIR AND EXTERNAL AUDIT
TAX PREPARER. APPROPRIATE CHANGES MAY BE MADE AT ANY POINT IN THE REVIEW
PROCESS PRIOR TO FILING FORM 990 WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: TPAC HAS A CONFLICT OF INTEREST
POLICY FOR ITS EMPLOYEES IN THE HUMAN RESOURCES MANUAL THAT EACH EMPLOYEE
IS GIVEN WHEN THEY ARE HIRED. THE FOCUS IS ON THE EMPLOYEE TO SCRUPULOUSLY
AVOID ANY CONFLICT BETWEEN THEIR OWN RESPECTIVE INTERESTS AND THE INTERESTS
OF TPAC. IF TPAC BECOMES AWARE OF A VIOLATION, IT IS INVESTIGATED AND THE
PROPER DISCIPLINARY ACTION WILL BE TAKEN. EACH FISCAL YEAR, WE ASK ALL
BOARD OF DIRECTORS TO SIGN THE CONFLICT OF INTEREST DISCLOSURE FORM AND WE
KEEP THOSE FORMS ON FILE.

FORM 990, PART VI, SECTION B, LINE 15: TPAC'S BOARD OF DIRECTORS HIRES THE
ORGANIZATION'S CEO AND NEGOTIATES SUBSEQUENT EMPLOYMENT CONTRACTS. THE
BOARD CHAIRMAN'S PROCESS FOR DETERMINING COMPENSATION FOR THE CEO IS BASED
ON MULTIPLE THINGS: HISTORICAL SALARY RANGE FOR THE POSITION, SALARY
SURVEY INFORMATION COMPILED ANNUALLY BY A RESEARCH FIRM FOR OUR SPECIFIC
INDUSTRY (PACC - PERFORMING ARTS CENTER CONSORTIUM) AND AVAILABLE BUDGETARY

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

TENNESSEE PERFORMING ARTS CENTER (TPAC)
MANAGEMENT COMPANY

Employer identification number
58-1320590

RESTRAINTS. OTHER OFFICER COMPENSATION IS HANDLED SIMILARLY BY THE CEO.

FORM 990, PART VI, SECTION C, LINE 19: TPAC'S GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION. PURSUANT TO TENN CODE ANN SECTION 8-44-107, THE ACTIVITIES OF THE BOARD ARE OPEN TO THE PUBLIC AS IF IT WERE A GOVERNMENTAL AGENCY. SEE BELOW:

8-44-107. BOARD OF DIRECTORS OF PERFORMING ARTS CENTER MANAGEMENT CORPORATION - THE BOARD OF DIRECTORS OF THE TENNESSEE PERFORMING ARTS CENTER MANAGEMENT CORPORATION SHALL BE SUBJECT TO, AND SHALL IN ALL RESPECTS COMPLY WITH, ALL OF THE PROVISIONS MADE APPLICABLE TO GOVERNING BODIES BY THIS CHAPTER [OPEN MEETINGS LAW].

TPAC'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE AT WWW.GIVINGMATTERS.ORG. TPAC'S CONFLICT OF INTEREST POLICY IS NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 2C

THE ORGANIZATION'S PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: WILLIAM BRADDY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WILLIAM BRADDY IS A BOARD MEMEBER FOR TPAC.

(D) DESCRIPTION OF TRANSACTION: WILLIAM BRADDY IS AN EMPLOYEE OF BANK OF AMERICA. TPAC HAS ALL OF THEIR BANK ACCOUNTS, LOANS, LEASES, AND LINES

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

TENNESSEE PERFORMING ARTS CENTER (TPAC)
MANAGEMENT COMPANY

Employer identification number

58-1320590

OF CREDIT THROUGH BANK OF AMERICA.

Related Organizations and Unrelated Partnerships

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

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

Employer identification number
58-1320590

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
TENNESSEE PERFORMING ARTS FOUNDATION - 23-7272205, 505 DEADERICK STREET, NASHVILLE, TN 37243	FUNDRAISING TO PROVIDE INCOME TO HELP DEFER THE OPERATING COSTS OF TPAC	TENNESSEE	501(C)(3)	509(A)(3)	N/A

Part III

[illegible]

Part IV

[illegible]

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) TENNESSEE PERFORMING ARTS FOUNDATION	C	943,385.
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Form **990-W**

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

OMB No. 1545-0976

(WORKSHEET)

Department of the Treasury
Internal Revenue Service

(and on Investment Income for Private Foundations) FORM 990-T
(Keep for your records. Do not send to the Internal Revenue Service.)

2009

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax (see instructions)	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits (see instructions)	5	
6	Balance. Subtract line 5 from line 4	6	
7	Other taxes (see instructions)	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels (see instructions)	9	
10a	Subtract line 9 from line 8. Note. If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2008 return (see instructions). Caution. If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	1,083.
c	2009 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	1,120.
		ADJUSTED TO	

		(a)	(b)	(c)	(d)
11	Installment due dates (see instructions)	11		03/15/10	06/15/10
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions)	12		679.	280.
13	2008 Overpayment (see instructions)	13			
14	Payment due. (Subtract line 13 from line 12.)	14			

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2009)

ESTIMATED TAX	1,120.
AMOUNT PAID	161.
OVERPAYMENT APPLIED	1,148.
AMOUNT DUE	0.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

JUNE 30, 2009

Prepared for	TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY 505 DEADERICK STREET NASHVILLE, TN 37243
Prepared by	KRAFTCPAS PLLC 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228
Amount due or refund	OVERPAYMENT OF \$1,148. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	MAY 17, 2010
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))For calendar year 2008 or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

OMB No. 1545-0687

2008Open to Public Inspection for
501(c)(3) Organizations Only**A** ☐ Check box if
address changed**B** Exempt under section☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)Print
or
TypeName of organization (☐ Check box if name changed and see instructions.)**TENNESSEE PERFORMING ARTS CENTER (TPAC)
MANAGEMENT COMPANY**

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.

505 DEADERICK STREET

City or town, state, and ZIP code

NASHVILLE, TN 37243**D** Employer identification number
(Employees' trust, see instructions
for Block D on page 9.)**58-1320590****E** Unrelated business activity codes
(See instructions for Block E
on page 9.)**541800****C** Book value of all assets
at end of year**13,167,647.****F** Group exemption number (See instructions for Block F.) ▶**G** Check organization type ▶☒ 501(c) corporation☐ 501(c) trust☐ 401(a) trust☐ Other trust**H** Describe the organization's primary unrelated business activity. ▶ **SPONSORSHIP ADVERTISING****I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ▶**J** The books are in care of ▶ **JULIE GILLEN, CFO**Telephone number ▶ **615-782-4033****Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.) STATEMENT 1	12 15,220.		15,220.
13 Total. Combine lines 3 through 12	13 15,220.		15,220.

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	3,364.
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule) SEE STATEMENT 2	28	3,637.
29 Total deductions. Add lines 14 through 28	29	7,001.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	8,219.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	8,219.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	7,219.

TENNESSEE PERFORMING ARTS CENTER (TPAC)
MANAGEMENT COMPANY

58-1320590

Page **2****Part III Tax Computation****35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

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

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

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

c Income tax on the amount on line 34 **35c** 1,083.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36****37 Proxy tax.** See instructions **37****38 Alternative minimum tax** **38****39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **39** 1,083.**Part IV Tax and Payments****40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a****b** Other credits (see instructions) **40b****c** General business credit. Attach Form 3800 **40c****d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40d****e Total credits.** Add lines 40a through 40d **40e****41** Subtract line 40e from line 39 **41** 1,083.**42** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) **42****43 Total tax.** Add lines 41 and 42 **43** 1,083.**44a** Payments: A 2007 overpayment credited to 2008 **44a****b** 2008 estimated tax payments **44b** 2,240.**c** Tax deposited with Form 8868 **44c****d** Foreign organizations: Tax paid or withheld at source (see instructions) **44d****e** Backup withholding (see instructions) **44e****f** Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total **44f****45 Total payments.** Add lines 44a through 44f **45** 2,240.**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ **46** 9.**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed **47****48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 1,148.**49** Enter the amount of line 48 you want: Credited to 2009 estimated tax 1,148. Refunded **49** 0.**Part V Statements Regarding Certain Activities and Other Information** (See instructions on page 18)

1	At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

N/A

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs	4a					X
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code			
				EIN
				Phone no.

May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Form **990-T** (2008)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instr. on pg 19)**1** Description of property

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

2 Rent received or accrued

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

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶**(b) Total deductions.**

Enter here and on page 1, Part I, line 6, column (B) ... ▶ 0.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

Totals ▶		Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8 ▶		0.	

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

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

Nonexempt Controlled Organizations

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

Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.
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TENNESSEE PERFORMING ARTS CENTER (TPAC)
MANAGEMENT COMPANY

58-1320590

Page 4

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

(see instructions on page 21)

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

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 21)

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

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

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

FORM 990-T	OTHER INCOME	STATEMENT	1
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DESCRIPTION	AMOUNT
SPONSORSHIP INCOME	15,220.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	15,220.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
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DESCRIPTION	AMOUNT
AUDIT CHARGES	700.
WEBSITE FEES	58.
TICKETS	1,858.
PLASMAS	203.
DEALERSHIP EXPENSES	818.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	3,637.

Underpayment of Estimated Tax by Corporations

▶ See separate instructions.
▶ Attach to the corporation's tax return.

FORM 990-T

2008

Name **TENNESSEE PERFORMING ARTS CENTER (TPAC)
MANAGEMENT COMPANY**Employer identification number
58-1320590

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)	1	1,083.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	1,083.
4	Enter the tax shown on the corporation's 2007 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	2,232.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	1,083.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

- 6 ☐ The corporation is using the adjusted seasonal installment method.
- 7 ☐ The corporation is using the annualized income installment method.
- 8 ☐ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	10/15/08	12/15/08	03/15/09	06/15/09
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column.	271.	271.	270.	271.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15			1,680.	560.
Complete lines 12 through 18 of one column before going to the next column.				
12 Enter amount, if any, from line 18 of the preceding column				868.
13 Add lines 11 and 12			1,680.	1,428.
14 Add amounts on lines 16 and 17 of the preceding column		271.	542.	
15 Subtract line 14 from line 13. If zero or less, enter -0-	0.	0.	1,138.	1,428.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-		271.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	271.	271.		
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column			868.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)				
20 Number of days from due date of installment on line 9 to the date shown on line 19				
21 Number of days on line 20 after 4/15/2008 and before 7/1/2008				
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 6\%}{366}$	\$	\$	\$	\$
23 Number of days on line 20 after 06/30/2008 and before 10/1/2008				
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\%}{366}$	\$	\$	\$	\$
25 Number of days on line 20 after 9/30/2008 and before 1/1/2009				
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 6\%}{366}$	\$	\$	\$	\$
27 Number of days on line 20 after 12/31/2008 and before 4/1/2009	SEE ATTACHED WORKSHEET			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 5\%}{365}$	\$	\$	\$	\$
29 Number of days on line 20 after 3/31/2009 and before 7/1/2009				
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	\$	\$	\$	\$
31 Number of days on line 20 after 6/30/2009 and before 10/01/2009				
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	\$	\$	\$	\$
33 Number of days on line 20 after 9/30/2009 and before 1/1/2010				
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	\$	\$	\$	\$
35 Number of days on line 20 after 12/31/2009 and before 2/16/2010				
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	\$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	\$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns				\$ 9.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

FORM 990-T
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY				Identifying Number 58-1320590	
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
10/15/08	271.	271.	61	.000163934	3.
12/15/08	271.	542.	16	.000163934	1.
12/31/08	0.	542.	74	.000136986	5.
03/15/09	270.	812.			
03/15/09	-1,680.	-868.			
03/31/09	0.	-868.	76	.000109589	
06/15/09	271.	-597.			
06/15/09	-560.	-1,157.			
Penalty Due (Sum of Column F).					9.

* Date of estimated tax payment, withholding credit date or installment due date.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

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

Part I only ☐

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

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

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY	Employer identification number 58-1320590
	Number, street, and room or suite no. If a P.O. box, see instructions. 505 DEADERICK 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):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

JULIE GILLEN, CFO

- The books are in the care of ► **505 DEADERICK STREET - NASHVILLE, TN 37243**

Telephone No. ► **615-782-4033** FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 4-2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☐ ►
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

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

Part I only ☒ X

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

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

Type or print	Name of Exempt Organization TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY	Employer identification number 58-1320590
	Number, street, and room or suite no. If a P.O. box, see instructions. 505 DEADERICK 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):

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

JULIE GILLEN, CFO

- The books are in the care of ► **505 DEADERICK STREET - NASHVILLE, TN 37243**

Telephone No. ► **615-782-4033**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐ ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year or
► ☒ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	1,083.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	2,240.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 4-2009)

Form **8879-EO**Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization
for an Exempt Organization**For calendar year 2008, or fiscal year beginning JUL 1, 2008, and ending JUN 30, 2009▶ **Do not send to the IRS. Keep for your records.**▶ **See instructions.**

OMB No. 1545-1878

2008

Name of exempt organization

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

Employer identification number

58-1320590

Name and title of officer

**KATHLEEN O'BRIEN
PRESIDENT & CEO****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b <u>12306691</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☐ I authorize _____ to enter my PIN **Enter five numbers, but do not enter all zeros**

ERO firm name

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☒ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

62570798765**do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 02/01/10

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

2008 TAX RETURN FILING INSTRUCTIONS

TENNESSEE FORM FAE 170

FOR THE YEAR ENDING

JUNE 30, 2009

Prepared for	TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY 505 DEADERICK STREET NASHVILLE, TN 37243															
Prepared by	KRAFTCPAS PLLC 555 GREAT CIRCLE ROAD, SUITE 200 NASHVILLE, TN 37228-1310															
To be signed and dated by	THE APPROPRIATE CORPORATE OFFICER(S).															
Amount of tax	<table><tr><td>Total tax</td><td>\$</td><td>708.00</td></tr><tr><td>Less: payments and credits</td><td>\$</td><td>900.00</td></tr><tr><td>Plus: other amount</td><td>\$</td><td>0.00</td></tr><tr><td>Plus: interest and penalties</td><td>\$</td><td>0.00</td></tr><tr><td>OVERPAYMENT</td><td>\$</td><td>192.00</td></tr></table>	Total tax	\$	708.00	Less: payments and credits	\$	900.00	Plus: other amount	\$	0.00	Plus: interest and penalties	\$	0.00	OVERPAYMENT	\$	192.00
Total tax	\$	708.00														
Less: payments and credits	\$	900.00														
Plus: other amount	\$	0.00														
Plus: interest and penalties	\$	0.00														
OVERPAYMENT	\$	192.00														
Overpayment	<table><tr><td>Credited to your estimated tax</td><td>\$</td><td>192.00</td></tr><tr><td>Other amount</td><td>\$</td><td>0.00</td></tr><tr><td>Refunded to you</td><td>\$</td><td>0.00</td></tr></table>	Credited to your estimated tax	\$	192.00	Other amount	\$	0.00	Refunded to you	\$	0.00						
Credited to your estimated tax	\$	192.00														
Other amount	\$	0.00														
Refunded to you	\$	0.00														
Make check payable to	NOT APPLICABLE															
Mail tax return and check (if applicable) to	TENNESSEE DEPT. OF REVENUE ANDREW JACKSON STATE OFFICE BLDG. 500 DEADERICK STREET NASHVILLE, TN 37242															
Return must be mailed on or before	APRIL 15, 2010															
Special Instructions	PLEASE NOTE THAT SOME STATES NOW REQUIRE PAYMENTS TO BE MADE USING AN ELECTRONIC FUNDS TRANSFER SYSTEM. IF YOU HAVE BEEN NOTIFIED BY THIS STATE THAT THIS APPLIES TO YOU, PAYMENTS NEED TO BE INITIATED USING THE STATE'S PRESCRIBED METHOD.															

FAE
173

Taxable Year Beginning: 07/01/08 Ending: 06/30/09		Account No. 318283444	FEIN or SSN 58-1320590
		Due Date 10/15/09	

SEE PERFORMING ARTS CENTER (TPAC)

MENT COMPANY

ADERICK STREET

LE

SEE 37243

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

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

REMINDERS

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

WORKSHEET FOR COMPUTATION OF EXTENSION PAYMENT

ROUND TO NEAREST DOLLAR

1. Estimated Franchise Tax current year	100	00
2. Estimated Excise Tax current year	900	00
3. Deduct: Prior year's overpayment and estimated payments and tax credits made for current year	0	00
4. Amount due with extension request (90% or greater of Lines 1 and 2 less Line 3; if Line 3 is greater than total of Lines 1 and 2, enter 0 and return form without payment)	900	00

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

1019

If your account number is not preprinted or unknown, enter federal identification number/social security number.


FAE
173

TENNESSEE DEPARTMENT OF REVENUE
Application for Extension of Time to File Franchise, Excise Tax

Filing Period	07/01/08 06/30/09	Extended Due Date	04/15/10
ACCOUNT 318283444			
TENNESSEE PERFORMING ARTS CENT			
MANAGEMENT COMPANY			
505 DEADERICK STREET			
NASHVILLE, TN 37243			

(FEIN/
SSN) ►

5	8	1	3	2	0	5	9	0
---	---	---	---	---	---	---	---	---

AMOUNT DUE
(Line 4 of  worksheet)

					9	0	0	00
--	--	--	--	--	---	---	---	----

Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's Signature		Date	Title	
		01/12/10	(615)	242-7351
Tax Preparer's Signature		Date	Telephone	
555 GREAT CIRCLE R		NASHVIL	TN	37228
Preparer's Address		City	State	ZIP

RV-R0011401
879411
01-15-09

FOR OFFICE USE ONLY

[illegible][illegible]

Schedule D - SCHEDULE OF CREDITS

1. Gross Premiums tax credit (cannot exceed Schedule C, Line 8)	(1)	
2. Tennessee Income Tax (cannot exceed Schedule B, Line 5)	(2)	
3. Day Care Credit from Schedule W, Line 18/Green Energy Tax Credit/Carbon Charge Credit/Head-quarters Relocation Expense Credit (attach schedule)	(3)	
4. Industrial Machinery Credit from Schedule T, Line 11	(4)	
5. Jobs Tax Credit from Schedule X, Line 28	(5)	
6. Jobs Tax Credit computed in accordance with T.C.A. Section 67-4-2109 (c)(2)(H), (I) or (K)	(6)	
7. Total Credit - Add lines 1 through 6 (Enter here and on Schedule C, Line 9)	(7)	

Schedule E - SCHEDULE OF PAYMENTS

1. Overpayment from previous year if available	(1)		
2. First quarterly estimated payment	(2)		
3. Second quarterly estimated payment	(3)		
4. Third quarterly estimated payment	(4)		
5. Fourth quarterly estimated payment	(5)		
6. Extension payment	(6)	900.	
7. Total payments - Add lines 1 through 6 (Enter here and on Schedule C, Line 11)	(7)		900.

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

1. Net Worth (total assets less total liabilities)	(1)	24100.
2. Indebtedness to or guaranteed by parent or affiliated corporation	(2)	
3. Total lines 1 and 2	(3)	24100.
4. Ratio (Schedules N, O, P, or R if applicable or 100%)	(4)	100.0000%
5. Total - Line 3 multiplied by Line 4 (Enter here and on Schedule A, Line 1)	(5)	24100.

Schedule F2 - CONSOLIDATED NET WORTH

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

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

Schedule G - DETERMINATION OF REAL AND TANGIBLE PROPERTY

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

TAXABLE YEAR	TAXPAYER NAME	ACCOUNT NO./FEIN/SSN
07/01/08 06/30/09	TENNESSEE PERFORMING ARTS CENTER (TPAC)	58-1320590

COMPUTATION OF EXCISE TAX

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

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

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

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

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

1. Ordinary Inc or Loss from Fed Form 1120S, Ln 21 plus any intang expense to an affiliated bus entity deducted for fed tax purposes	(1)	
Additions:		
2. Income items to extent includable in federal income were it not for "S" status election (Fed 1120S - Schedule K)	(2)	
3. Any net loss or expense received from a "pass-through" entity subject to and paying the excise tax, or any net loss or expense distributed to a publicly traded REIT (include schedule of entities and FEINs)	(3)	
4. Total - Add lines 1, 2 and 3	(4)	
Deductions:		
5. Expense items to extent includable in federal expenses were it not for "S" status election (Fed 1120S - Schedule K)	(5)	
6. Any net gain or income received from a "pass-through" entity subject to and paying the excise tax, or any net gain or income distributed to a publicly traded REIT (include schedule of entities and FEINs)	(6)	
7. Total deductions - Add lines 5 and 6	(7)	()
8. Total - Line 4 less Line 7 (Enter here and on Schedule J, Line 1)	(8)	

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

Enter the amount of income (loss) from the applicable federal return to Schedule J, Line 1		
1. Federal Form 1120 - Line 28 (taxable income or loss before net operating loss deduction and special deductions) plus any intangible expense to an affiliated business entity deducted for federal tax purposes	(1)	
2. Federal Form 990-T, Line 30 (unrelated business taxable income)	(2)	8219.
3. Other: Form _____, Schedule _____	(3)	
Additions:		
4. Any net loss or expense received from a "pass-through" entity subject to and paying the excise tax, or any net loss or expense distributed to a publicly traded REIT (include schedule of entities and FEINs)	(4)	
Deductions:		
5. Any net gain or income received from a "pass-through" entity subject to and paying the excise tax, or any net gain or income distributed to a publicly traded REIT (include schedule of entities and FEINs)	(5)	()
6. Total - Lines 1 through 4 less Line 5 (Enter here and on Schedule J, Line 1)	(6)	8219.

Schedule J - COMPUTATION OF NET EARNINGS SUBJECT TO EXCISE TAX

1. Federal income or loss (Enter amount from Schedule J-1, J-2, J-3, or J-4)	(1)	8219.
ADDITIONS:		
2. Any depreciation under the provisions of IRC Section 168 not permitted for excise tax purposes due to Tennessee permanently decoupling from federal bonus depreciation and any expense/depreciation deducted as a result of "safe harbor" lease elections. (attach schedule)	(2)	
3. Any deduction for domestic production activities under the provisions of IRC Section 199	(3)	
4. Any gain on the sale of an asset sold within twelve months after the date of distribution to a nontaxable entity	(4)	
5. Tennessee excise tax expense (to the extent reported for federal purposes)	(5)	1132.
6. Gross premiums tax deducted in determining federal income and used as an excise tax credit	(6)	
7. Interest income on obligations of states and their political subdivisions, less allowable amortization	(7)	
8. Depletion not based on actual recovery of cost	(8)	
9. Contribution carryover from prior period(s)	(9)	
10. Capital gains offset by capital loss carryover or carryback	(10)	
11. Excess fair market value over book value of property donated	(11)	
12. Total additions - Add lines 2 through 11	(12)	1132.
DEDUCTIONS:		
13. Any depreciation under the provisions of IRC Section 168 permitted for excise tax purposes due to Tennessee permanently decoupling from federal bonus depreciation	(13)	
14. Any excess gain (or loss) from the basis adjustment resulting from Tennessee permanently decoupling from federal bonus depreciation	(14)	
15. Any loss on the sale of an asset sold within twelve months after the date of distribution to a nontaxable entity	(15)	
16. Dividends received from corporations, at least 80% owned (attach schedule)	(16)	
17. Contributions in excess of amount allowed by federal government	(17)	
18. Donations to Qualified Public School Support Groups and nonprofit organizations	(18)	
19. Portion of current year's capital loss not included in federal taxable income	(19)	
20. Any expense other than income taxes, not deducted in determining federal taxable income for which a credit against the federal income tax is allowable	(20)	
21. Any income included for federal tax purposes and any depreciation or other expense that could have been deducted for "safe harbor" lease elections. (attach schedule)	(21)	
22. Nonbusiness earnings - Schedule M, Line 8	(22)	
23. Intangible expense to an affiliated business entity (Intangible expense disclosure form MUST be completed to avoid the adjustment provided in T.C.A. Section 67-4-2006(d)(3))	(23)	
24. Intangible income from an affiliated business entity if the corresponding intangible expense has not been disclosed or has been disallowed	(24)	
25. TOTAL deductions - Add lines 13 through 24	(25)	()
COMPUTATION OF TAXABLE INCOME:		
26. Total Business Income (Loss) - Add lines 1 and 12, less Line 25 (If loss, complete Schedule K)	(26)	9351.
27. Apportionment Ratio (Schedules N, O, P, or R if applicable or 100%)	(27)	100.0000%
28. Apportioned business income (Loss) (Line 26 multiplied by Line 27)	(28)	9351.
29. Add: Nonbusiness earnings directly allocated to Tennessee (From Schedule M, Line 9)	(29)	
30. Deduct: Loss carryover from prior years (From Schedule U)	(30)	()
31. Subject to excise tax (6.5%) (Line 28 plus Line 29, less Line 30) (enter here and on Schedule B, Line 4)	(31)	9351.

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

1. Net loss from Schedule J, Line 26	(1)	
ADD:		
2. Amounts reported on Schedule J, lines 16 and 22	(2)	
3. Amounts reported on Schedule J-1, lines 6 and 7, and Schedule J-2, Line 9	(3)	
4. Reduced loss - Add lines 1 through 3 (if net amount is positive, enter "0")	(4)	
5. Excise Tax ratio (Schedules N, O, P, or R if applicable or 100%)	(5)	%
6. Current year loss carryover available (Line 4 multiplied by Line 5)	(6)	

Schedule L - FEDERAL INCOME REVISIONS

Year	1. Original Net Income on Federal Return	2. Net Income Corrected	3. Increase (Decrease) in Net Income	4. Increase (Decrease) Affecting Excise Tax