Public Disclosure Copy

Department of the Treasury Internal Revenue

Form 990

Use Only

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)

OMB No. 1545-0047

Open to Public Fig. The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection For the 2009 calendar year, or tax year beginning 08-01-2009 and ending 07-31-2010 D Employer identification number Check if applicable: Please use IRS NASHVILLE SYMPHONY ASSOCIATION 62-0550979 Address change label or print or type. See Specific Instruc-tions. Doing Business As THE NASHVILLE SYMPHONY E Telephone number (615) 687-6515 Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1 SYMPHONY PLACE ☐ Initial return **G** Gross receipts \$ 51,455,980 Terminated City or town, state or country, and ZIP \pm 4 NASHVILLE, TN 37201 Amended return Application pending Name and address of principal officer: **H(a)** Is this a group return for 1 SYMPHONY PLACE ☐ Yes 🔽 No affiliates? NASHVILLE, TN 37201 H(b) Are all affiliates included? □Yes □No If "No," attach a list. (see instructions) Tax-exempt status:

501(c) (3)

(insert no.) 4947(a)(1) or 527 H(c) Group exemption number ▶ Website: ► NASHVILLESYMPHONY.ORG K Form of organization: Corporation Trust Association Other L Year of formation: 1946 M State of legal domicile: TN Part I Summary 5 cm Briefly describe the organization's mission or most significant activities:
THE NASHVILLE SYMPHONY IS DEDICATED TO ACHIEVING THE HIGHEST STANDARD FOR EXCELLENCE IN MUSICAL PERFORMANCE AND **EDUCATIONAL PROGRAMS** WHILE ENGAGING THE COMMUNITY, ENRICHING AUDIENCES AND SHAPING CULTURAL Activities & Governance Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 76 71 Number of independent voting members of the governing body (Part VI, line 1b) $\,$. 536 Total number of employees (Part V, line 2a) . . . Total number of volunteers (estimate if necessary) 400 6 Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . 7a -596,122 Net unrelated business taxable income from Form 990-T, line 34 . 7b **Prior Year Current Year** 12,006,190 Contributions and grants (Part VIII, line 1h) . 14,472,332 Revenue Program service revenue (Part VIII, line 2g) . . . 7,775,611 6,457,243 6.794.853 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . -7.698.870 -439.884 20.986.112 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 14.109.189 46,244,398 12) . Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 7,100 13 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) 13,492,318 12,616,603 Exp enses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 288,230 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,430,714 17 19.647.814 54,209,673 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 33,184,672 67,121,606 -20.877.208 19 Revenue less expenses. Subtract line 18 from line 12 . . . -19.075.483 t Assets or d Balances **Beginning of Current** End of Year 20 Total assets (Part X, line 16) . 220,255,030 224,336,671 146,593,690 117.671.541 21 Total liabilities (Part X, line 26) . . . 22 102,583,489 77,742,981 Net assets or fund balances. Subtract line 21 from line 20 . 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 2011-02-07 Signature of officer Here MICHAEL R KIRBY Chief Financial Officer Type or print name and title. Preparer's identifying number (see instructions) Check if Paid empolyed F Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4 CROWE HORWATH LLP

105 Continental Place Suite 200

Brentwood, TN 37027

May the IRS discuss this return with the preparer shown above? (see instructions) .

Phone no. (615) 360-5500

Yes No

| 1 01111 | 330 (2003) | | | | | | Page 4 |
|---------|--------------------------|--------------------------------------|-------------------|-------------------------|---|--------------|--------|
| Par | | of Program Servi | | hments | | | |
| 1 | Briefly describe the o | organization's mission: | | | | | |
| SEE S | SCHEDULE O | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 | | undertake any significa r 990-EZ? | | | which were not listed on | ☐ Yes ☑ No | |
| | If "Yes," describe the | se new services on Scl | nedule O. | | | | |
| 3 | services? | cease conducting, or n | | _ | lucts, any program | ☐ Yes 🗹 No | |
| 4 | Section 501(c)(3) and | | ons and section 4 | 4947(a)(1) trusts are i | rgest program services by experence to report the amount of the reported. | | |
| 4a | (Code: SEE SCHEDULE O |) (Expenses \$ | 36,645,105 | including grants of \$ | 0) (Revenue \$ | 21,064,340) | |
| 4b | (Code: |) (Expenses \$ | 25,039,038 | including grants of \$ | 0) (Revenue \$ | 6,486,254) | |
| | SEE SCHEDULE O | | | | | | |
| 4c | (Code: |) (Expenses \$ | 1,278,689 | including grants of \$ | 7,100) (Revenue \$ | 145,150) | |
| | SEE SCHEDULE O | | | | | | |
| 4d | Other program servi | ices. (Describe in Sche | dule O.) | | | | |
| | (Expenses \$ | inc | luding grants of | \$ |) (Revenue \$ |) | |
| 4e | Total program ser | vice expenses 🖛 \$ | 62,96 | 2,832 | | | |

Part IV Checklist of Required Schedules

| | | | 162 | 140 |
|-----|---|-----|-----|-----|
| 1 | Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | No |
| 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? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 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 | | No |
| 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? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | Yes | |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. | 11 | Yes | |
| | • Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. | | | |
| | ■ Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | | |
| | ■ Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | | |
| | ■ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | | | |
| | ■ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | | |
| | ■ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | Yes | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No | | | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional No | | ļ | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | Yes | |
| 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 U.S.? If "Yes," complete Schedule F, Part II | 15 | | No |
| 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 U.S.? If "Yes," complete Schedule F, Part III | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | Yes | |
| 18 | Did the organization report more than $$15,000$ total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Yes | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | No |

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|------|--|-----|-----|---------------|
| Par | t IV Checklist of Required Schedules (continued) | | | |
| 21 | Did the organization report more than $\$5,000$ of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| 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 | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 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? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 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? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part | | | |
| а | IV | 28a | | No |
| ь | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV | 28c | Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 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? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | No |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | No |
| 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> | 36 | | No |
| 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? If "Yes," complete Schedule R , $Part\ VI$ | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

| Part V | Statements Regard | ina Other | · IRS Filings and | Tax Com | pliance |
|--------|-------------------|-----------|-------------------|---------|---------|
|--------|-------------------|-----------|-------------------|---------|---------|

| | | | 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 | | | |
| | 1a 139 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 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 | | | |
| ь | 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) | 2b | Yes | |
| _ | | | 1 | |
| 3а | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | За | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> | 3b | Yes | |
| 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)? | 4a | Yes | |
| b | If "Yes," enter the name of the foreign country: ▶ CJ | | | |
| | 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? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Yes | |
| ь | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the | 8 | | |
| 9 | year? | l | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | 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 | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | | |
| | | Į | ı | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,

| changes in Schedule O. See instructions. | |
|--|--|
| Section A. Governing Body and Management | |

| | | | Yes | No |
|-----|--|---------|-------|----|
| | | | | |
| 1a | Enter the number of voting members of the governing body 1a 76 | | | |
| b | Enter the number of voting members that are independent 1b 71 | | | |
| 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 | | No |
| 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 | | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | No |
| 6 | Does the organization have members or stockholders? | 6 | | No |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | No |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| | ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.) | | | |
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | No |
| 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? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | Yes | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| 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 | Yes | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line a or b, describe the process in Schedule O. (See instructions.) | | | |
| 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 | | No |
| 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 | | |
| Se | ction C. Disclosure | | 1 | |
| 17 | List the States with which a copy of this Form 990 is required to be filed | | | |
| 18 | Section 6104 requires an organization to make its Form 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. | | | |
| 19 | Own website Another's website Upon request 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 org | anizati | on: 📂 | |
| | MICHAEL R KIRBY 1 SYMPHONY PLACE NASHVILLE, TN 37201 (615) 687-6515 | | | |

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. Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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.

| (A) Name and Title | (B) Average hours per | Positio | (0 | c) eck | all th | nat | , | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation | |
|---|--------------------------------|-----------------------------------|-----------------------|-----------|--------------|---------------------------------|--------|---------------------------------------|--|--|--|
| | per week | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | organizations (W- 2/1099-MISC) | from the from the organization and related organizations | |
| JOHN T ROCHFORD BOARD MEMBER, VICE CHAIR | 1 | X | | × | | | | 0 | 0 | 0 | |
| JULIE G BOEHM BOARD MEMBER, SECRETARY | 1 | х | | × | | | | 0 | 0 | 0 | |
| ANNE L RUSSELL BOARD MEMBER, VICE CHAIR | 1 | × | | X | | | | 0 | 0 | 0 | |
| DAVID WILLIAMS II BOARD MEMBER, TREASURER | 1 | × | | × | | | | 0 | 0 | 0 | |
| JAMES C GOOCH BOARD MEMBER, BOARD CHAIR | 1 | x | | x | | | | 0 | 0 | o | |
| KATHLEEN GUION BOARD MEMBER - PARTIAL YEAR | 1 | х | | | | | | 0 | 0 | 0 | |
| MICHELLE LACKEY COLLINS BOARD MEMBER | 1 | х | | | | | | 0 | 0 | 0 | |
| WILIIAM M WILSON BOARD MEMBER | 1 | × | | | | | | 0 | 0 | 0 | |
| LOUIS B TODD BOARD MEMBER | 1 | х | | | | | | 0 | 0 | 0 | |
| DOYLE RIPPEE BOARD MEMBER | 1 | × | | | | | | 0 | 0 | 0 | |
| GREGORY MORTON BOARD MEMBER | 1 | х | | | | | | 0 | 0 | 0 | |
| ZACHARY LIFF BOARD MEMBER | 1 | × | | | | | | 0 | 0 | 0 | |
| ELLIOTT WARNER JONES SR | 1 | × | | | | | | 0 | 0 | 0 | |
| BOARD MEMBER LEE ANN INGRAM | 1 | × | | | | | | 0 | | 0 | |
| BOARD MEMBER AMY GRANT | 1 | × | | | | | | 0 | | 0 | |
| BOARD MEMBER ROB BIRONAS | 1 | × | | | | | | 0 | 0 | 0 | |
| BOARD MEMBER SCOTT BECKER | 1 | × | | | | | | 0 | 0 | 0 | |
| BOARD MEMBER DEVIN SCHULTZ | 1 | × | | | | | | 0 | | 0 | |
| BOARD MEMBER WILLIAM WIGGINS | 1 | × | | | | | | 0 | | 0 | |
| BOARD MEMBER KRISTI SEEHAFER | 1 | × | | | | | | 0 | 0 | 0 | |
| BOARD MEMBER NORMA ROGERS | | × | | | | | | | | 0 | |
| BOARD MEMBER STEPHEN SPARKS | 1 | | | | | | | 0 | | | |
| BOARD MEMBER WYATT SMITH | 1 | X | | | | | | 0 | | C | |
| BOARD MEMBER PAMELA K PFEFFER | 1 | X | | | | | | 0 | | C | |
| MARK SILVERMAN | 1 | X | | | | | | 0 | | С | |
| BOARD MEMBER | 1 | X | | | | | | 0 | 0 | 0 | |
| WILLIAM H BRADDY III CFP BOARD MEMBER | 1 | Х | | | | | | 0 | 0 | 0 | |
| KEVIN P LAVENDER BOARD MEMBER | 1 | X | | | | | | 0 | 0 | 0 | |
| JANET AYERS BOARD MEMBER | 1 | Х | | | | | | 0 | 0 | 0 | |
| BILLY RAY HEARN BOARD MEMBER | 1 | х | | | | | | 0 | 0 | 0 | |
| JAMES BRYAN BOLES BOARD MEMBER | 1 | × | | | | | | 0 | 0 | 0 | |
| STEVE TURNER BOARD MEMBER | 1 | × | | | | | | 0 | 0 | 0 | |
| GERALD C GREER BOARD MEMBER | 1 | х | | | | | | 0 | 0 | 0 | |
| ROBERT E MCNEILLY III BOARD MEMBER | 1 | х | | | | | | 0 | 0 | 0 | |
| JEREMY WILLIAMS BOARD MEMBER | 1 | × | | | | | | 0 | 0 | 0 | |
| DAVID T VANDEWATER BOARD MEMBER | 1 | × | | | | | | 0 | 0 | 0 | |
| RUTH E JOHNSON | 1 | × | | | | | | 0 | 0 | 0 | |

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

| (A) Name and Title | (B) Average hours | Positio | (on (ch app | ieck | all t | hat | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
|---------------------------------------|-------------------------|-----------------------------------|------------------------|---------|--------------|---------------------------------|--------|--|---|--|
| | per week | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099-MISC) | compensation from the organization and related organizations |
| JULIAN B BAKER JR BOARD MEMBER | 1 | . x | | | | | | 0 | 0 | 0 |
| JACK O BOVENDER JR BOARD MEMBER | 1 | . x | | | | | | 0 | 0 | 0 |
| HOWARD STRINGER BOARD MEMBER | 1 | . x | | | | | | 0 | 0 | 0 |
| RICHARD MARADIK JR BOARD MEMBER | 1 | . x | | | | | | 0 | 0 | 0 |
| PAMELA L CARTER BOARD MEMBER | 1 | . x | | | | | | 0 | 0 | 0 |
| ROBERT A MCCABE JR BOARD MEMBER | 1 | . x | | | | | | 0 | 0 | 0 |
| BEVERLY K SMALL BOARD MEMBER | 1 | . x | | | | | | 0 | 0 | 0 |
| DAN W HOGAN BOARD MEMBER | 1 | . x | | | | | | 0 | 0 | 0 |
| EDUARDO MINARDI BOARD MEMBER | 1 | . x | | | | | | 0 | 0 | 0 |
| BETSY WILLS BOARD MEMBER | 1 | . x | | | | | | 0 | 0 | 0 |
| JOHNNA WATSON BOARD MEMBER | 1 | . x | | | | | | 0 | 0 | 0 |
| DAVID STEELE EWING BOARD MEMBER | 1 | . x | | | | | | 0 | 0 | 0 |
| RUSSELL W BATES BOARD MEMBER | 1 | . x | | | | | | 0 | 0 | 0 |
| MARTY G DICKENS BOARD MEMBER | 1 | . x | | | | | | 0 | 0 | 0 |
| JUDY FOSTER BOARD MEMBER | 1 | . x | | | | | | 0 | 0 | 0 |
| ANASTASIA BROWN BOARD MEMBER | 1 | . x | | | | | | 0 | 0 | 0 |
| CARL GRIMSTAD BOARD MEMBER | 1 | . x | | | | | | 0 | 0 | 0 |
| JOHN FERGUSON BOARD MEMBER | 1 | . x | | | | | | 0 | 0 | 0 |
| C KEITH HERRON BOARD MEMBER | 1 | . x | | | | | | 0 | 0 | 0 |
| PATTI SMALLWOOD BOARD MEMBER | 1 | . x | | | | | | 0 | 0 | 0 |
| CLAY JACKSON BOARD MEMBER | 1 | . × | | | | | | 0 | 0 | 0 |
| HAL N PENNINGTON BOARD MEMBER | 1 | . × | | | | | | 0 | 0 | 0 |
| BRUCE D SULLIVAN BOARD MEMBER | 1 | . × | | | | | | 0 | 0 | 0 |
| ELLEN HARRISON MARTIN BOARD MEMBER | 1 | . x | | | | | | 0 | 0 | 0 |
| DANIEL LOCHRIE BOARD MEMBER | 1 | . × | | | | | | 0 | 0 | 0 |
| 1b Total | | | • | | | - | r | 1,401,798 | 0 | 83,775 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶6

| | | | 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 | 3 | | No |
| 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 | 4 | Yes | |
| 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 | 5 | | No |

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 |
|---|---------------------------------|---------------------|
| COLUMBIA ARTISTS MANAGEMENT 1790 BROADWAY 16TH FLOOR NEW YORK, NY 10019 | TALENT MANAGEMENT | 472,500 |
| WILLIAM MORRIS AGENCY LLC 1600 DIVISION ST SUITE 300 NASHVILLE, TN 37203 | TALENT MANAGEMENT | 290,000 |
| OPUS 3 ARTISTS 470 PARK AVENUE SOUTH 9TH FLOOR NEW YORK, NY 10016 | ARTIST MANAGEMENT | 145,500 |
| IMG ARTISTS 152 WEST 57TH ST 5TH FLOOR NEW YORK, NY 10019 | ARTIST MANAGEMENT | 103,000 |
| Total number of independent contractors (including but not limited to those listed above) w | no received more than \$100,000 | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶4

| | I | Statement of | | | (A) | (B) | (C) | (D) |
|---|----------|--|--|---------------|---------------|---|----------------------------------|--|
| | | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 51 |
| <u>ي</u> 1ء | а | Federated camp | aigns 1a | 0 | | | | 312, 313, 3. 31 |
| and other similar amounts | b | Membership due | s 1b | 0 | | | | |
| Ĕ. | c | Fundraising ever | nts 1c | 259,038 | | | | |
| in 1 | d | Related organiza | ations 1d | 0 | | | | |
| Ē, | e | Government grants | s (contributions) 1e | 308,800 | | | | |
| - 25 1 | f | All other contribution | ons, gifts, grants, and 1f | 11,438,352 | | | | |
| ₽. | g | similar amounts no | t included above utions included in lines | | | | | |
| . B | 9 | 1a-1f:\$ 0 | aciono meradea in imeo | | | | | |
| 1 m | | Total. Add lines | 1a-1f | | 12,006,190 | | | |
| 3 | | _ | | Business Code | | | | |
| 2 | а | TICKET SALES | | | 6,040,950 | 6,040,950 | 0 | |
| E t | b | ORCHESTRA FEES | | | 416,293 | 416,293 | 0 | |
| 2 0 | c | | | | 0 | 0 | 0 | |
| j | d | | | | 0 | 0 | 0 | |
| | e | | | | 0 | 0 | 0 | |
| 2 a b c c c c c c c c c c c c c c c c c c | F | All other program | n service revenue . | 0 | 0 | 0 | 0 | |
| | 9 | Total. Add lines | 2a-2f | | 6,457,243 | | | |
| 3 | | | me (including dividends, | , interest | | | | |
| | | and other simila | r amounts) | ► | 1,726,167 | 0 | 0 | 1,726,1 |
| 4 | | | tment of tax-exempt bond p | roceeds 🖦 | 0 | 0 | 0 | |
| 5 | | Royalties | | | 0 | 0 | 0 | |
| ۔ ا | | Coope Danta | (i) Real 925,550 | (ii) Personal | | | | |
| 6 | | Gross Rents Less: rental | 1,521,672 | 0 | | | | |
| | ь | expenses | | | | | | |
| ' | С | Rental income or (loss) | -596,122 | 0 | | | | |
| ٥ | d | Net rental incom | ne or (loss) | 🛌 | -596,122 | 0 | -596,122 | |
| | | _ | (i) Securities | (ii) Other | | | | |
| 78 | а | Gross amount from sales of | 8,341,982 | 0 | | | | |
| | | assets other than inventory | | | | | | |
| ' | b | Less: cost or other basis and | 3,273,296 | 0 | | | | |
| | _ | sales expenses Gain or (loss) | 5,068,686 | 0 | | | | |
| ' | c - | | 5) | - | 5,068,686 | 0 | 0 | 5,068,6 |
| 88 | | | om fundraising events | | ,,,,,,, | - | | -,,,,, |
| | | (not including | , | | | | | |
| | | \$ 259, | reported on line 1c). | | | | | |
| | | See Part IV, line | | | | | | |
| | | | а | 760,347 | | | | |
| | b | Less: direct expe | | 416,614 | 242 722 | 0 | 0 | 242.7 |
| 0. | | | oss) from fundraising ev | rents | 343,733 | 0 | 0 | 343,7 |
| 98 | d | See Part IV, line | om gaming activities. 19 | | | | | |
| | | | а | 0 | | | | |
| | | Less: direct expe | | 0 | | | | |
| 4 | | | oss) from gaming activit | ies 🕨 | 0 | 0 | 0 | |
| 10 | 0a | Gross sales of in returns and allow | | | | | | |
| | | | а | 0 | | | | |
| 1 | b | Less: cost of goo | ods sold b | 0 | | | | |
| • | C | | oss) from sales of inven | | 0 | 0 | 0 | |
| | | Miscellaneous | | Business Code | | | | |
| 1: | | FLOOD PROCEED | _ | | 21,064,340 | 21,064,340 | 0 | |
| | b | HANDLING CHAI | RGES FOR TICKET | | 142,404 | 142,404 | 0 | |
| | c | OTHER INCOME | | | 31,757 | 31,757 | 0 | |
| | | All other revenu | e | | 0 | 0 | 0 | |
| | | Total. Add lines | | > | 21,238,501 | | | |
| 1: | | | See Instructions | | 46,244,398 | 27,695,744 | -596,122 | 7,138,5 |
| | | | | | | | | |

| Part | t IX Statement of Functional Expenses | | | | |
|------------|--|-----------------------|------------------------------|--|---|
| _ | Section 501(c)(3) and 501(c)(4) organizations | | | | |
| | Il other organizations must complete column (A) but are not required | to complete co | | | (D) |
| | ot include amounts reported on lines 6b, b, 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 | 0 | 0 | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| | | 7,100 | 7,100 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 0 | 0 | | |
| 4 | Benefits paid to or for members | 0 | 0 | | |
| 5 | Compensation of current officers, directors, trustees, and key | | | | |
| | employees | 1,385,296 | 808,476 | 503,845 | 72,9 |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | 0 | 0 | 0 | |
| 7 | Other salaries and wages | 9,294,502 | 8,052,346 | 584,290 | 657,8 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) | 2,22.,302 | 2,222,310 | 22.,230 | 237,0 |
| - | employer contributions) | 593,988 | 494,593 | 53,625 | 45,7 |
| 9 | Other employee benefits | 537,167 | 362,858 | 121,936 | 52,3 |
| 10 | Payroll taxes | 805,650 | 666,840 | 67,728 | 71,0 |
| 11 | Fees for services (non-employees): | , | , | , | |
| а | Management | 0 | 0 | 0 | |
| b | Legal | 124,594 | 0 | 124,594 | |
| c | Accounting | 35,005 | 0 | 35,005 | |
| d | Lobbying | | 0 | 33,003 | |
| | Professional fundraising. See Part IV, line 17 | 0 | 0 | 0 | |
| e | , | 288,230 | | | 288,2 |
| f | Investment management fees | 605,548 | 0 | 605,548 | |
| g | Other | 0 | 0 | 0 | |
| L2 | Advertising and promotion | 852,320 | 852,320 | 0 | |
| L3 | Office expenses | 3,106,796 | 2,519,802 | 355,719 | 231,2 |
| L4 | Information technology | 141,478 | 0 | 141,478 | |
| 15 | Royalties | 108,948 | 108,948 | 0 | |
| 16 | Occupancy | 531,123 | 531,123 | 0 | |
| L7 | Travel | 25,644 | 25,644 | 0 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | |
| L 9 | Conferences, conventions, and meetings | 65,841 | 22,788 | 31,910 | 11,1 |
| 20 | Interest | 4,294,019 | 4,294,019 | 0 | |
| 21 | Payments to affiliates | 0 | 0 | 0 | |
| 22 | Depreciation, depletion, and amortization | 7,459,705 | 7,459,705 | 0 | |
| 23 | Insurance | 213,547 | 111,165 | 102,382 | |
| 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 | FLOOD RELATED EXPENSES | 36,645,105 | 36,645,105 | 0 | |
| b | | 36,643,103 | 36,643,103 | 0 | |
| c | | | | | |
| | | 0 | 0 | 0 | |
| d | | 0 | 0 | 0 | |
| e | | 0 | 0 | 0 | |
| f | All other expenses | 0 | 0 | 0 | |
| 25 | Total functional expenses. Add lines 1 through 24f | 67,121,606 | 62,962,832 | 2,728,060 | 1,430,7 |
| 26 | Joint costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and | | | | |

| Pa | art X | Balance Sheet | | | | | | |
|------------|-------|--|------------------------------------|------|-------------|--------------------------|-----|---------------------------|
| | | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | 1,357,082 | 1 | 2,110,613 | | | |
| | 2 | Savings and temporary cash investments | 0 | 2 | 0 | | | |
| | 3 | Pledges and grants receivable, net | | | | 22,974,917 | 3 | 36,817,004 |
| | 4 | Accounts receivable, net | | | | 441,107 | 4 | 277,663 |
| | 5 | Receivables from current and former officers, directors, trustees, highest compensated employees. Complete Part II of | ey en | ploy | ees, and | | | |
| | | Schedule L | 0 | 5 | 0 | | | |
| | 6 | Receivables from other disqualified persons (as defined under sect persons described in section 4958(c)(3)(B). Complete Part II of | ion 49 | 58(f | (1)) and | | | |
| 60 | | Schedule L | | | | 0 | 6 | 0 |
| ssets | 7 | Notes and loans receivable, net | | | | 0 | 7 | 0 |
| 55 | 8 | Inventories for sale or use | | | • | 0 | 8 | 0 |
| A | 9 | Prepaid expenses and deferred charges | | | | 1,975,845 | 9 | 1,806,832 |
| | 10a | Land, buildings, and equipment: cost or other basis. <i>Complete Part VI of Schedule D</i> | 10a | | 137,671,542 | | | |
| | ь | Less: accumulated depreciation | 10b | | 27,704,484 | 118,096,709 | 10c | 109,967,058 |
| | 11 | Investments-publicly traded securities | | | | 73,194,775 | 11 | 69,103,355 |
| | 12 | Investments-other securities. See Part IV, line 11 | | | | 1,040,539 | 12 | 3,133,255 |
| | 13 | Investments-program-related. See Part IV, line 11 | | | | 0 | 13 | 0 |
| | 14 | Intangible assets | | | | 0 | 14 | 0 |
| | 15 | Other assets. See Part IV, line 11 | Other assets. See Part IV, line 11 | | | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | | 220,255,030 | 16 | 224,336,671 |
| | 17 | Accounts payable and accrued expenses . | | | | 616,084 | 17 | 27,530,296 |
| | 18 | Grants payable | | | | 0 | 18 | 0 |
| | 19 | Deferred revenue | | | | 4,168,829 | 19 | 3,676,467 |
| | 20 | Tax-exempt bond liabilities | | | | 93,840,000 | 20 | 91,100,000 |
| <u>.83</u> | 21 | Escrow or custodial account liability. Complete Part IV of Schedule | D. | | | 0 | 21 | 0 |
| jabilities | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | | | | |
| Ë | | persons. Complete Part II of Schedule L | | | | 0 | 22 | 0 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 10,000,000 | 23 | 10,000,000 |
| | 24 | Unsecured notes and loans payable to unrelated third parties . | | | | 0 | 24 | 0 |
| | 25 | Other liabilities. Complete Part X of Schedule D | | | | 9,046,628 | 25 | 14,286,927 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | | 117,671,541 | 26 | 146,593,690 |
| Balances | | Organizations that follow SFAS 117, check here F and co 27 through 29, and lines 33 and 34. | omple | te I | ines | | | |
| 9 | 27 | Unrestricted net assets | 77,443,200 | 27 | 49,624,132 | | | |
| Ba | 28 | Temporarily restricted net assets | 22,640,289 | 28 | 25,618,824 | | | |
| 2 | 29 | Permanently restricted net assets | 2,500,000 | 29 | 2,500,025 | | | |
| or Fund | | Organizations that do not follow SFAS 117, check here ► ☐ lines 30 through 34. | | | | | | |
| SC | 30 | Capital stock or trust principal, or current funds | | | | 0 | 30 | 0 |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund $\ \ .$ | | | | 0 | 31 | 0 |
| As | 32 | Retained earnings, endowment, accumulated income, or other fun | ds | | | 0 | 32 | 0 |
| Net | 33 | Total net assets or fund balances | | | | 102,583,489 | 33 | 77,742,981 |
| 2 | 34 | Total liabilities and net assets/fund balances | | | | 220,255,030 | 34 | 224,336,671 |

Part XI Financial Statements and Reporting

| | | | Yes | No | |
|----|---|----|-----|----|--|
| 1 | Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in schedule O. Cash Accrual Other | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | No | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | | |
| c | c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | | |
| | • • • | 2c | Yes | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separated basis | | | | |
| 3а | 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? | За | Yes | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | Yes | | |
| | | | | | |

SCHEDULE J-2 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Form 990

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

Open to Public Inspection

Name of the organization NASHVILLE SYMPHONY ASSOCIATION

Employer identification number

62-0550979

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

| (A) Name and Title | (B) Average hours | (C) Position (check all that apply) (D) Reportable compensation compensation from the compensation | | | Ill that Reportable Reportable compensation compensation | | | Reportable compensation | (F) Estimated amount of other compensation | | |
|---|-------------------------|--|-----------------------|---------|--|---------------------------------|--------|--|---|--|--|
| | per week | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099-MISC) | compensation from the organization and related organizations | |
| JOHN GAWALUCK BOARD MEMBER | 1 | × | | | | | | 0 | 0 | 0 | |
| EDWARD GOODRICH BOARD MEMBER | 1 | х | | | | | | 0 | 0 | 0 | |
| JAMES L BECKNER BOARD MEMBER | 1 | × | | | | | | 0 | 0 | 0 | |
| GREG DAILY BOARD MEMBER | 1 | X | | | | | | 0 | 0 | 0 | |
| WAYNE J RILEY MD BOARD MEMBER | 1 | × | | | | | | 0 | 0 | 0 | |
| MARTHA R INGRAM BOARD MEMBER | 1 | × | | | | | | 0 | 0 | 0 | |
| JAY TURNER BOARD MEMBER | 1 | × | | | | | | 0 | 0 | 0 | |
| LEE A BEAMAN BOARD MEMBER | 1 | × | | | | | | 0 | 0 | 0 | |
| LARRY J LARKIN BOARD MEMBER | 1 | × | | | | | | 0 | 0 | 0 | |
| CHARLES PRUETT BOARD MEMBER | 1 | × | | | | | | 0 | 0 | 0 | |
| FRANCIS S GUESS BOARD MEMBER | 1 | × | | | | | | 0 | 0 | 0 | |
| CHRISTOPHER STENSTROM BOARD MEMBER | 1 | × | | | | | | 0 | 0 | 0 | |
| VIRGINIA BYRN BOARD MEMBER | 1 | × | | | | | | 0 | 0 | 0 | |
| HARRY R JACOBSON BOARD MEMBER | 1 | × | | | | | | 0 | 0 | 0 | |
| SADHNA V WILLIAMS BOARD MEMBER | 1 | × | | | | | | 0 | 0 | 0 | |
| DONALD M MACLEOD BOARD MEMBER | 1 | × | | | | | | 0 | 0 | 0 | |
| MICHAEL KIRBY VICE PRESIDENT AND CFO | 40 | | | × | | | | 123,883 | 0 | 11,204 | |
| ALAN D VALENTINE PRESIDENT AND CEO | 40 | | | × | | | | 379,963 | 0 | 15,400 | |
| SUSAN PLAGEMAN VICE PRESIDENT OF EXTERNAL AFFAIRS | 40 | | | | × | | | 162,450 | 0 | 13,652 | |
| MARK A BLAKEMAN GENERAL MANAGER AND VP OF ORCHESTRA AND BUILDING OPERATIONS | 40 | | | | × | | | 165,256 | 0 | 13,652 | |
| GIANCARLO GUERERRO MUSIC DIRECTOR | 40 | | | | × | | | 396,455 | 0 | 15,092 | |
| MITCHELL KORN VICE PRESIDENT OF EDUCATION | 40 | | | | × | | | 173,791 | 0 | 14,775 | |

SCHEDULE A (Form 990 or 990EZ)

Department of the

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2009
Open to Public Inspection

Treasury
Internal Revenue
Service
Name of the organization
NASHVILLE SYMPHONY ASSOCIATION

Employer identification number

62-0550979 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: (For lines 1 through 11, check only 1 box.) A church, convention of churches, or association of churches. section 170(b)(1)(A)(i). 1 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.) 3 П A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ~ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% 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 Part III.) 10 An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4). 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 11 describes the type of supporting organization and complete lines 11e through 11h. ☐ Type III - Functionally integrated Type I ь ☐ Type II c Type III - Other 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) 11g(iii) Provide the following information about the supported organization(s) the organization supports. (iii) Type of (iv) (v) Did you notify the (vi) Is the organization Is the organization organization (i) Name of supported (vii) in col. (i) organized in the in col. (i) listed in organization in col. (ii) Amount of (described on lines your governing (i) of your ÈIŃ organization 1- 9 above or IRC support? document? support? U.S.? section (see Yes Νo Yes No Yes instructions))

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2009

2009

| F | Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) | | | | | | | |
|------|---|----------------------|---------------------|-----------------------|--------------------|--------------------|--|--|
| | (Complete only if you c | hecked the box | on line 5, 7, or | 8 of Part I.) | | | | |
| | ection A. Public Support | | 1 | 1 | 1 | | T | |
| | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 | | | | | | | |
| 4 | the organization without charge | | | | | | | |
| 5 | Total. Add lines 1 through 3 The portion of total contributions by | | | | | | - | |
| 5 | 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. | | | | | | | |
| | ection B. Total Support | | ı | | | | Т | |
| Cale | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total | |
| 7 | Amounts from line 4 | | | | | | | |
| 8 | Gross income from interest, | | | | | | | |
| 0 | 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. (Explain in Part IV.) Do not include gain or loss from the sale | | | | | | | |
| | of capital assets | | | | | | | |
| 11 | Total support (Add lines 7 through | | | | | | | |
| | 10). | | | | | | | |
| 12 | Gross receipts from related activities, e | tc. (See instruction | ons.) | | | 12 | | |
| 13 | First Five Years If the Form 990 is for | the organization | s first, second, th | ird, fourth, or fiftl | h tax year as a 50 | 1(c)(3) organizati | on, | |
| | check this box and stop here | | | | | | | |
| | | | | | | | | |
| | ection C. Computation of Public | | | | | | | |
| 14 | Public Support Percentage for 2009 (lin | e 6 column (f) div | vided by line 11 co | olumn (f)) | | 14 | | |
| 15 | Public Support Percentage for 2008 Sch | nedule A, Part II, | line 14 | | | 15 | | |
| 16a | 33 1/3% support test-2009. If the or | | | | | | | |
| | and stop here. The organization qualif | | | | | | | |
| ь | 33 1/3% support test-2008. If the or | | | | | | | |
| | box and stop here. The organization q 10%-facts-and-circumstances test | | | | | | | |
| 1/a | is 10% or more, and if the organization | meets the "facts | and circumstance | es" test, check thi | s box and stop he | re. Explain | | |
| | in Part IV how the organization meets t | | | | | | - - | |
| h | organization | | | | | | . ► 🗆 | |
| U | 15 is 10% or more, and if the organization | | | | | | | |
| | Explain in Part IV how the organization | | | | | | | |
| | supported organization | | | | | | . ▶ □ | |
| 18 | Private Foundation If the organizatio | | | | | | | |
| | instructions | | | | | | . 🕨 | |

Schedule A (Form 990 or 990-EZ) 2009

Support Schedule for Organizations Described in IRC 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support **Calendar year** (or fiscal year beginning in) **1** Gifts, grants, contributions, and (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 **(e)** 2009 (f) Total membership fees received. (Do not include any "unusual grants.") . Gross receipts from admissions, 13,540,394 20,541,047 39,050,742 14,097,332 12,006,190 99,235,705 merchandise sold or services performed, or facilities furnished in 2,866,574 7,244,028 8,185,696 8,728,458 6,599,649 33,624,405 any activity that is related to the organization's tax-exempt Gross receipts from activities that are 0 0 0 0 not an unrelated trade or business under section 513. . Tax revenues levied for the organization's benefit and either paid 0 0 0 0 to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. . 0 0 27,785,075 Total. Add lines 1 through 5. 16,406,968 47,236,438 22,825,790 18,605,839 132,860,110 Amounts included on lines 1, 2, and 3 4,37 4,375 received from disqualified Amounts included on lines 2 and 3 received from other than disqualified 0 persons that exceed the greater of 0 \$5,000 or 1% of the amount in line 13 for the year. 4,375 Add lines 7a and 7b. 4,375 c 0 Public Support (Subtract line 7c 8 132.855.735 from line 6.) **Section B. Total Support** Calendar year (or fiscal year beginning (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total in) Amounts from line 6. 16,406,968 27,785,075 47,236,438 22,825,790 18,605,839 132,860,110 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and 1,849,344 3,850,880 6,094,441 3,898,581 2,651,717 18,344,963 income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, Add lines 10a and 10b. 1,849,344 3,850,880 6,094,441 3,898,581 2,651,717 18,344,963 11 Net income from unrelated business activities not included in line 10b, 0 whether or not the business is regularly carried on. Other income. Do not include gain 12 or loss from the sale of capital assets (Explain in Part IV.) 79,247 231,709 0 156,045 31.757 498.758 Total support (Add lines 9, 10c, 13 18,335,559 31,867,664 53,330,879 26,880,416 21,289,313 151,703,831 11 and 12.). First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here. 1 % 1 %

| Se | ection C. Computation of Public Support Percentage | | | | | |
|----------|---|-------------|----------|--|--|--|
| 15 | Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) | 15 | 87.576 % | | | |
| 16 | Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | 88.07 % | | | |
| Se | ection D. Computation of Investment Income Percentage | | | | | |
| 17 | Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f)) | 17 | 12.093 % | | | |
| 18 | Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | 11.59 % | | | |
| 19a b | 33 1/3% support tests-2009. If the organization did not check the box on line 14, and line 15 is more than 3: 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . 33 1/3% support tests-2008. If the organization did not check a box on line 14 or line 19a, and line 16 is monot more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization of the check and stop here. | re than | | | | |
| 20 | | | | | | |

Schedule A (Form 990 or 990-EZ) 2009

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Facts And Circumstances Test

Explanation

Schedule A (Form 990 or 990-EZ) 2009

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Mark to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

| Internal Revenue Service | | | | | | | | |
|--|---|--|----------------------------------|----------------------------|--|--|--|--|
| Name of organization NASHVILLE SYMPHONY ASS | OCIATION | | Employer ic 62-0550979 | dentification number | | | | |
| Organization type (ch | eck one): | | 1 02-0330979 | | | | | |
| Filers of: | Section: | | | | | | | |
| Form 990 or 990-EZ | ▼ 501(c)(3) (enter nu | mber) organization | | | | | | |
| | 4947(a)(1) nonexem | pt charitable trust not treated as a | private foundation | | | | | |
| | ☐ 527 political organiza | ation | | | | | | |
| Form 990-PF | | vate foundation | | | | | | |
| | 4947(a)(1) nonexem | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | 501(c)(3) taxable pri | 501(c)(3) taxable private foundation | | | | | | |
| | tion is covered by the General F 01(c)(7), (8), or (10) organization | Rule or a Special Rule. n can check boxes for both the Ger | neral Rule and a Special Rul | e. See instructions. | | | | |
| General Rule— | | | | | | | | |
| | ation filing Form 990, 990-EZ, or any one contributor. Complete F | r 990-PF that received, during the y Parts I and II. | ear, \$5,000 or more (in mon | ey or | | | | |
| Special Rules | | | | | | | | |
| under sections | 509(a)(1) and 170(b)(1)(A)(vi), a | n 990 or 990-EZ, that met the 33 ¹ /3 ⁴ and received from any one contribu on (i) Form 990, Part VIII, line 1h, or | itor, during the year, a contril | oution of the | | | | |
| during the year | , aggregate contributions of mor | n filing Form 990, or 990-E <i>Z</i> , that rete than \$1,000 for use exclusively function of cruelty to children | or religious, charitable, | | | | | |
| For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. | | | | | | | | |
| 990-EZ, or 990-PF), bu | ıt it must answer "No" on Part I ^v | eneral Rule and/or the Special Rule V, line 2 of its Form 990, or check tl y that it does not meet the filing req | he box in the heading of its ` | | | | | |
| For Paperwork Reduction for Form 990, 990-EZ, or 9 | Act Notice, see the Instructions 90-PF. | Cat. No. 30613X | Schedule B (Form 990 | , 990-EZ, or 990-PF) (2009 | | | | |

Name of organization
NASHVILLE SYMPHONY ASSOCIATION

Employer identification number
62-0550979

| Part I | Contributors (see Instructions) | | |
|------------|-----------------------------------|--------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| _1_ | | \$ | Person Payroll Noncash Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| _2_ | | \$ 322,800 | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| _3_ | | \$ 640,895 | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| _4 | | \$485,874 | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person |

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ► See separate instructions. OMB No. 1545-0047

2009
Open to Public Inspection

Name of the organization NASHVILLE SYMPHONY ASSOCIATION **Employer identification number** 62-0550979 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I 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) . . . Aggregate value at end of year 4 5 □ No 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 for any other purpose conferring □ No impermissible private benefit. Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II 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 importantly land area Protection of natural habitat Preservation of a certified historic structure Г Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement 2 on the last day of the tax year. Held at the End of the Year 2a b 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, handling of violations, and 6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 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. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of 1a 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. 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: 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:

Schedule D (Form 990)

2009

| Part | III Organizations Maintaining Collection | ctions of Art, Histo | rical Treasur | es, | or Other S | imi | lar Assets | (cont | inued) | |
|------|---|---------------------------|--------------------------------------|--------------|------------------------------|--------|------------------------------|--------|-----------------|-----------|
| 3 | Using the organization's accession and other recitems (check all that apply): | ords, check any of the f | following that are | e a s | ignificant us | e of i | ts collection | | | |
| а | Public exhibition d Loan or exchange programs | | | | | | | | | |
| b | Scholarly research | е | Other | | | | | | | |
| c | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's collect Part XIV. | tions and explain how t | hey further the c | orgar | nization's exe | empt | purpose in | | | |
| 5 | During the year, did the organization solicit or reassets to be sold to raise funds rather than to be | | | | | | | | Yes | □ No |
| Par | t IV Escrow and Custodial Arrangem Part IV, line 9, or reported an amou | | | ans | wered "Yes | " to | Form 990, | | | |
| 1a | Is the organization an agent, trustee, custodian included on Form 990, Part X? | or other intermediary for | or contributions of | | | ot | | | Yes | □ No |
| ь | If "Yes," explain the arrangement in Part XIV an | | | | | | | | | |
| | | | | | Г | 1 | | Amou | ınt | |
| С | Beginning balance | | | | - | 1c | | Amo | 4116 | |
| 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 | | | | | | | | Yes | □ No |
| b | If "Yes," explain the arrangement in Part XIV. | , , | | | | | | | | |
| Pa | rt V Endowment Funds. Complete if th | e organization answ | ered "Yes" to F | orm | n 990, Part | IV, | line 10. | | | |
| | | | | (c) ⊤ | wo Years Back | (d) | Three Years B | ack (e | Four Y | ears Back |
| 1a | Beginning of year balance | 8,898,472 | 8,898,472 | | | | | | | |
| b | Contributions | 25 | | | | _ | | _ | | |
| c | Investment earnings or losses | 128,245 | 200,546 | | | _ | | _ | | |
| d | Grants or scholarships | | | | | | | _ | | |
| e | Other expenditures for facilities and programs | 8,395,842 | 200 546 | | | | | | | |
| f | Administrative expenses | 105,875 | 200,546 | | | _ | | | | - |
| g | End of year balance | 525,025 | 8,898,472 | | | | | | | |
| 2 | Provide the estimated percentage of the year en | | | | | | | | | |
| а | Board designated or quasi-endowment: | | | | | | | | | |
| b | Permanent endowment: 🕨 100 % | | | | | | | | | |
| c | Term endowment: | | | | | | | | | |
| 3a | Are there endowment funds not in the possession organization by: | n of the organization th | at are held and a | adm | inistered for | tne | | | Yes | No |
| | (i) unrelated organizations | | | | | | | 3a(i) | Yes | |
| | (ii) related organizations | | | | | | | 3a(ii) | | No |
| b | If "Yes" to 3a(ii), are the related organizations li | · · | | | | | [| 3b | | |
| 4 | Describe in Part XIV the intended uses of the org | | | | | | | | | |
| Par | t VI Investments—Land, Buildings, a | nd Equipment. See | | | | | | | | |
| | Description of investment | | (a) Cost or other basis (investment) | | (b)Cost or ot basis (othe | | (c) Accumula depreciation | | (d) Bo | ok value |
| 1a | Land | | | 0 | 4,824 | ,167 | | | | 4,824,167 |
| b | Buildings | | | 0 | 125,146 | ,624 | 24,958 | ,978 | 10 | 0,187,646 |
| c | Leasehold improvements | | | 0 | | 0 | | 0 | | 0 |
| d | Equipment | | | 0 | 6,781 | ,837 | 2,745 | ,506 | | 4,036,331 |
| | | | | 0 | | ,914 | | 0 | | 918,914 |
| Tota | I. Add lines 1a-1e. (Column (d) should equal Form | n 990, Part X, column (I | B), line 10(c).) | | | | | | | 9,967,058 |
| | | | | | | | Schedule | D (Fo | orm 99 | 90) 2009 |

| Schedule D (Form 990) 2009 | | | Page 3 |
|--|---------------------------|----------------|---|
| Part VII Investments—Other Securities. See For | m 990, Part X, line 12. | | |
| (a) Description of security or category (including name of security) | (b)Book value | | od of valuation: f-year market value |
| Financial derivatives | | 0000 01 0110 0 | year market value |
| Closely-held equity interests | | | |
| Other | | | |
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| Total. (Column (b) should equal Form 990, Part X, col.(B) line 12.) | | | |
| Part VIII Investments—Program Related. See Fo | orm 990, Part X, line 13. | | |
| (a) Description of investment type | (b) Book value | | od of valuation: |
| | + | Cost or end-of | -year market value |
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| Total. (Column (b) should equal Form 990, Part X, col.(B) line 13.) | | | |
| Part IX Other Assets. See Form 990, Part X, line | | | (h) Paali value |
| (a) Descrip | otion | | (b) Book value |
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| Total. (Column (b) should equal Form 990, Part X, col.(B) line | | | |
| Part X Other Liabilities. See Form 990, Part X, li | | <u> </u> | |
| 1. (a) Description of Liability | (b) Amount | | |
| Federal Income Taxes | | | |
| FAIR VALUE OF DERIVATIVE INSTRUMENT | 14,286,927 | | |
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| Par | t 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 | 46,244,398 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 67,121,606 |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | -20,877,208 |
| 4 | Net unrealized gains (losses) on investments | 4 | 1,276,999 |
| 5 | Donated services and use of facilities | 5 | 0 |
| 6 | Investment expenses | 6 | 0 |
| 7 | Prior period adjustments | 7 | 0 |
| 8 | Other (Describe in Part XIV) | 8 | -5,240,299 |
| 9 | Total adjustments (net). Add lines 4 - 8 | 9 | -3,963,300 |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | -24,840,508 |
| Part | XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret | urn | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 27,279,623 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | I |
| а | Net unrealized gains on investments 2a 1,276,999 | | I |
| b | Donated services and use of facilities 2b 963,684 | | I |
| c | Recoveries of prior year grants | | I |
| d | Other (Describe in Part XIV): | | I |
| e | Add lines 2a through 2d | 2e | 3,762,355 |
| 3 | Subtract line 2e from line 1 | 3 | 23,517,268 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | I |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a 605,548 | | I |
| b | Other (Describe in Part XIV): | | I |
| c | Add lines 4a and 4b | 4c | 22,727,130 |
| 5 | Total Revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) | 5 | 46,244,398 |
| Part | XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re | eturn | 1 |
| 1 | Total expenses and losses per audited financial statements | 1 | 52,120,131 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities 2a 963,684 | | |
| b | Prior year adjustments | | |
| C | Other losses | | |
| d | Other (Describe in Part XIV): | | |
| e | Add lines 2a through 2d | 2e | 7,725,655 |
| 3 | Subtract line 2e from line 1 | 3 | 44,394,476 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a 605,548 | | |
| b | Other (Describe in Part XIV): | | |
| c | Add lines 4a and 4b | 4c | 22,727,130 |
| 5 | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) | 5 | 67,121,606 |
| Par | t 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. Also complete this part to provide any additional information.

| illioitilation. | | |
|--|--------------------------------|--|
| Identifier | Return Reference | Explanation |
| Intended uses of endowment funds | Schedule D, Part V, Line 4 | THE ENDOWMENT FUNDS ARE USED FOR MISSION RELATED ACTIVITIES. |
| | | THE FORMER ENDOWMENT FUNDS HAVE BEEN RECLASSIFIED AS INVESTMENTS PER FAS 117 AND THEREFORE WE HAVE REMAINING ENDOWMENT NET ASSETS VALUED AT \$525,025. |
| Other changes in net assets | Schedule D, Part XI, Line 8 | CHANGE IN FAIR VALUE OF DERIVATIVE INSTRUMENTS 5240299; OTHER - 0; TOTAL5240299 |
| Other revenues in audited financial statements not in form 990 | Schedule D, Part XII, Line 2d | RENTAL EXPENSES NETTED ON FORM 990 - 1521672; OTHER - 0; TOTAL - 1521672 |
| Other revenues in form 990 not in audited financial statements | Schedule D, Part XII, Line 4b | INSURANCE PROCEEDS NETTED IN AUDITED FINANCIAL STATEMENTS - 21064340; CONCESSION EXPENSES NETTED IN AUDITED FINANCIAL STATEMENTS - 1057242; OTHER - 0; TOTAL - 22121582 |
| Other expenses in audited financial statements not in form 990 | Schedule D, Part XIII, Line 2d | CHANGE IN FAIR VALUE OF DERIVATIVE INSTRUMENT - 5240299; RENTAL EXPENSES NETTED ON FORM 990 - 1521672; OTHER - 0; TOTAL - 6761971 |
| Other expenses in form 990 not in audited financial statements | Schedule D, Part XIII, Line 4b | INSURANCE PROCEEDS NETTED IN AUDITED FINANCIAL STATEMENTS - 21064340; CONCESSION EXPENSES NETTED IN AUDITED FINANCIAL STATEMENTS - 1057242; OTHER - 0; TOTAL - 22121582 |

Schedule D (Form 990) 2009

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions. OMB No. 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NASHVILLE SYMPHONY ASSOCIATION Employer identification number Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award Yes the grants or assistance? No For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the Activites per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (d) Activities conducted in (a) Region (e) If activity listed in (d) (f) Total expenditures for (b) Number of (c) Number of region (by type) (i.e., fundraising, program services, grants to recipients located in the region) is a program service, offices in the employees or describe specific type of region agents in region service(s) in region CENTRAL AMERICA AND THE CARIBBEAN PROGRAM SERVICES INVESTMENTS For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50082W Schedule F (Form 990) 2009

| Part II | Grants and Other Assista | ance to Organizati | ons or Entitie | es Outside the Uni | ted States. Comple | ete if the organizatio | on answered "Yes" t | o Form 990, |
|---------|---------------------------------|------------------------|----------------|----------------------|---------------------|------------------------|---------------------|-------------|
| | Part IV, line 15, for any rec | cipient who received | more than \$5 | ,000. Check this box | if no one recipient | received more than | \$5,000 | 🟲 🗆 |
| | Use Schedule F-1 (Form 99 | 90) if additional spac | e is needed. | | | | | |
| | | | | | | | | |

| 050 5010 | | ii 330) ii dadicionai | space is necaca. | | | | | |
|----------------------------|---|------------------------|-----------------------|-----------------------------|---------------------------------------|--|--|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | | |
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| | | | | | | | | |
| 2 Enter total num | nhar of racinian | t organizations listor | d above that are rece | anizod as sharities h | v the fereign country | rocognized as tax | , | |

| 2 | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax- |
|---|--|
| | exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter |
| | |

Schedule F (Form 990) 2009

| | artional space | is needed. | | | | , |
|------------|--------------------------|--------------------------|------------------------------------|---|--|--|
| (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
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| | (b) Region | | | | recipients cash grant disbursement non-cash | recipients cash grant disbursement non-cash of non-cash |

| Schedule F (Form 990) 2009 | Page 4 |
|----------------------------|---------------|
|----------------------------|---------------|

| Part IV | Supplemental Inform Complete this part to p | nation Provide the information required in P | art I, line 2, and any additional information. Explanation |
|---------|--|--|---|
| | Identifier | ReturnReference | Explanation |
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Schedule F (Form 990) 2009

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

OMB No. 1545-0047 Inspection

Department of the Treasury
Internal Revenue Service or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Name of the organization NASHVILLE SYMPHONY ASSOCIATION **Employer identification number** 62-0550979 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. ~ Solicitation of non-government grants 굣 b ~ Internet and e-mail solicitations Solicitation of government grants ~ Phone solicitations ~ Special fundraising events ~ d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table. (i) Name of individual (iii) Did fundraiser (iv) Gross receipts (vi) Amount paid to have custody or or entity (fundraiser) from activity (or retained by) fundraiser listed in (or retained by) control of organization contributions? col. (i) No FUNDRAISING COMMUNITY COUNSELING 7,600,000 255,500 7.344.500 Nο SERVICES Total . . . 7,600,000 255,500 7,344,500 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing. ΤN

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

Cat. No. 50083H

Schedule G (Form 990 or 990-EZ) 2009

| Pai | t II | Fundraising Events. Comple than \$15,000 on Form 990-E2 | | | | or repor | ed mo | re |
|-----------------|------|---|--|--|---------------------------------|---------------------|--|---------|
| | | | (a) Event #1 SYMPHONY BALL (event type) | (b) Event #2 FASHION SHOW (event type) | (c) Other Events (total number) | (Add co | otal Evo I. (a) th ol. (c)) | nrough |
| ue | 1 | Gross receipts | 719,488 | 299,89 | 7 | | 1,0 | 19,385 |
| Revenue | 2 | Less: Charitable contributions | 180,936 | 78,10 | 2 | | 2 | 259,038 |
| ~ | 3 | Gross income (line 1 minus line 2) | 538,552 | 221,79 | 5 | | 7 | 60,347 |
| | 4 | Cash prizes | | | | | | |
| S | 5 | Non-cash prizes | | | | | | |
| Direct Expenses | 6 | Rent/facility costs | 210,482 | 53,35 | 4 | | 2 | 63,836 |
| ă | 7 | Food and beverages | 39,585 | 38,82 | 5 | | | 78,410 |
| to o | 8 | Entertainment | 9,470 | 1,87 | 5 | | | 11,345 |
| ā | 9 | Other direct expenses . | 8,078 | 54,94 | 5 | | | 63,023 |
| | 10 | Direct expense summary. Add lines | 4 through 9 in column (d) | | | | 4 | 16,614 |
| | 11 | Net income summary. Combine line | | | | | | 43,733 |
| Par | t II | Gaming. Complete if the organ on Form 990-EZ, line 6a. | anization answered "Yes | s" to Form 990, Part I\ | V, line 19, or reported r | nore tha | n \$15, | 000 |
| Revenue | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Tota col. (a | al gamin) throug (c)) | |
| | 1 | Gross revenue | | | | | | |
| es | 2 | Cash prizes | | | | | | |
| Direct Expenses | 3 | Non-cash prizes | | | | | | |
| E E | 4 | Rent/facility costs | | | | | | |
| ă | 5 | Other direct expenses | | | | | | |
| | 6 | Volunteer labor | ☐ Yes ☐ No | Yes No | YesNo | | | |
| | 7 | Direct expense summary. Add lines 2 | through 5 in column (d) . | | | | | |
| | 8 | Net gaming income summary. Combi | ne lines 1 and 7 in column | (d) | | | | |
| No 9 | | er the state(s) in which the organization | | | | | Yes | |
| a b | | he organization licensed to operate ga No," Explain: | ming activities in each of t | hese states? | | 9 a | | |
| 10a b | | re any of the organization's gaming lic Yes," Explain: | enses revoked, suspended | or terminated during the | e tax year? | 10 | а | |
| 11 12 | Is t | es the organization operate gaming ac he organization a grantor, beneficiary med to administer charitable gaming? | or trustee of a trust or a n | nember of a partnership (| . | . 12 | 2 | |
| _ | _ | | | · | Schedule G (Form | 990 or 9 |)90-EZ | 2009 |

| | | Yes | | | |
|--|---|---------------------|--|--|--|
| | 1 1 | | | | |
| Indicate the percentage of gaming activity operated in: | | | | | |
| - · · · · · · · · · · · · · · · · · · · | | | | | |
| · | | | | | |
| Provide the name and address of the person who prepares the organization's gaming/special events books and records: | | | | | |
| Name P | | | | | |
| Address ▶ | | | | | |
| Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 15a | | | | |
| If "Yes," enter the amount of gaming revenue received by the organization \(\mathbb{\sigma} \stacks \) and the amount of gaming revenue retained by the third party \(\mathbb{\sigma} \stacks \) | | | | | |
| If "Yes," enter name and address: | | | | | |
| Name Name | | | | | |
| Address 💌 | | | | | |
| Gaming manager information: | | | | | |
| Name - | | | | | |
| Gaming manager compensation \$ | | | | | |
| Description of services provided | | | | | |
| □ Director/officer □ Employee □ Independent contractor | | | | | |
| Mandatory distributions: | | | | | |
| Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | | | | | |
| is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | 17a | | | | |
| | Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization | An outside facility | | | |

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

NASHVILLE SYMPHONY ASSOCIATION 62-0550979 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of (b) EIN (c) IRC Code section (d) Amount of cash (e) Amount of non-cash (f) Method of (g) Description of (h) Purpose of grant organization if applicable assistance valuation non-cash assistance or assistance grant or government (book, FMV, appraisal, other)

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

Cat. No. 50055P

Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

| (a)Type of grant or assistance | (b) Number of recipients | (c)Amount of cash grant | (d) Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|---------------------------------|----------------------------|---|--|---------------------------------------|
| THOR JOHNSON SCHOLARSHIP | 11 | 7,100 | 0 | N/A | N/A |
| | | | | | |
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier | Return Reference | Explanation |
|--|----------------------------|---|
| Procedures for monitoring use of grant funds | Schedule I, Part I, Line 2 | THE SCHOLARSHIPS ARE AWARDED TO STUDENTS IN TWO CATEGORIES. THE SCHOLARSHIPS ARE ACTUALLY DISTRIBUTED TO THE PROVIDER OF THE MUSIC LESSONS OF THE AWARD WINNER, TO BE USED IN FUTURE MUSIC LESSONS. |

Schedule I (Form 990) 2009

Schedule J (Form 990)

Compensation Information

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

OMB No. 1545-0047

Inspection

Employer identification number

Department of the Treasurv Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization NASHVILLE SYMPHONY ASSOCIATION 62-0550979 Part I **Questions Regarding Compensation** Yes No 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Г Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement ь orprovision of all the expenses described above? If "No," complete Part III to explain. 1 b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . 2 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. ~ Compensation committee Written employment contract Independent compensation consultant $\overline{\mathbf{v}}$ Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: 4a No 4b No Participate in, or receive payment from, an equity-based compensation arrangement? 4c c No 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 only must complete lines 5-9. 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: 5a Nο Any related organization? . . . 5b No If "Yes," to line 5a or 5b, describe in Part III. 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: The organization? . . 6a No 6b No If "Yes," to line 6a or 6b, describe in Part III. 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 7 No Were any amounts reported in Form 990, Part VII, paid or accured 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 . 8 No

53.4958-6(c)? . Schedule J (Form 990) 2009 For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat. No. 50053T

Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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.

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and | | (E) Total of columns | (F) Compensation | |
|--------------------|-------------|--|---|---|--------------------------------|------------|----------------------|---|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | reported in prior Form 990 or Form 990-EZ | |
| SUSAN PLAGEMAN | (i) (ii) | 162,450 0 | 0 | 0 | 10,560 0 | 3,092 0 | 176,102 0 | 0 | |
| MARK A BLAKEMAN | (i) (ii) | 165,256 0 | 0 | 0 | 10,560 0 | 3,092 0 | 178,908 0 | 0 | |
| ALAN D VALENTINE | (i) (ii) | 379,963 0 | 0 | 0 | 12,000 0 | 3,400 0 | 395,363 0 | 0 | |
| GIANCARLO GUERERRO | (i) (ii) | 396,455 0 | 0 | 0 | 12,000 0 | 3,092 0 | 411,547 0 | 0 | |
| MITCHELL KORN | (i) (ii) | 173,791 0 | 0 | 0 | 11,375 0 | 3,400 0 | 188,566 0 | 0 | |
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Schedule J (Form 990) 2009

Schedule J (Form 990) 2009

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

| | ű. | |
|------------|------------------|-------------|
| Identifier | Peturn Peference | Explanation |
| Identifier | Return Reference | Explanation |

Schedule J (Form 990) 2009

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

Complete if the organizations answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
NASHVILLE SYMPHONY ASSOCIATION

Employer identification number

62-0550979

| Pa | rt I Bond Issues | | | | | | | | | | | | | |
|----------|---|------------------------|-------------------|---------------------------------|-------------|-----|----------|----------------|--------------|-----|-------------------------------|----|-----|------|
| | (a) Issuer Name (b) Issuer EIN (c) CUSIP # | | | (d) Date Issued (e) Issue Price | | | e Price | (f) Des | (g) Defeased | | (h) On Behalf of Issuer | | | |
| | | | | | | | | | Yes | No | Yes | No | | |
| | INDUSTRIAL DEVELOPMENT BOARD OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AN 62-1486674 5920653KO | | | 01-08- | 2004 | 102 | ,000,000 | SEE SCHEDULE O | | | | х | | x |
| В | | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | | |
| E | | | | | | | | | | | | | | |
| Par | t II Proceeds | | | | | | | | | ı | | | | |
| | | | | A | | В | | С | | D | | | E | |
| 1 | Total proceeds of issue | | | | 104,242,331 | | | | | | | _ | | |
| 2 | Gross proceeds in reserve funds | | | | 0 | | | | | | | - | | |
| 3 | Proceeds in refunding or defeasance escrows Other unspent proceeds | | | | 16,503,629 | | | | | | | - | | |
| 4 | · · · | | | 0 | | | | | | | | - | | |
| 5 | Issuance costs from proceeds Working capital expenditures from proceeds | | | | 1,180,869 | | | | | | | | | |
| 6 7 | Capital expenditures from proceeds | | | | 0 | | | | | | | - | | |
| 8 | Year of substantial completion . | | | 20 | 83,526,003 | | | | | | | | | |
| | rear or substantial completion . | · · | | Yes | No | Yes | No | Yes | No | Yes | No | Ye | ا ء | No |
| 9 | Were the bonds issued as part of a c | urrent refunding issue | 2? | X | 110 | 163 | 110 | 163 | 110 | 163 | 140 | + | | -110 |
| 10 | Were the bonds issued as part of an | | | | Х | | | | | | | | | |
| l 1 | Has the final allocation of proceeds been made? | | | | | | | | | | | | | |
| 12 | Does the organization maintain adeq final allocation of proceeds? . | uate books and recor | ds to support the | Х | | | | | | | | | | |
| Par | t III Private Business Use | | | | | | | | | | | - | | |
| | | | | <i>F</i> | | E | | , C | | | | | E | |
| 1 | Was the organization a partner in a partner | | ber of an LLC, | Yes | No X | Yes | No | Yes | No | Yes | No | Ye | 5 | No |
| 2 | Are there any lease arrangements w may result in private business use? | | х | | | | | | | 1 | | | | |

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

Cat. No. 50193E

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

| | | Α | | В | | С | | D | | | E |
|---|--|-----|-----|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 3а | Are there any management or service contracts with respect to the financed property which may result in private business use? | | х | | | | | | | | |
| 3b | Are there any research agreements with respect to the financed property which may result in private business use? | | х | | | | | | | | |
| 3c | Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? | Х | | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | | 0 % | | | | • | | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | 0 % | | | | | | | | |
| 6 | Total of lines 4 and 5 | | 0 % | | | | | | | | |
| 7 | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | Х | | | | | | | | | |
| Pai | t IV Arbitrage | | | | • | • | • | | • | | |
| | | Α | | В | | С | | D | | E | |
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | | × | | | | | | | | |
| 2 | Is the bond issue a variable rate issue? | Χ | | | | | | | | | |
| 3a | Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? | | × | | | | | | | | |
| b | Name of provider | | | | | | | | | | |
| С | Term of hedge | | 0.0 | | | | | | | | |
| 4a | Were gross proceeds invested in a GIC? | | | | | | | | | | |
| b | Name of provider | | • | | | | | | | | , |
| С | Term of GIC | | 0.0 | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | | | |
| 5 | Were any gross proceeds invested beyond an available temporary period? | | Х | | | | | | | | |
| 6 | Did the bond issue qualify for an exception to rebate? | Х | | | | | | | | | |
| | | | 1 | | | 1 | 1 | | 1 | | |

Schedule K (Form 990) 2009

Schedule L (Form 990 or 990-EZ)

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization 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.

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

| Name of the organization NASHVILLE SYMPHONY ASSOCIATION | | | E | Employer identification number | | | | | | | | |
|---|------------------------|--|---------|--------------------------------|---|------------------------------------|-----------------|----------------|-----------------------------|---------|-----------------|--------------|
| | | 62-0550979 | | | | | | | | | | |
| Part I Excess Benefit Transaction | | | | | | | | | ne 40h | | | |
| <u> </u> | 1111 330, | 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. | | | | | | | | rected? | | |
| 1 (a) Name of disqualified | | (b) Description of transaction | | | | | | | Yes | No | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Enter the amount of tax imposed on the | organiz | ation ma | anagers | or disqualified pe | rsons duri | ng the year | under | sectio | n | | | |
| 4958 | | | | | | | > \$ | | | | | |
| 3 Enter the amount of tax, if any, on line | | | | the organization | | | • | > \$ | | | | |
| Part II Loans to and/or From Int Complete if the organization ans | | | | 0, Part IV, line 2 | 6, or Form | 990-EZ, Pa | rt V, li | ne 38a | ì. | | | |
| | (b) Loa | n to or | | | | | (e) In default? | | (f) Approved board or | | . (~)\\ | /ritten |
| (a) Name of interested person and purpose | from the organization? | | | ginal principal amount | (d) Bal | ance due | | | | | agree | ment? |
| | To From | | | amount | | | Yes No | | comm | ittee? | Yes | No |
| | 10 | 110111 | | | | | 103 | | 1.03 | | 1.03 | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Part III Grants or Assistance Bene | | | ested E | | | | | | | | | |
| Complete if the organization | | | | | V, line 2 | 7 | | | | | | |
| (a) Name of interested person | (b) | Relation | | ween interested organization | person and | (c) Ar | mount | of gra | nt or ty | pe of | assistar | nce |
| | | | tile | organization | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Part IV Business Transactions Inv Complete if the organization | | | | | V. line 28 | 8a. 28b. or | 28c. | | | | | |
| complete it the organization | | Relatio | | | | | | | | | (e) Sha | |
| (a) Name of interested person | | rson and | | (c) Amount of transaction | | (d) Description of transac | | nsactio | | | ation's ues? | |
| organ | | | tion | | | | | | | | Yes | No |
| TENNESSEAN | | HEDULE | | 1 | | NEWSPAPE | | | | | | No |
| REGIONS BANK | SEE SC | HEDULE | J | ¹ | ,220,039 | INTEREST F BANK | -AID I | O KEG | TONS | | | No |
| SUNTRUST | SEE SC | HEDULE | 0 | 1,027,168 | | MANAGEMENT AND LINE OF CREDIT FEES | | | | | | No |
| PINNACLE FINANCIAL PARTNERS | SEE SC | HEDULE | 0 | | MANAGEMENT, LINE OF CREDIT, AND TRUSTEE FEES | | | | Т, | | No | |
| | | | | | | | | | | | | |
| For Drivery Act and Danemyork Deduction Act No | ties est | Aba Taka | | | Cat Na EC | 0564 | | | | | | => ==== |

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. F Attach to Form 990. OMB No. 1545-0047

2009
Open to Public Inspection

Service

Name of the organization
NASHVILLE SYMPHONY ASSOCIATION

Employer identification number

62-0550979

| Identifier | Return Reference | Explanation |
|-----------------------------|-----------------------------------|---|
| Organization's mission | Form 990, Part III, Line 1 | MISSION STATEMENT THE NASHVILLE SYMPHONY IS DEDICATED TO ACHIEVING THE HIGHEST STANDARD FOR EXCELLENCE IN MUSICAL PERFORMANCE AND EDUCATIONAL PROGRAMS, WHILE ENGAGING THE COMMUNITY, ENRICHING AUDIENCES AND SHAPING CULTURAL LIFE. |
| | | ARTISTIC VISION STATEMENT ACHIEVE RECOGNIZED ARTISTIC EXCELLENCE IN THE PERFORMANCE AND PRESENTATION OF THE HIGHEST QUALITY MUSIC, WITH A FOCUS ON THE CREATION, PROMOTION AND PRESERVATION OF A DISTINCTLY AMERICAN REPERTOIRE. |
| | | EDUCATION VISION STATEMENT ENGAGE AND ENRICH PEOPLE OF ALL AGES BY EXPLORING, EXPERIENCING AND CREATING MUSIC. |
| Program service description | Form 990, Part III, Line 4a | ON MAY 1-2, 2010 NASHVILLE, TENNESSEE EXPERIENCED THE WORST FLOODING EVER RECORDED IN THE CITY'S HISTORY. OVER THIS TWO DAY PERIOD, A TORRENTIAL RAINFALL CAUSED THE CUMBERLAND RIVER, WHICH RUNS THROUGH DOWNTOWN NASHVILLE, TO CREST AT A HEIGHT OF 51.9", OR 11.9' ABOVE FLOOD STAGE. THIS HIGH LEVEL OF WATER CAUSED CATASTROPHIC FLOODING OF BUILDINGS THROUGHOUT DOWNTOWN NASHVILLE, INCLUDING THE SCHERMERHORN SYMPHONY CENTER (SSC), HOME TO THE NASHVILLE SYMPHONY. AT THE HEIGHT OF THE FLOODING, 24 FEET OF WATER ACCUMULATED IN THE BUILDING, COMPLETELY SUBMERGING THE LOWER LEVEL AND CAME WITHIN EIGHT INCHES OF THE CEILING. THE RESULTS OF THE FLOOD HAVE CAUSED EXTENSIVE DAMAGE TO THE MECHANICAL, ELECTRICAL, AND LOW VOLTAGE SYSTEMS AND THE COMMERCIAL KITCHEN WITHIN THE SSC, AS WELL AS DESTRUCTION OF FURNISHINGS, FIXTURES AND EQUIPMENT, CONCERT GRAND PIANOS, AND A MAJOR PORTION OF THE MARTIN FOUNDATION CONCERT ORGAN. PRIOR TO THE FLOOD, THIS AREA WAS DESIGNATED BY FEMA FLOOD MAPS TO BE IN A 500 TO 1,000 YEAR FLOOD ZONE, AND THEREFORE, NOT PARTICULARLY SUSCEPTIBLE TO FLOODING. |
| | | PERFORMANCES WITH THE SSC WERE DISCONTINUED AFTER THE FLOOD AND ARE EXPECTED TO BE RESUMED BY DECEMBER 31, 2010. EVERY PERFORMANCE WAS ABLE TO BE MOVED TO ALTERNATE LOCATIONS WITH THE EXCEPTION OF TWO, WHICH WERE CANCELLED IN THEIR ENTIRETY. EMPLOYEES WERE MOVED TO TEMPORARY OFFICE SPACE WITHIN TWO WEEKS AFTER THE FLOOD. IN ADDITION TO COMPLETING REPAIRS, THE SYMPHONY IS WORKING WITH OUTSIDE CONTRACTORS TO IMPLEMENT SEVERAL HAZARD MITIGATION PROJECTS, WHICH WILL MINIMIZE THE RISK OF LOSS FROM FUTURE FLOODING. THE SYMPHONY IS UTILIZING THE SERVICES OF A CONSULTANT TO PREPARE INSURANCE AND FEMA CLAIMS AND TO HELP THE SYMPHONY TO WORK THROUGH THE PROCESS TO RECOVER FROM BOTH INSURANCE AND FEMA. |
| | | GROSS LOSSES RECORDED AS OF JULY 31, 2010 APPROXIMATED \$36,700,000. THESE LOSSES INCLUDE REMEDIATION COSTS BUILDBACK EXPENSES, AND VARIOUS CONTENTS LOST. REMEDIATION EXPENSES INCLUDE COSTS TO DRY OUT THE BUILDING, DECONTAMINATE, AND CLEAN-UP DEBRIS. BUILDBACK EXPENSES ARE THOSE COSTS EXPECTED TO GET THE SYMPHONY BACK TO PRE-LOSS CONDITION. THESE LOSSES WERE OFFSET BY INSURANCE PROCEEDS RELATED TO ESTIMATED BUSINESS INTERRUPTION LOSSES OF APPROXIMATELY \$3 MILLION. THE REMAINING CONSTRUCTION COSTS, CONTRACTED EXPENSES, AND VARIOUS CONTENTS TO BE REPLACED IN THE AMOUNT OF \$26,365,000 ARE ACCRUED. |
| | | THE INSURANCE PROCEED RECEIVABLES OF \$10,894,000 WAS COLLECTED SUBSEQUENT TO JULY 31, 2010. A LOSS OF \$15,580,765, NET OF INSURANCE PROCEEDS HAS BEEN RECORDED AT JULY 31, 2010. MANAGEMENT ESTIMATES ADDITIONAL PROCEEDS FROM FEMA OF APPROXIMATELY \$11,500,000 WILL BE RECEIVED IN THE SUBSEQUENT PERIOD BASED ON REMEDIATION COSTS, ACTUAL LOSSES, AND CONSTRUCTION ESTIMATES. THE PROCEEDS WILL BE RECOGNIZED AS INCOME IN THE PERIOD WHEN RECEIVED. |
| Program service description | Form 990, Part III, Line 4b | THE NASHVILLE SYMPHONY PERFORMED MORE THAN 140 CONCERTS DURING FISCAL YEAR 2010, REACHING MORE THAN 132,000 TICKET BUYERS THROUGH ITS VARIOUS PRESENTATIONS AT SCHERMERHORN SYMPHONY CENTER. THE ORCHESTRA'S COMMITMENT TO THE HIGHEST ARTISTIC QUALITY AND TO PERFORMING A BROAD RANGE OF MUSICAL OFFERINGS HAS HELPED TO ESTABLISH THE NASHVILLE SYMPHONY AS THE STATE OF TENNESSEE'S PREEMINENT CULTURAL INSTITUTION. THE ORCHESTRA IS FIRMLY GROUNDED IN THE CLASSICAL REPERTOIRE, AND EVERY YEAR IT PERFORMS SOME OF THE BEST-LOVED WORKS IN THE HISTORY OF WESTERN MUSIC IN ITS SUNTRUST CLASSICAL SERIES, WHICH CONSISTS OF 14 THREE-NIGHT PRESENTATIONS. PROGRAMMING HIGHLIGHTS FROM FY 2010 INCLUDED AN ALL-BEETHOVEN SEASON-OPENING CONCERT FEATURING SUPERSTAR PIANIST LANG LANG; PERFORMANCES OF MUSSORGSKY'S "PICTURES AT AN EXHIBITION," RICHARD STRAUSS'S "ALSO SPRACH ZARATHUSTRA" AND BACH'S MASS IN B MINOR; AND A PRODUCTION OF BARTÓK'S OPERA "BLUEBEARD'S CASTLE" FEATURING LARGE-SCALE SCULPTURES BY GLASS ARTIST DALE CHIHULY. |
| | | AT THE SAME TIME, THE NASHVILLE SYMPHONY IS DEEPLY COMMITTED TO AMERICAN MUSIC AND TO KEEPING CLASSICAL MUSIC VITAL FOR THE 21ST CENTURY, AND IT IS DEEPLY INVOLVED IN PERFORMING AND COMMISSIONING NEW WORKS BY SOME OF TODAY'S MOST IMPORTANT AMERICAN COMPOSERS, INCLUDING PHILIP GLASS, JOAN TOWER AND MICHAEL DAUGHERTY. (THE ORCHESTRA'S RECORDING OF TOWER'S "MADE IN AMERICA" EARNED THREE GRAMMY® AWARDS IN 2008, AND ITS RECORDING OF DAUGHERTY'S METROPOLIS SYMPHONY HAS BEEN NOMINATED FOR FIVE GRAMMY® AWARDS IN 2010.) MOST OF THE ORCHESTRA'S SUBSCRIPTION CLASSICAL CONCERTS ALSO FEATURE WORLD-CLASS GUEST PERFORMERS. RECENT SEASONS HAVE INCLUDED VISITS FROM CELLIST YO-YO MA, PIANIST JEAN-YVES THIBAUDET AND THE GROUNDBREAKING POLISH COMPOSER/CONDUCTOR KRZYSZTOF PENDERECKI. IN ADDITION, THE ORCHESTRA REGULARLY FEATURES THE NEWEST GENERATION OF CLASSICAL SOLOISTS, INCLUDING CELLIST ALISA WEILERSTEIN AND VIOLINISTS STEFAN JACKIW AND TIANWA YANG. |
| | | ALONG WITH ITS CLASSICAL OFFERINGS, THE NASHVILLE SYMPHONY PERFORMS EIGHT THREE- NIGHT PRESENTATIONS IN ITS BANK OF AMERICA POPS SERIES. THIS SUBSCRIPTION SERIES FEATURES A VARIETY OF POPULAR STYLES, AS REPRESENTED BY SUCH PERFORMERS AS SINGER GLEN CAMPBELL, SINGER-SONGWRITER JIMMY WEBB, PRESERVATION HALL JAZZ BAND, |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | | CELTIC PERFORMERS JOHN MCDERMOTT AND CHERISH THE LADIES, AND FAMILY BLUEGRASS BAND CHERRYHOLMES. A FOUR-CONCERT FAMILY SERIES, THE ANN & MONROE CARELL FAMILY TRUST PIED PIPER SERIES IS GEARED TOWARD YOUNG LISTENERS AND THEIR PARENTS. THE NASHVILLE SYMPHONY HAS ALSO EMERGED IN RECENT YEARS AS A CONCERT PRESENTER, BRINGING A DIVERSE ARRAY OF ARTISTS TO PERFORM AT SCHERMERHORN SYMPHONY CENTER IN CONCERTS WITHOUT THE ORCHESTRA. NOTABLE JAZZ EVENTS HAVE FEATURED PIANIST MCCOY TYNER, SAXOPHONIST BRANFORD MARSALIS, AND KEYBOARDIST CHICK COREA AND GUITARIST JOHN MCLAUGHLIN. AND BECAUSE OF THE NASHVILLE SYMPHONY'S COMMITMENT TO PRESENTING WORLD MUSIC, LOCAL AUDIENCES HAVE HAD THE OPPORTUNITY TO EXPERIENCE LIVE PERFORMANCES BY IRISH MUSIC LEGENDS THE CHIEFTAINS, SOUTH AFRICA'S LADYSMITH BLACK MAMBAZO, AN EVENING OF EMERGING JAPANESE ARTISTS PERFORMING ON TRADITIONAL INSTRUMENTS, AND MUCH MORE. FOR MANY YEARS, THE NASHVILLE SYMPHONY HAS ALSO PARTNERED WITH OTHER LOCAL ARTS ORGANIZATIONS, PROVIDING LIVE ORCHESTRAL ACCOMPANIMENT FOR PERFORMANCES BY NASHVILLE BALLET AND NASHVILLE OPERA. ITS REACH IN THE MIDDLE TENNESSEE COMMUNITY IS BOTH BROAD AND DEEP, TOUCHING MORE THAN 380,000 PEOPLE IN FISCAL YEAR 2010, AND |
| | | THROUGH ALL OF ITS VARIOUS ACTIVITIES, IT HAS GREATLY ENRICHED CULTURAL LIFE FOR AUDIENCES OF ALL AGES AND BACKGROUNDS. |
| Program service description | Form 990, Part III, Line 4c | THE NASHVILLE SYMPHONY IS DEEPLY COMMITTED TO SERVING THE COMMUNITY, AND IN FISCAL YEAR 2010, THE ORCHESTRA REACHED MORE THAN 165,000 PEOPLE THROUGH ITS FREE EDUCATION AND COMMUNITY ENGAGEMENT PROGRAMS. THE NASHVILLE SYMPHONY'S CONCERTS FOR AREA SCHOOL CHILDREN ARE AT THE HEART OF THESE EFFORTS. THESE INCLUDE THE GAYLORD ENTERTAINMENT FOUNDATION YOUNG PEOPLE'S CONCERTS, WHICH BROUGHT 15,600 STUDENTS FROM 210 PUBLIC, PRIVATE AND HOME SCHOOLS TO THE SCHERMERHORN, OUR ENSEMBLES IN THE SCHOOLS PROGRAM TOOK MEMBERS OF THE NASHVILLE SYMPHONY TO 15 DIFFERENT PUBLIC AND PRIVATE SCHOOLS, WHERE THEY PERFORMED A TOTAL OF 23 CONCERTS SERVING 2,300 STUDENTS, ALL WITHOUT COST TO STUDENTS OR THE SCHOOLS. FISCAL YEAR 2010 ALSO REPRESENTED THE SECOND YEAR FOR ONE NOTE, ONE NEIGHBORHOOD, THE NASHVILLE SYMPHONY'S INNOVATIVE PARTNERSHIP WITH THE W.O. SMITH/NASHVILLE COMMUNITY MUSIC SCHOOL AND METRO NASHVILLE PUBLIC SCHOOLS. WITH THE SUPPORT OF NISSAN NORTH AMERICA AND THE MARTIN FOUNDATION, THE SYMPHONY AND THESE ORGANIZATIONS WORKED TOGETHER TO PROVIDE A COMPREHENSIVE PACKAGE OF MUSIC EDUCATION PROGRAMS FOR STUDENTS AND TEACHERS IN EAST NASHVILLE'S STRATFORD CLUSTER, SERVING A TOTAL OF 10,720 STUDENTS AND INSTRUCTORS AT EIGHT SCHOOLS. IN FISCAL YEAR 2010, THE SYMPHONY EARNED A \$40,000 GRANT FROM THE NATIONAL ENDOWMENT FOR THE ARTS IN THE CATEGORY OF "LEARNING IN THE ARTS FOR CHILDREN AND YOUTH" TO EXPAND ONE NOTE, ONE NEIGHBORHOOD TO ADDITIONAL SCHOOLS IN NASHVILLE'S PEARL-COHN CLUSTER. |
| | | ALONG WITH PERFORMING FOR STUDENTS, THE NASHVILLE SYMPHONY COMMITS ITS TIME AND RESOURCES TO PERFORMING FREE CONCERTS FOR PEOPLE FROM ACROSS THE COMMUNITY. EVERY SUMMER, THE REGIONS COMMUNITY CONCERTS SERIES BRINGS THE ORCHESTRA TO PUBLIC PARKS ACROSS THE CITY AND THE MID-STATE REGION, CULMINATING IN A FOURTH OF JULY CELEBRATION IN DOWNTOWN NASHVILLE THAT ANNUALLY ATTRACTS TENS OF THOUSANDS OF PEOPLE. IN ADDITION, EVERY JANUARY, THE SYMPHONY PRESENTS "LET FREEDOM SINGI," A FREE MUSICAL CELEBRATION OF THE LIFE AND LEGACY OF MARTIN LUTHER KING JR., AT SCHERMERHORN SYMPHONY CENTER. EACH YEAR, SCHERMERHORN SYMPHONY CENTER ALSO HOSTS THE REGIONS FREE DAY OF MUSIC, WHICH FEATURES MORE THAN TWO DOZEN PERFORMANCES DURING A SINGLE DAY. THE GOAL OF THIS POPULAR EVENT, WHICH IS FREE OF CHARGE ALL DAY LONG AND TYPICALLY REACHES MORE THAN 5,000 PEOPLE, IS TO MAKE THE SCHERMERHORN ACCESSIBLE TO THE ENTIRE COMMUNITY AND TO PROVIDE A WELL-ATTENDED FORUM FOR THE PARTICIPATING MUSICAL ENSEMBLES, WHICH REPRESENT A WIDE ARRAY OF GENRES. DUE TO THE FLOOD IN MAY 2010, THE FREE DAY OF MUSIC WAS POSTPONED UNTIL REPAIRS ON SCHERMERHORN SYMPHONY CENTER COULD BE COMPLETED. |
| | | OTHER COMMUNITY ENGAGEMENT EFFORTS INCLUDE ONSTAGE AT THE SCHERMERHORN, WHICH GIVES ADULT PARTICIPANTS AN OPPORTUNITY TO INTERACT WITH NASHVILLE SYMPHONY MUSICIANS IN AN INFORMAL SETTING ON THE SYMPHONY CENTER STAGE, AND OFFSTAGE, WHICH TAKES SYMPHONY MUSICIANS INTO WORKPLACES, COMMUNITY CENTERS, RESIDENCES FOR THE ELDERLY AND HEALTH-CARE FACILITIES FOR INTERACTIVE PRESENTATIONS. |
| Review of form 990 by governing body | Form 990, Part VI, Section B, Line 11A | ON JANUARY 18, 2011, THE AUDIT COMMITTEE REVIEWED A DRAFT OF THE FORM 990 (INCLUDING SUPPLEMENTAL SCHEDULES). THIS REVIEW INCLUDED A BOARD PRESENTATION BY THE ORGANIZATION'S TAX PREPARER TO HIGHLIGHT THE SIGNIFICANT AREAS ON THE REDESIGNED FORM 990 AND SUPPLEMENTAL SCHEDULES. THE FORM 990 (INCLUDING SUPPLEMENTAL SCHEDULES) AS ULTIMATELY FILED WITH THE IRS WAS PROVIDED TO THE GOVERNING BODY ON JANUARY 25, 2011. |
| Conflict of interest policy | Form 990, Part VI, Section B, Line 12c | THE NASHVILLE SYMPHONY'S CONFLICT OF INTEREST POLICY COVERS ALL EMPLOYEES, OFFICERS, DIRECTORS, TRUSTEES, OR ANY OTHERS IN A FIDUCIARY RELATIONSHIP WITH THE NASHVILLE SYMPHONY AND IS ADMINISTERED BY THE EXECUTIVE COMMITTEE. AT LEAST ONCE PER YEAR, THE EXECUTIVE COMMITTEE WILL ADVISE THE BOARD OF ANY SIGNIFICANT EVENTS WHICH RELATE TO THE POLICY. |
| | | CONFLICTS WHICH ARE NOT DISCLOSED TO A COMMITTEE OR TO THE BOARD OF DIRECTORS IN APPROVING SYMPHONY ACTION ARE TO BE REPORTED TO THE PRESIDENT AND CEO OF THE SYMPHONY OR TO A MEMBER OF THE EXECUTIVE COMMITTEE SO THAT AN INDEPENDENT DETERMINATION CAN BE MADE OF THE SITUATION. ANY SYMPHONY FIDUCIARY OR SYMPHONY EMPLOYEE WHO FEELS THAT HE OR SHE MAY HAVE A CONFLICT OF INTEREST OR BE AWARE OF A CONFLICT SITUATION, ACTUAL, POTENTIAL OR PERCEIVED, MAY REPORT PERTINENT DETAILS TO THE PRESIDENT AND CEO OF THE SYMPHONY OR A MEMBER OF THE EXECUTIVE COMMITTEE. THE PRESIDENT AND CEO WILL BE RESPONSIBLE FOR REFERRING THE MATTER TO THE EXECUTIVE COMMITTEE OF THE SYMPHONY. THE EXECUTIVE COMMITTEE WILL REVIEW THE INFORMATION, AND INVESTIGATE IT FURTHER IF NECESSARY. IF SUCH A CONFLICT IS DETERMINED TO EXIST, THE INDIVIDUAL WITH THE CONFLICT WILL BE PROHIBITED FROM PARTICIPATING IN THE DELIBERATIONS AND DECISIONS REGARDING THE TRANSACTION IN QUESTION. |
| Process used to establish compensation of top management official | Form 990, Part VI, Section B, Line 15a | ANNUALLY, THE ORGANIZATION UTILIZES SURVEYS AND RESEARCH OF LOCAL, REGIONAL, AND NATIONAL ORGANIZATIONS OF SIMILAR SIZE AND MAKEUP TO ACCUMULATE FAIR AND REASONABLE COMPENSATION DATA FOR THE PRESIDENT/CEO, OFFICERS, AND OTHER KEY EMPLOYEES. THE COMPENSATION COMMITTEE REVIEWS THIS COMPENSATION DATA, AND CONSIDERS ORGANIZATIONAL SUCCESS IN RELATION TO THE BUDGET, THE STRATEGIC PLAN, AND ANY AGREED-UPON CONTRACT TERMS FOR THE PRESIDENT/CEO. DELIBERATIONS AND DECISIONS REGARDING COMPENSATION FOR THE PRESIDENT/CEO, OFFICERS AND KEY EMPLOYEES ARE RECORDED IN THE MINUTES OF THE MEETING IN WHICH SUCH DISCUSSIONS TAKE PLACE. THIS PROCESS WAS LAST UNDERTAKEN IN 2010. THIS PROCESS INCLUDED ALL OFFICERS AND THE KEY EMPLOYEES FOR THE ORGANIZATION AS RECOMMENDED FROM THE |

| Identifier | Return Reference | Explanation |
|--|---|--|
| | | PRIOR YEAR. |
| Process used to establish compensation of other officers/key employees | Form 990, Part VI, Section B, Line 15b | ALL OFFICERS AND KEY EMPLOYEES INCLUDED IN THE COMPENSATION REVIEW WERE AS FOLLOWS; MUSIC CONDUCTOR, GENERAL MANAGER, VP OF EXTERNAL AFFAIRS, CFO, VP OF EDUCATION, VP OF HUMAN RESOURCES, VP OF ARTISTIC ADMINISTRATION. THIS PROCESS WAS LAST UNDERTAKEN IN 2010. |
| Public Disclosure | Form 990, Part VI, Section C, Line 19 | FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104. THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME. |
| PROFESSIONAL FUNDRAISING ACTIVITIES | SCHEDULE G, PART I, LINE 2B | THE ORGANIZATION CONTRACTED COMMUNITY COUNSELING SERVICE (CCS) TO PROVIDE PROFESSIONAL FUNDRAISING SERVICES IN PLANNING, ORGANIZING, AND INITIALIZING A MAJOR FUNDRAISING CAMPAIGN. THE SERVICE AGREEMENT PROVIDED FOR TWO ASSIGNED PERSONNEL, ONE OF WHOM WAS ONSITE TO PROVIDE RESIDENT FUNDRAISING SERVICES. THE AGREEMENT ALSO COVERED THE NASHVILLE SYMPHONY'S RESPONSIBILITY TO MAKE AN OPERATIONAL BUDGET AVAILABLE TO COVER OPERATIONAL EXPENSES, IN ADDITION TO PROFESSIONAL FEES, INCURRED BY BOTH THE NASHVILLE SYMPHONY AND CCS FOR PURPOSES OF THE CAMPAIGN. SUCH OPERATIONAL EXPENSES INCLUDE COLLATERAL MATERIALS, POSTAGE, SHIPPING/DELIVERY, PRINTING/COPYING, RELATED TRAVEL, TELEPHONE/CALL PHONE, AND PRODUCTION OF RESEARCH REPORTS. PERSONAL LIVING AND PERSONAL TRAVEL EXPENSES OF CCS PERSONNEL ARE EXCLUDED. THE AGREEMENT ALSO PROVIDED THAT ALL EXPENSES OF \$200 OR GREATER MUST BE APPROVED BY THE NASHVILLE SYMPHONY BEFORE THEY ARE INCURRED. |
| | | SUBMIT ANY EXPENSES TO THE NASHVILLE SYMHONY FOR REIMBURSEMENT. |
| DESCRIPTION OF PURPOSE OF BONDS | SCHEDULE K, PART I, LINE A, COLUMN (F) | THE PURPOSE OF THE BONDS IS FOR: I) FINANCING THE ACQUISITION, CONSTRUCTION AND EQUIPPING OF A SYMPHONY HALL IN NASHVILLE, DAVIDSON COUNTY, TENNESSEE, II) REFUNDING THE ISSUER'S \$16,500,000 VARIABLE RATE REVENUE BONDS, SERIES A, III) ACQUIRING PROPERTY TO BE USED AS A SURFACE PARKING LOT TO SERVICE THE PROJECT; IV) PAYING CAPITALIZED INTEREST ON THE BONDS, AND V) PAYING A PORTION OF THE COSTS OF ISSUANCE FOR THE BONDS. |
| RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION | SCHEDULE L, PART IV, COLUMN (B) | TENNESSEAN MARK SILVERMAN, DIRECTOR OF NASHVILLE SYMPHONY ASSOCIATION, WAS SERVING AS VICE PRESIDENT OF THE TENNESSEAN AT THE TIME OF THE TRANSACTION. REGIONS BANK JOHN T. ROCHFORD AND C. KEITH HERRON, DIRECTORS OF NASHVILLE SYMPHONY ASSOCIATION, WERE SERVING AS ADVISORY BOARD MEMBER AND REGIONAL PRESIDENT, RESPECTIVELY, AT THE TIME OF THE TRANSACTION. |
| | | SUNTRUST ROBERT MCNEILLY, DIRECTOR OF NASHVILLE SYMPHONY ASSOCIATION, WAS SERVING AS THE CHAIRMAN/CEO/PRESIDENT OF SUNTRUST, TENNESSEE, AT THE TIME OF THE TRANSACTION. |
| | | PINNACLE FINANCIAL PARTNERS ROBERT MCCABE, DIRECTOR OF NASHVILLE SYMPHONY ASSOCIATION, WAS SERVING AS THE CHAIRMAN OF PINNACLE FINANCIAL PARTNERS AT THE TIME OF THE TRANSACTION. |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51056K

Schedule O (Form 990) 2009