

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2016 calendar year, or tax year beginning 08/01, 2016, and ending 07/31, 20 17

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization NASHVILLE SYMPHONY ASSOCIATION  
 Doing business as THE NASHVILLE SYMPHONY  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1 SYMPHONY PLACE  
 City or town, state or province, country, and ZIP or foreign postal code  
NASHVILLE, TN 37201

**D** Employer identification number  
62-0550979

**E** Telephone number  
(615) 687-6515

**G** Gross receipts \$ 49,068,840

**F** Name and address of principal officer: ALAN VALENTINE  
1 SYMPHONY PLACE, NASHVILLE, TN 37201

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ NASHVILLESYMPHONY.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1946

**M** State of legal domicile: TN

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>THE NASHVILLE SYMPHONY INSPIRES, ENTERTAINS, AND EDUCATES THROUGH EXCELLENCE IN MUSICAL PERFORMANCE.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>49</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>41</u>
	<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<u>534</u>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<u>350</u>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>(161,737)</u>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<u>(161,737)</u>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>5,813,618</u>	<u>7,798,807</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>11,575,620</u>	<u>10,916,613</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>526,965</u>	<u>1,173,680</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>1,722,876</u>	<u>1,952,787</u>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>19,639,079</u>	<u>21,841,887</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<u>34,000</u>	<u>34,000</u>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>0</u>	<u>0</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>13,061,562</u>	<u>13,655,245</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,398,672</u>	<u>153,373</u>	<u>184,454</u>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>14,436,822</u>	<u>11,424,750</u>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>27,685,757</u>	<u>25,298,449</u>
Net Assets or Fund Balances	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>(8,046,678)</u>	<u>(3,456,562)</u>
	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>109,322,963</u>	<u>105,480,944</u>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>27,941,837</u>	<u>27,654,801</u>	
		<u>81,381,126</u>	<u>77,826,143</u>	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: MARYE LEWIS, CFO Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: JACKIE COBURN Preparer's signature: Jacqueline A. Coburn Date: 3/28/2018 Check  if self-employed PTIN: P00244301

Firm's name ▶ CROWE HORWATH LLP Firm's EIN ▶ 35-0921680

Firm's address ▶ 720 COOL SPRINGS BLVD., SUITE 600, FRANKLIN, TN 37067-7260 Phone no. (615) 360-5500

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

# Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2017)

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number, see instructions	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>NASHVILLE SYMPHONY ASSOCIATION</b>	Employer identification number (EIN) or <b>62-0550979</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1 SYMPHONY PLACE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NASHVILLE, TN 37201</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ MARYE LEWIS

Telephone No. ▶ (615) 687-6515 Fax No. ▶ \_\_\_\_\_

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

**1** I request an automatic 6-month extension of time until 06/15, 20 18, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20 \_\_\_\_ or

▶  tax year beginning 08/01, 20 16, and ending 07/31, 20 17.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

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

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:  
THE NASHVILLE SYMPHONY INSPIRES, ENTERTAINS, AND EDUCATES THROUGH EXCELLENCE IN MUSICAL PERFORMANCE.  
WE WILL FULFILL OUR MISSION BY:  
\*ACHIEVING RECOGNIZED EXCELLENCE IN ORCHESTRAL PERFORMANCE.  
(Continued on Schedule O)

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 19,670,574 including grants of \$ 0) (Revenue \$ 13,482,463)  
ARTISTIC PROGRAMMING :  
LED BY MUSIC DIRECTOR GIANCARLO GUERRERO, THE NASHVILLE SYMPHONY INSPIRES, ENTERTAINS AND EDUCATES THROUGH EXCELLENCE IN MUSICAL PERFORMANCE. CONCERT PROGRAMMING IS ONE OF THE KEY DRIVERS FOR FULFILLING THIS MISSION, BEGINNING WITH THE ORCHESTRA'S FLAGSHIP CLASSICAL SERIES, WHICH CONSISTS OF 14 CONCERT WEEKENDS EXPLORING THE FULL BREADTH OF CLASSICAL REPERTOIRE, FROM BAROQUE TO CONTEMPORARY. IN 2016/17, THE SERIES FEATURED THE MUSIC OF AMERICAN COMPOSERS ON EVERY CONCERT, INCLUDING LEONARD BERNSTEIN, SAMUEL BARBER, AARON COPLAND, PHILIP GLASS, TERRY RILEY, FORMER NASHVILLE SYMPHONY MUSIC DIRECTOR KENNETH SCHERMERHORN AND NASHVILLE RESIDENT EDGAR MEYER. GUEST ARTISTS INCLUDED PIANIST CONRAD TAO, VIOLINIST SIMONE PORTER, VIOLINIST ANNE AKIKO MEYERS, CELLIST ZUILL BAILEY, DOUBLE BASSIST EDGAR MEYER AND CONDUCTOR EDO DE WAART. NASHVILLE SYMPHONY MUSICIANS  
(Continued on Schedule O)

**4b** (Code: \_\_\_\_\_) (Expenses \$ 1,738,700 including grants of \$ 34,000) (Revenue \$ 0)  
EDUCATION & COMMUNITY ENGAGEMENT PROGRAM:  
THE NASHVILLE SYMPHONY PROVIDES A WIDE ARRAY OF FREE EDUCATION AND ENGAGEMENT OPPORTUNITIES AT THE SCHERMERHORN AND OUT IN THE COMMUNITY, REACHING AN AVERAGE OF 60,000 PEOPLE ANNUALLY. MANY EDUCATION PROGRAMS ALIGN WITH STATE ACADEMIC STANDARDS AND PROVIDE LESSON PLANS AND OTHER RESOURCES TO PARTICIPATING EDUCATORS.  
THE NASHVILLE SYMPHONY MARKED THE INAUGURAL YEAR OF ITS ACCELERANDO INITIATIVE IN 2016/17. FUNDED IN PART BY A GRANT FROM THE ANDREW W. MELLON FOUNDATION, ACCELERANDO IS AN INTENSIVE EDUCATION PROGRAM DESIGNED TO PREPARE GIFTED YOUNG STUDENTS OF DIVERSE ETHNIC BACKGROUNDS TO PURSUIT OF MUSIC AT THE COLLEGIATE LEVEL AND BEYOND. STUDENTS SELECTED FOR THE FIRST CLASS IN 2016/17 IDENTIFIED WITH  
(Continued on Schedule O)

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

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

**4e** Total program service expenses **▶** 21,409,274

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20 a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		✓
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	✓	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		✓
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	✓	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		✓
<b>b</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>		✓
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	✓	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	✓	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	✓	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	✓	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	✓	

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No		
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	139		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	✓		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	534		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	<b>2b</b>	✓		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	✓		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	✓		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>		✓	
<b>b</b>	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		✓	
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		✓	
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>		✓	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	✓		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	✓		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		✓	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		✓	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		✓	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		✓	
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>			

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 49 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 41		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		<input checked="" type="checkbox"/>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► TN
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
 MARYE LEWIS, 1 SYMPHONY PLACE, NASHVILLE, TN 37201, (615) 687-6515

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALAN D. VALENTINE PRESIDENT & CEO	40.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	352,740	0	14,894
(2) MARK PEACOCK BOARD CHAIR	1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(3) SHIRLEY ZEITLIN BOARD VICE-CHAIR	1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(4) JENNIFER H. PURYEAR BOARD SECRETARY	1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(5) DAVID K MORGAN BOARD TREASURER	1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(6) MR. KEVIN W. CRUMBO CHAIR-ELECT	1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(7) BETSY WILLS DIRECTOR	1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(8) CARL T. HALEY, JR DIRECTOR	1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(9) JOHN H BAILEY III DIRECTOR	1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(10) EDWARD A. GOODRICH DIRECTOR	1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(11) REV DEXTER S BREWER DIRECTOR	1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(12) RUSSELL W BATES DIRECTOR	1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(13) ROBERT J. DENNIS DIRECTOR	1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(14) PAMELA L. CARTER DIRECTOR	1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KATE MUNAGIAN DIRECTOR (SEE SCHEDULE O.)	40.0	<input checked="" type="checkbox"/>						57,108	0	9,869
(16) JANA DAVIS DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(17) EVELYN HILL DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(18) LOUISE MORRISON DIRECTOR (SEE SCHEDULE O.)	40.0	<input checked="" type="checkbox"/>						58,031	0	4,441
(19) LYNN PEITHMAN DIRECTOR (SEE SCHEDULE O.)	40.0	<input checked="" type="checkbox"/>						54,428	0	9,842
(20) PHILIP M CAVENDER DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(21) MICHAEL W. HAYES DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(22) W. BRANTLEY PHILLIPS, JR DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(23) DONNA B. YURDIN DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(24) MARK WAIT DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
<b>1b Sub-total</b>								522,307	0	39,046
<b>c Total from continuation sheets to Part VII, Section A</b>								1,566,475	0	88,193
<b>d Total (add lines 1b and 1c)</b>								2,088,782	0	127,239

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
WILLIAM MORRIS ENDEAVOR ENTERTAINMENT, LLC, 11 MADISON AVE, 18TH FLOOR, NEW YORK, NY 10010	GUEST ARTIST MANAGEMENT	353,000
CREATIVE ARTISTS AGENCY, 401 COMMERCE STREET, PENTHOUSE, NASHVILLE, TN 37219	GUEST ARTIST MANAGEMENT	342,500
OPUS 3 ARTISTS, 470 PARK AVENUE SOUTH, 9TH FL NORTH, NEW YORK, NY 10016	GUEST ARTIST MANAGEMENT	221,000
PROIMAGE FACILITY SERVICES, 15115 OLD HICKORY BLVD, STE B, NASHVILLE, TN 37211	JANITORIAL MANAGEMENT	203,422
UNIVERSAL PROTECTION SERVICE, 26375 NETWORK PLACE, CHICAGO, IL 60673	SECURITY	180,286

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **13**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	1,274,249			
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	265,405			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	6,259,153			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f . . . . .		7,798,807			
<b>Program Service Revenue</b>		<b>Business Code</b>				
	<b>2a</b> TICKET SALES	711190	10,435,010	10,435,010		
	<b>b</b> ORCHESTRA FEES	711190	481,603	481,603		
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue .		0	0	0	0
<b>g Total.</b> Add lines 2a-2f . . . . .		10,916,613				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		217,471			217,471
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties . . . . .					
		(i) Real	(ii) Personal			
	<b>6a</b> Gross rents . . . . .	1,659,927				
	<b>b</b> Less: rental expenses . . . . .	1,821,664				
	<b>c</b> Rental income or (loss) . . . . .	(161,737)	0			
	<b>d</b> Net rental income or (loss) . . . . .			(161,737)		(161,737)
		(i) Securities	(ii) Other			
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	25,631,583	30,000			
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	24,705,374	0			
	<b>c</b> Gain or (loss) . . . . .	926,209	30,000			
	<b>d</b> Net gain or (loss) . . . . .			956,209		956,209
	<b>8a</b> Gross income from fundraising events (not including \$ 1,274,249 of contributions reported on line 1c). See Part IV, line 18 . . . . .					
	<b>a</b>	117,884				
	<b>b</b> Less: direct expenses . . . . .	569,210				
	<b>c</b> Net income or (loss) from fundraising events .			(451,326)		(451,326)
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .						
<b>a</b>						
<b>b</b> Less: direct expenses . . . . .						
<b>c</b> Net income or (loss) from gaming activities . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .						
<b>a</b>	545,740					
<b>b</b> Less: cost of goods sold . . . . .	130,705					
<b>c</b> Net income or (loss) from sales of inventory .			415,035	415,035		
Miscellaneous Revenue		<b>Business Code</b>				
<b>11a</b> TICKET HANDLING CHARGES/FACILITY FEES	711190		2,055,842	2,055,842		
<b>b</b> COMMISSIONS ON ARTIST MERCH SALES & MISC VENUE	711190		78,560	78,560		
<b>c</b> MISCELLANEOUS INCOME	900099		16,413	16,413		
<b>d</b> All other revenue . . . . .			0	0	0	
<b>e Total.</b> Add lines 11a-11d . . . . .			2,150,815			
<b>12 Total revenue.</b> See instructions. . . . .			21,841,887	13,482,463	(161,737)	722,354

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	30,000	30,000		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	4,000	4,000		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,923,516	1,160,991	762,525	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	9,906,162	8,728,011	401,413	776,738
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	426,088	426,088		
<b>9</b> Other employee benefits . . . . .	545,601	453,924	51,156	40,521
<b>10</b> Payroll taxes . . . . .	853,878	734,463	58,479	60,936
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	120,000	120,000		
<b>b</b> Legal . . . . .	18,848		18,848	
<b>c</b> Accounting . . . . .	51,390		51,390	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	184,454			184,454
<b>f</b> Investment management fees . . . . .	96,244		96,244	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	4,380,705	4,193,407	27,260	160,038
<b>12</b> Advertising and promotion . . . . .	1,061,440	938,419		123,021
<b>13</b> Office expenses . . . . .	143,237	39,328	95,165	8,744
<b>14</b> Information technology . . . . .	240,889		240,889	
<b>15</b> Royalties . . . . .	178,628	178,628		
<b>16</b> Occupancy . . . . .	1,114,616	1,012,377	102,239	
<b>17</b> Travel . . . . .	84,321	49,042	27,946	7,333
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	35,113	8,297	24,671	2,145
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	2,044,327	2,044,327		
<b>23</b> Insurance . . . . .	302,784	152,424	150,360	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> OTHER PRODUCTION EXPENSES . . . . .	1,072,401	1,072,401		
<b>b</b> OTHER ADMIN EXP . . . . .	381,918		381,918	
<b>c</b> OTHER MARKETING EXP . . . . .	23,175	23,175		
<b>d</b> . . . . .				
<b>e</b> All other expenses . . . . .	74,714	39,972		34,742
<b>25</b> Total functional expenses. Add lines 1 through 24e . . . . .	25,298,449	21,409,274	2,490,503	1,398,672
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	6,174,215	<b>1</b>	8,078,176
	<b>2</b> Savings and temporary cash investments . . . . .	2,400,000	<b>2</b>	2,400,000
	<b>3</b> Pledges and grants receivable, net . . . . .	5,507,801	<b>3</b>	4,241,425
	<b>4</b> Accounts receivable, net . . . . .	4,131,812	<b>4</b>	1,135,381
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	107,909	<b>8</b>	114,233
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,199,805	<b>9</b>	974,179
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	145,613,079		
	<b>b</b> Less: accumulated depreciation . . . . .	67,998,149	<b>10c</b>	77,614,930
	<b>11</b> Investments—publicly traded securities . . . . .	10,416,963	<b>11</b>	10,922,620
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	109,322,963	<b>16</b>	105,480,944	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	619,367	<b>17</b>	805,868
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	6,040,278	<b>19</b>	6,216,741
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	21,282,192	<b>22</b>	20,632,192
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	0	<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	27,941,837	<b>26</b>	27,654,801
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	70,836,050	<b>27</b>	68,700,467
	<b>28</b> Temporarily restricted net assets . . . . .	7,906,605	<b>28</b>	6,435,510
	<b>29</b> Permanently restricted net assets . . . . .	2,638,471	<b>29</b>	2,690,166
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	81,381,126	<b>33</b>	77,826,143
<b>34</b> Total liabilities and net assets/fund balances . . . . .	109,322,963	<b>34</b>	105,480,944	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	21,841,887
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	25,298,449
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(3,456,562)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	81,381,126
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	(242,671)
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	144,250
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	77,826,143

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
<b>3a</b> 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?		<input checked="" type="checkbox"/>
<b>b</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.		

**Part VII**

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) HUNTER SHOLAR ----- DIRECTOR (SEE SCHEDULE O.)	40.0 -----	✓						57,925	0	9,942
(26) MARTHA R. INGRAM ----- DIRECTOR	1.0 -----	✓						0	0	0
(27) JEREMY TUCKER ----- DIRECTOR	1.0 -----	✓						0	0	0
(28) BRENDA P GRIFFIN ----- DIRECTOR	1.0 -----	✓						0	0	0
(29) NELSON SHIELDS ----- DIRECTOR	1.0 -----	✓						0	0	0
(30) DAVID GWIN ----- DIRECTOR	1.0 -----	✓						0	0	0
(31) JONATHAN G. WEAVER ----- DIRECTOR	1.0 -----	✓						0	0	0
(32) MICHAEL MUSICK ----- DIRECTOR	1.0 -----	✓						0	0	0
(33) RICHARD L. MILLER ----- DIRECTOR	1.0 -----	✓						0	0	0
(34) HARRELL ODOM ----- DIRECTOR	1.0 -----	✓						0	0	0
(35) JUDY M. FOSTER ----- DIRECTOR	1.0 -----	✓						0	0	0
(36) H. VICTOR BRAREN ----- DIRECTOR	1.0 -----	✓						0	0	0
(37) FRANK DANIELS III ----- DIRECTOR	1.0 -----	✓						0	0	0
(38) BECKY GARDENHIRE ----- DIRECTOR	1.0 -----	✓						0	0	0
(39) VICKI HORNE ----- DIRECTOR	1.0 -----	✓						0	0	0
(40) MARY FALLS ----- DIRECTOR	1.0 -----	✓						0	0	0
(41) JAMES W. WHITE ----- DIRECTOR	1.0 -----	✓						0	0	0
(42) BENJAMIN FOLDS ----- DIRECTOR	1.0 -----	✓						0	0	0
(43) CLARE YANG ----- DIRECTOR (SEE SCHEDULE O.)	40.0 -----	✓						59,227	0	10,008
(44) CHRISTOPHER HOLMES ----- DIRECTOR	1.0 -----	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(45) JAMES C. SEABURY III ----- DIRECTOR	1.0 -----	✓						0	0	0
(46) BETHANY WHELAN ----- DIRECTOR	1.0 -----	✓						0	0	0
(47) PATRICK MURPHY ----- DIRECTOR	1.0 -----	✓						0	0	0
(48) RIC POTENZ ----- DIRECTOR	1.0 -----	✓						0	0	0
(49) PATRICK WALLE ----- DIRECTOR (SEE SCHEDULE O)	40.0 -----	✓						67,096	0	5,059
(50) STEVEN BROSVIK ----- COO	40.0 -----			✓				189,458	0	15,363
(51) MARYE WALKER LEWIS ----- CFO	40.0 -----			✓				176,415	0	13,814
(52) GIANCARLO GUERERRO ----- MUSIC DIRECTOR	40.0 -----				✓			491,296	0	15,363
(53) JUN IWASAKI ----- CONCERTMASTER	40.0 -----				✓			177,814	0	11,612
(54) JONATHAN NORRIS ----- VP OF DEVELOPMENT	40.0 -----					✓		140,129	0	454
(55) DANIEL B. GROSSMAN ----- VP OF MARKETING	40.0 -----					✓		207,115	0	6,578

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

Department of the Treasury  
Internal Revenue Service

**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.

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

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization <b>NASHVILLE SYMPHONY ASSOCIATION</b>	Employer identification number <b>62-0550979</b>
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**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 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% 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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,931,717	8,725,537	10,603,311	5,813,618	7,798,807	37,872,990
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .	7,431,021	10,714,508	11,219,857	13,680,231	13,067,428	56,113,045
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	12,362,738	19,440,045	21,823,168	19,493,849	20,866,235	93,986,035
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .	0	558,983	604,348	570,000	596,707	2,330,038
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .	0	0	0	0	0	0
<b>c</b> Add lines 7a and 7b . . . . .	0	558,983	604,348	570,000	596,707	2,330,038
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						91,655,997

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 . . . . .	12,362,738	19,440,045	21,823,168	19,493,849	20,866,235	93,986,035
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	4,149,269	1,249,087	1,581,111	1,753,081	1,877,398	10,609,946
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	4,149,269	1,249,087	1,581,111	1,753,081	1,877,398	10,609,946
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	61,591	578,785	693,270	746,699	663,624	2,743,969
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	16,573,598	21,267,917	24,097,549	21,993,629	23,407,257	107,339,950
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	85.39 %
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 . . . . .	<b>16</b>	84.04 %

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

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	9.88 %
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	12.14 %
<b>19a 33 1/3% support tests—2016.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support tests—2015.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			



Part VI

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART III, LINE 12 - OTHER INCOME	Other Income Type	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	(1) OTHER INCOME	61,591	0	0	0	0	61,591
	(2) FUNDRAISING REVENUE	0	129,223	174,711	124,940	117,884	546,758
	(3) GROSS SALES OF INVENTORY (10A)	0	449,562	518,559	562,384	545,740	2,076,245
	(4) GAMING (RAFFLE)	0	0	0	59,375	0	59,375

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2016**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization

NASHVILLE SYMPHONY ASSOCIATION

Employer identification number

62-0550979

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> NASHVILLE SYMPHONY ASSOCIATION	<b>Employer identification number</b> 62-0550979
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**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 1,775,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> NASHVILLE SYMPHONY ASSOCIATION	<b>Employer identification number</b> 62-0550979
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**Part II** **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

<b>Name of organization</b> NASHVILLE SYMPHONY ASSOCIATION	<b>Employer identification number</b> 62-0550979
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**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: NASHVILLE SYMPHONY ASSOCIATION; Employer identification number: 62-0550979

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and a table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III with questions (1a, 1b, 2) regarding reporting requirements for art and historical treasures, including revenue and asset amounts.

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**

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

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	10,332,572	10,646,267	10,778,281	9,855,873	9,187,198
<b>b</b> Contributions	51,695	30,320	7,083	63,218	12,664
<b>c</b> Net investment earnings, gains, and losses	894,966	220,997	557,481	1,064,647	1,195,452
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	386,774	497,932	625,996	138,292	467,095
<b>f</b> Administrative expenses	96,244	67,080	70,582	67,165	72,346
<b>g</b> End of year balance	10,796,215	10,332,572	10,646,267	10,778,281	9,855,873

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

- a** Board designated or quasi-endowment **▶** 93.38 %
- b** Permanent endowment **▶** 6.62 %
- c** Temporarily restricted endowment **▶** 0.00 %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>		✓
<b>3a(ii)</b>	✓	
<b>3b</b>	✓	

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		4,824,167		4,824,167
<b>b</b> Buildings		130,178,787	62,413,875	67,764,912
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		9,415,270	5,584,274	3,830,996
<b>e</b> Other		1,194,855	0	1,194,855
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				77,614,930

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	0	

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



**Part XIII**

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a)</b> Description	<b>(b)</b> Amount
	RENTAL EXPENSE	1,821,664
	COST OF GOODS SOLD	130,705
	TAX COST ADJUSTMENT	19,176
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	<b>(a)</b> Description	<b>(b)</b> Amount
	GAIN ON SALE OF FIXED ASSETS	30,000
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a)</b> Description	<b>(b)</b> Amount
	RENTAL EXPENSE	1,821,664
	COST OF GOODS SOLD	130,705
	ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS	- 12,759
	FEMA REIMBURSEMENT	- 112,315
GAIN ON SALE OF ASSETS	- 30,000	

**Part XIII**

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE INVESTMENT FUNDS ARE USED FOR MISSION RELATED ACTIVITIES.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	<p>THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE; ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS.</p> <p>IN ACCORDANCE WITH APPLICABLE GUIDANCE, THE ASSOCIATION WILL RECOGNIZE A TAX BENEFIT ONLY IF IT IS MORE-LIKELY-THAN-NOT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED WILL BE THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT TEST, NO TAX BENEFIT WILL BE RECORDED. AS OF JULY 31, 2017 AND 2016, MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS. THE ASSOCIATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS. THE ASSOCIATION DID NOT RECOGNIZE OR ACCRUE ANY INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS AS OF JULY 31, 2017 AND 2016, AND FOR THE YEARS THEN ENDED.</p>



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SYMPHONY BALL (event type)	FASHION SHOW (event type)	3 (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	619,954	614,392	157,787	1,392,133
	<b>2</b> Less: Contributions . . . . .	572,129	571,683	130,437	1,274,249
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	47,825	42,709	27,350	117,884
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0	0	0
	<b>5</b> Noncash prizes . . . . .	0	0	0	0
	<b>6</b> Rent/facility costs . . . . .	71,343	100,575	12,111	184,029
	<b>7</b> Food and beverages . . . . .	69,532	82,615	32,956	185,103
	<b>8</b> Entertainment . . . . .	48,352	9,310	43,554	101,216
	<b>9</b> Other direct expenses . . . . .	53,622	36,737	8,503	98,862
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				569,210
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				(451,326)	

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

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

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

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

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

\_\_\_\_\_

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

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

\_\_\_\_\_



Return Reference	Identifier	Explanation					
SCHEDULE G, PART I, LINE 2B	DESCRIBE THE CUSTODY OR CONTROL ARRANGEMENT	<table border="1"> <thead> <tr> <th data-bbox="670 132 1092 170">Name</th> <th data-bbox="1092 132 1528 170">Description</th> </tr> </thead> <tbody> <tr> <td data-bbox="670 170 1092 354">BENNETT DIRECT</td> <td data-bbox="1092 170 1528 354">               FUNDS RAISED BY TELEFUNDING COMPANY ARE PROCESSED BY THE REPORTING ORGANIZATION; DONATED FUNDS ARE NEVER IN POSSESSION OF THE TELEFUNDING FIRM. TELEFUNDING FIRM RECEIVES PAYMENT FOR ITS SERVICES VIA DIRECT INVOICE TO ORGANIZATION.             </td> </tr> </tbody> </table>	Name	Description	BENNETT DIRECT	FUNDS RAISED BY TELEFUNDING COMPANY ARE PROCESSED BY THE REPORTING ORGANIZATION; DONATED FUNDS ARE NEVER IN POSSESSION OF THE TELEFUNDING FIRM. TELEFUNDING FIRM RECEIVES PAYMENT FOR ITS SERVICES VIA DIRECT INVOICE TO ORGANIZATION.	
		Name	Description				
BENNETT DIRECT	FUNDS RAISED BY TELEFUNDING COMPANY ARE PROCESSED BY THE REPORTING ORGANIZATION; DONATED FUNDS ARE NEVER IN POSSESSION OF THE TELEFUNDING FIRM. TELEFUNDING FIRM RECEIVES PAYMENT FOR ITS SERVICES VIA DIRECT INVOICE TO ORGANIZATION.						
SCHEDULE G, PART I, LINE 2B	PAYMENT OF FEES OR PAYMENT OF EXPENSES	<table border="1"> <thead> <tr> <th data-bbox="670 367 1092 405">Name</th> <th data-bbox="1092 367 1528 405">Description</th> </tr> </thead> <tbody> <tr> <td data-bbox="670 405 1092 594">BENNETT DIRECT</td> <td data-bbox="1092 405 1528 594">               CONTRACT PROVIDES FOR AN ANNUAL FEE PLUS HOURLY WAGES. ADDITIONALLY, CERTAIN EXPENSES, SUCH AS PRINTING, SUPPLIES, AND POSTAGE ARE REIMBURSED. IN 2017, FEES TOTALED \$178,349, WHILE EXPENSE REIMBURSEMENTS AMOUNTED TO \$6,105.             </td> </tr> </tbody> </table>	Name	Description	BENNETT DIRECT	CONTRACT PROVIDES FOR AN ANNUAL FEE PLUS HOURLY WAGES. ADDITIONALLY, CERTAIN EXPENSES, SUCH AS PRINTING, SUPPLIES, AND POSTAGE ARE REIMBURSED. IN 2017, FEES TOTALED \$178,349, WHILE EXPENSE REIMBURSEMENTS AMOUNTED TO \$6,105.	
		Name	Description				
BENNETT DIRECT	CONTRACT PROVIDES FOR AN ANNUAL FEE PLUS HOURLY WAGES. ADDITIONALLY, CERTAIN EXPENSES, SUCH AS PRINTING, SUPPLIES, AND POSTAGE ARE REIMBURSED. IN 2017, FEES TOTALED \$178,349, WHILE EXPENSE REIMBURSEMENTS AMOUNTED TO \$6,105.						

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

62-0550979

NASHVILLE SYMPHONY ASSOCIATION

**Part I General Information on Grants and Assistance**

- 1** 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 the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
(1) BLAIR SCHOOL MUSIC AT VANDERBILT UNIVERSITY 2301 VANDERBILT PLACE, NASHVILLE, TN 37240	62-0476822	501(C)(3)	30,000	0	N/A	N/A	(SEE STATEMENT)
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0



Part IV

**Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BLAIR SCHOOL MUSIC AT VANDERBILT UNIVERSITY: SPONSOR OF CURB YOUTH SYMPHONY TO PROMOTE MUSIC EDUCATION FOR FUTURE GENERATIONS
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	NASHVILLE SYMPHONY SPONSORS CURB YOUTH SYMPHONY AT BLAIR SCHOOL OF MUSIC WITH VANDERBILT UNIVERSITY. NSA HAS A CLOSE PARTNERING WITH CURB YOUTH SYMPHONY AT MULTIPLE TIMES THROUGHOUT THE YEAR, INCLUDING THE ANNUAL SIDE BY SIDE CONCERT.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NASHVILLE SYMPHONY ASSOCIATION

**Compensation Information**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Employer identification number

62-0550979

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- |  |           |                          |                                     |
|--|-----------|--------------------------|-------------------------------------|
| <b>a</b> Receive a severance payment or change-of-control payment? . . . . .                             | <b>4a</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . | <b>4b</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .    | <b>4c</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

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

- |  |           |                          |                                     |
|--|-----------|--------------------------|-------------------------------------|
| <b>a</b> The organization? . . . . .         | <b>5a</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> Any related organization? . . . . . | <b>5b</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- If "Yes" on line 5a or 5b, describe in Part III.

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

- |  |           |                          |                                     |
|--|-----------|--------------------------|-------------------------------------|
| <b>a</b> The organization? . . . . .         | <b>6a</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> Any related organization? . . . . . | <b>6b</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>	<input checked="" type="checkbox"/>	
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ALAN D. VALENTINE PRESIDENT & CEO	(i) 326,140	20,000	6,600	0	14,894	367,634	0
	(ii)	0	0	0	0	0	0	0
2	STEVEN BROSVIK COO	(i) 168,918	20,000	540	0	15,363	204,821	0
	(ii)	0	0	0	0	0	0	0
3	MARYE WALKER LEWIS CFO	(i) 166,415	10,000	0	0	13,814	190,229	0
	(ii)	0	0	0	0	0	0	0
4	GIANCARLO GUERERRO MUSIC DIRECTOR	(i) 441,296	50,000	0	0	15,363	506,659	0
	(ii)	0	0	0	0	0	0	0
5	JUN IWASAKI CONCERTMASTER	(i) 177,814	0	0	6,164	5,448	189,426	0
	(ii)	0	0	0	0	0	0	0
6	DANIEL B. GROSSMAN VP OF MARKETING	(i) 149,514	57,601	0	0	6,578	213,693	0
	(ii)	0	0	0	0	0	0	0
7		(i)						
	(ii)							
8		(i)						
	(ii)							
9		(i)						
	(ii)							
10		(i)						
	(ii)							
11		(i)						
	(ii)							
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

Part III

**Supplemental Information.** Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 3 - COMPENSATION OF TOP MANAGEMENT OFFICIALS	THE BOARD OF DIRECTORS DELEGATES RESPONSIBILITY TO THE EXECUTIVE COMMITTEE, WHICH ACTS AS THE COMPENSATION COMMITTEE, FOR THE REVIEW AND APPROVAL OF THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIALS.
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	VICE PRESIDENT OF MARKETING RECEIVES A BASE SALARY PLUS COMMISSION. THE COMMISSION IS BASED UPON MEETING & EXCEEDING TICKET SALES GOALS.

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2016**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

NASHVILLE SYMPHONY ASSOCIATION

Employer identification number

62-0550979

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$ \_\_\_\_\_

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

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1) (SEE STATEMENT)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . . ▶						\$	20,632,192					

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				



**Part II****Loans to and/or From Interested Persons** (continued)

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) SYMPLACE REALTY	DIRECTOR MARTHA INGRAM	MORTGAGE ON SYMPHONY FACILITY	✓		23,250,000	20,632,192		✓	✓		✓	

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

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

**2016**

Open to Public Inspection

Name of the Organization  
**NASHVILLE SYMPHONY ASSOCIATION**

Employer Identification Number  
**62-0550979**

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	<p>*DELIVERING CONSISTENTLY CREATIVE AND INNOVATIVE PROGRAMMING, WITH A FOCUS ON THE CREATION, PROMOTION, AND PRESERVATION OF AMERICAN REPERTOIRE. *PRODUCING OUTSTANDING EDUCATION AND COMMUNITY ENGAGEMENT PROGRAMS. *CREATING, ENABLING, AND LEADING CULTURAL IMPACT.</p>
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>JUN IWASAKI, ERIK GRATTON AND LESLIE NORTON ALSO TOOK THE SPOTLIGHT AS SOLOISTS.</p> <p>NASHVILLE IS A CITY WHERE NEW MUSIC IS CONSTANTLY BEING CREATED, AND AS MUSIC CITY'S RESIDENT ORCHESTRA, THE NASHVILLE SYMPHONY IS COMMITTED TO KEEPING CLASSICAL MUSIC RELEVANT IN THE 21ST CENTURY. THE ORCHESTRA CHAMPIONS THE WORK OF CONTEMPORARY AMERICAN COMPOSERS THROUGH AN ACTIVE SCHEDULE OF PERFORMANCES, COMMISSIONS, PREMIERES AND RECORDINGS. IN 2016/17, THE NASHVILLE SYMPHONY MADE LIVE RECORDINGS OF SIX WORKS BY AMERICAN COMPOSERS, ALL SLATED FOR WORLDWIDE RELEASE ON NAXOS. THESE INCLUDED JONATHAN LESHNOFF'S STARBURST; AARON JAY KERNIS' COLOR WHEEL; KERRY TURNER'S CONCERTO FOR HORN AND ORCHESTRA; AND BEHZAD RANJBARAN'S FLUTE CONCERT. OF SPECIAL NOTE, THE SYMPHONY RECEIVED A \$15,000 ART WORKS GRANT FROM THE NATIONAL ENDOWMENT FOR THE ARTS IN SUPPORT OF ITS PERFORMANCES AND RECORDING OF TERRY RILEY'S AT THE ROYAL MAJESTIC. IN ADDITION, JOHN HARBISON'S REQUIEM WAS PERFORMED AND RECORDED FOR FUTURE RELEASE, SUPPORTED IN PART BY A GRANT FROM THE NEA; THIS PROJECT ALSO INCORPORATED A CHORAL EDUCATION INITIATIVE IN COLLABORATION WITH LOCAL SCHOOLS.</p> <p>DURING 2016/17, THE NASHVILLE SYMPHONY RELEASED THREE RECORDINGS ON NAXOS: JENNIFER HIGDON'S ALL THINGS MAJESTIC; RICHARD DANIELPOUR'S SONGS OF SOLITUDE; AND MICHAEL DAUGHERTY'S TALES OF HEMINGWAY. THE NASHVILLE SYMPHONY EARNED THREE GRAMMY® AWARDS FOR ITS RECORDING OF TALES OF HEMINGWAY: BEST CLASSICAL COMPENDIUM, BEST INSTRUMENTAL SOLO AND BEST CONTEMPORARY CLASSICAL COMPOSITION.</p> <p>IN ADDITION TO ITS CLASSICAL PROGRAMMING, THE NASHVILLE SYMPHONY OFFERS A WIDE VARIETY OF CONCERTS FOR THE MIDDLE TENNESSEE COMMUNITY. GUEST ARTISTS FOR JAZZ AND POPS CONCERTS WITH THE SYMPHONY IN 2016/17 INCLUDED PETER CETERA, THE CHIEFTAINS AND WYNTON MARSALIS, AMONG OTHERS. THE SYMPHONY ALSO PRESENTED LIVE MOVIE AND VIDEO GAME SOUNDTRACKS, FEATURING MOVIES FROM THE HARRY POTTER SERIES, AS WELL AS E.T., THE WIZARD OF OZ AND LA LA LAND. IN ADDITION, THE ORCHESTRA PERFORMED SEVERAL CONCERTS OUTDOORS AT ASCEND AMPHITHEATER, INCLUDING BOYZ II MEN, THE MUSIC OF LED ZEPPELIN AND POKEMON: SYMPHONIC EVOLUTIONS.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION</p>	<p>PAKISTANI, AFRICAN-AMERICAN, HISPANIC/LATINO, VIETNAMESE AND SYRIAN NATIONALITIES, ETHNICITIES AND CULTURAL BACKGROUNDS.</p> <p>THROUGHOUT THE SCHOOL YEAR, EACH STUDENT RECEIVED MENTORSHIP AND PRIVATE LESSONS FROM NASHVILLE SYMPHONY MUSICIANS, OPPORTUNITIES TO PERFORM IN THE COMMUNITY, FREE ACCESS TO MUSIC THEORY AND HISTORY COURSES THROUGH VANDERBILT UNIVERSITY'S BLAIR SCHOOL OF MUSIC PRE-COLLEGE PROGRAM, MASTER CLASS PERFORMANCE OPPORTUNITIES, AND FREE ADMISSION TO CLASSICAL SERIES CONCERTS. STUDENTS ALSO PARTICIPATED IN YEAR-END JURIED EVALUATIONS, RECEIVING COMMENTS FROM ACCELERANDO FACULTY.</p> <p>OTHER EDUCATION AND COMMUNITY ENGAGEMENT PROGRAMS IN 2016/17 INCLUDED THE FOLLOWING:</p> <p>*THE YOUNG PEOPLE'S CONCERTS SERIES REACHED 11,386 STUDENTS OVER 10 CONCERTS FEATURING WORKS BY COPLAND, BERNSTEIN, GERSHWIN, STEVE REICH AND JOHN WILLIAMS, AMONG OTHERS. TEACHERS WERE PROVIDED ACCESS TO DOWNLOADABLE CURRICULUM WITH LESSON PLANS AND MUSICAL SAMPLES.</p> <p>*MASTER CLASSES WITH HIGHLY TRAINED PROFESSIONALS AND SOLOISTS. SIMONE PORTER GAVE A MASTER CLASS FOR VIOLIN STUDENTS DURING HER VISIT TO NASHVILLE, AND STUDENT MUSICIANS ALSO HAD THE OPPORTUNITY TO PERFORM FOR MENTORS THROUGH THREE VIRTUAL MASTER CLASSES WITH NEW WORLD SYMPHONY MUSICIANS, CULMINATING IN A VIRTUAL TOWN HALL/Q&amp;A SESSION WITH MICHAEL TILSON THOMAS.</p> <p>*THROUGH THE SECTIONALS PROGRAM, SYMPHONY MUSICIANS VISITED SCHOOLS AROUND MIDDLE TENNESSEE TO OFFER RESOURCES, INSTRUCTION AND COACHING FOR 1,022 BAND AND ORCHESTRA STUDENTS.</p> <p>*CURB OPEN DRESS REHEARSALS OFFERED STUDENT GROUPS THE OPPORTUNITY TO EXPERIENCE NASHVILLE SYMPHONY REHEARSALS FREE OF CHARGE. THROUGHOUT THE SEASON, 1,016 ATTENDEES GOT TO WITNESS INTERNATIONAL SOLOISTS INCLUDING ANNE AKIKO MEYERS, EDGAR MEYER, INON BARNATAN AND SIMONE PORTER REHEARSE WITH THE ORCHESTRA.</p> <p>*THROUGH THE ENSEMBLES IN THE SCHOOLS PROGRAM, NASHVILLE SYMPHONY MUSICIANS PRESENTED AGE-APPROPRIATE SMALL ENSEMBLE CONCERTS FOR YOUNG LISTENERS. THIS PROGRAM REACHED 2,435 STUDENTS IN 2016/17.</p> <p>*OFFERED IN PARTNERSHIP WITH THE COUNTRY MUSIC HALL OF FAME®, IS IT A FIDDLE OR A VIOLIN? REACHED 1,325 STUDENTS WITH AN INTERACTIVE PROGRAM THAT EXPLORES THE CONNECTIONS BETWEEN CLASSICAL AND COUNTRY MUSIC.</p> <p>*THE NASHVILLE SYMPHONY GAVE ITS FIRST SENSORY FRIENDLY CONCERT IN MARCH, OFFERING A FAMILY-FRIENDLY CONCERT OF CLASSICAL REPERTOIRE WITH FLEXIBLE SEATING, QUIET SPACES, PRE-CONCERT ACTIVITIES, A RESOURCE FAIR AND STAFF SPECIALLY TRAINED TO ACCOMMODATE PATRONS WITH SENSORY SENSITIVITIES.</p> <p>*FREE DAY OF MUSIC, AN ANNUAL FALL EVENT FEATURING MORE THAN 20 LOCAL PERFORMERS, WELCOMED 6,283 AUDIENCE MEMBERS TO THE SCHERMERHORN TO ENJOY A VARIETY OF MUSIC THROUGHOUT THE DAY AND INTO THE NIGHT.</p> <p>*DURING THE SUMMER, THE COMMUNITY CONCERTS SERIES BROUGHT THE NASHVILLE SYMPHONY TO OUTDOOR LOCATIONS ACROSS THE MID-STATE AREA, FROM URBAN NEIGHBORHOODS TO OUTLYING COMMUNITIES. IN THE 2016/17 SEASON, THE SERIES REACHED 11,000 PARTICIPANTS.</p>

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	<p>ARTICLE 4 (OF BYLAWS) EXECUTIVE COMMITTEE</p> <p>4.1 DELEGATION OF POWER TO EXECUTIVE COMMITTEE.</p> <p>(A) THE EXECUTIVE COMMITTEE SHALL MANAGE THE BUSINESS AND AFFAIRS OF THE ASSOCIATION EXCEPT AS OTHERWISE LIMITED BY THESE BYLAWS, THE CHARTER OR THE ACT. THE EXECUTIVE COMMITTEE MAY ADVISE THE BOARD ON ALL MATTERS AND SHALL REPORT TO THE BOARD ON ALL DECISIONS MADE OR ACTIONS TAKEN BY IT WHICH THE EXECUTIVE COMMITTEE OR THE CHAIRMAN REASONABLY DETERMINE TO BE MAJOR DECISIONS OR ACTIONS. THE EXECUTIVE COMMITTEE SHALL BE ASSISTED BY SUCH ADMINISTRATIVE STAFF AS THE CHAIRMAN OR THE PRESIDENT AND CEO MAY DETERMINE. EXCEPT AS OTHERWISE PROVIDED IN THIS ARTICLE, THE PROVISIONS OF ARTICLE 5 SHALL APPLY TO THE EXECUTIVE COMMITTEE.</p> <p>(B) THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER AND AUTHORITY (I) TO APPOINT, NEGOTIATE AND APPROVE THE TERMS OF EMPLOYMENT OF, AND EVALUATE THE PERFORMANCE OF THE PRESIDENT AND CEO AND THE MUSIC DIRECTOR AND CONDUCTOR; (II) APPROVE AGREEMENTS WITH THE MUSICIANS' UNION (WITH ANY MEMBER WHO IS AN ORCHESTRA MEMBER BEING EXCLUDED, EXCEPT BY INVITATION OF THE CHAIRMAN); (III) MONITOR COMPLIANCE WITH THE BUDGET; (IV) ESTABLISH AND IMPLEMENT OPERATING POLICIES AND PROCEDURES; (V) SUPERVISE THE OPERATIONS AND FUNCTIONS OF THE OTHER COMMITTEES AND RECEIVE REPORTS FROM THESE COMMITTEES ON REQUEST OR AS REQUIRED BY THESE BYLAWS; (VI) APPROVE THE CREATION OF COMMITTEES OF THE BOARD OTHER THAN THE COMMITTEES CREATED BY THESE BYLAWS AND THE APPOINTMENT OR REMOVAL OF MEMBERS OF ALL COMMITTEES AND (VII) APPROVE A SALE, LEASE OR PLEDGE OF LESS THAN ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE ASSOCIATION. THE EXECUTIVE COMMITTEE SHALL HAVE NO POWER TO AMEND ANY RESOLUTION OF THE BOARD OR THE BUDGET. DURING DISCUSSIONS OF SALARY OR SENSITIVE PERSONNEL MATTERS, THE EXECUTIVE COMMITTEE MAY EXCLUDE ASSOCIATION EMPLOYEES.</p> <p>4.2 NUMBER, ELECTION AND TERM.</p> <p>(A) THE EXECUTIVE COMMITTEE SHALL HAVE AT LEAST THIRTEEN (13) AND NO MORE THAN FIFTEEN (15) MEMBERS, ALL OF WHOM SHALL BE DIRECTORS. THE EXECUTIVE COMMITTEE SHALL BE COMPRISED OF THE ELECTED OFFICERS OF THE ASSOCIATION, THE PRESIDENT AND CEO, THE REQUIRED ORCHESTRA MEMBER, THE CHAIRMAN OF THE ANNUAL CAMPAIGN, THE CHAIRMAN OF ANY CAPITAL CAMPAIGN UNDERWAY, AND THE CHAIRMEN OF THE FOLLOWING COMMITTEES: ARTISTIC PLANNING, GOVERNANCE, STRATEGIC PLANNING, MARKETING, DEVELOPMENT, AND THE SCHERMERHORN SYMPHONY CENTER COMMITTEE. SUBJECT TO THE LIMIT ON TOTAL MEMBERS, OTHER DIRECTORS MAY BE NOMINATED BY THE GOVERNANCE COMMITTEE AND ELECTED BY THE BOARD. EACH MEMBER SHALL CONSENT TO SERVE PRIOR TO HIS OR HER NOMINATION BY THE GOVERNANCE COMMITTEE.</p> <p>(B) THE MEMBERS OF THE COMMITTEE WILL BE ELECTED OR APPOINTED FOR MINIMUM TWO-YEAR TERMS, AND MEMBERS SHALL SERVE UNTIL THEIR SUCCESSORS ARE ELECTED OR APPOINTED AND QUALIFIED. NO MEMBER OF THE EXECUTIVE COMMITTEE SHALL SERVE MORE THAN THREE CONSECUTIVE TWO-YEAR TERMS, AND A FORMER MEMBER MAY BE RE-ELECTED OR RE-APPOINTED FOLLOWING A ONE YEAR ABSENCE FROM THE EXECUTIVE COMMITTEE.</p> <p>(C) THE MEMBERS SHALL SERVE AT THE PLEASURE OF THE EXECUTIVE COMMITTEE AND THE BOARD, AND THE EXECUTIVE COMMITTEE OR BOARD MAY REMOVE ANY ELECTED MEMBER AT ANY TIME, WITH OR WITHOUT CAUSE.</p> <p>4.3 MEETINGS. REGULAR MEETINGS OF THE EXECUTIVE COMMITTEE SHALL BE HELD EVERY OTHER MONTH UNLESS OTHERWISE DETERMINED BY THE CHAIRMAN. SPECIAL MEETINGS MAY BE CALLED AT ANY TIME BY AN OFFICER OR ANY FIVE (5) MEMBERS OF THE EXECUTIVE COMMITTEE.</p> <p>4.4 QUORUM AND VOTING. AT ALL MEETINGS OF THE EXECUTIVE COMMITTEE, THE PRESENCE OF A MAJORITY OF THE VOTING MEMBERS SHALL CONSTITUTE A QUORUM. EACH MEMBER SHALL HAVE ONE VOTE ON ALL MATTERS PROPERLY COMING BEFORE THE MEETING. IF A QUORUM IS PRESENT WHEN A VOTE IS TAKEN, THE AFFIRMATIVE VOTE OF A MAJORITY OF MEMBERS PRESENT IS AN ACT OF THE COMMITTEE UNLESS THE ACT, THE CHARTER OR THESE BYLAWS REQUIRE THE VOTE OF A GREATER NUMBER.</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>THE FORM 990 IS PREPARED BY THE CONTROLLER; A DRAFT IS REVIEWED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM, THE CFO, THE AUDIT COMMITTEE CHAIR, AND THE BOARD TREASURER. PRIOR TO FILING OF THE FINAL FORM 990, A FULL COPY, INCLUDING SUPPLEMENTAL SCHEDULES, IS PROVIDED TO THE FULL GOVERNING BODY.</p>
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>2.8 CONFLICT OF INTEREST. (FROM BYLAWS OF ORGANIZATION)</p> <p>(A) THE PRESIDENT AND CEO SHALL BE RESPONSIBLE FOR MAINTAINING A WRITTEN CONFLICT OF INTEREST POLICY FOR THE ASSOCIATION APPROVED BY THE BOARD OF DIRECTORS. THIS POLICY SHALL ADDRESS CONFLICT OF INTEREST RELATED TO ANY DIRECTOR, OFFICER, COMMITTEE MEMBER, OR ADMINISTRATIVE STAFF MEMBER OF THE ASSOCIATION</p> <p>(B) WHEN ANY CONFLICT OF INTEREST RELATES TO A MATTER REQUIRING ACTION BY THE BOARD OF DIRECTORS OR ANY COMMITTEE, THE INTERESTED PERSON SHALL CALL IT TO THE ATTENTION OF THE BOARD OF DIRECTORS OR THE COMMITTEE BEFORE WHICH THE MATTER IS PENDING, AS APPLICABLE. ANY OTHER BOARD OR COMMITTEE MEMBER MAY CALL THE MATTER TO THE ATTENTION OF THE BOARD OR COMMITTEE, AS APPLICABLE. THE INTERESTED PERSON SHALL NOT DELIBERATE OR VOTE ON THE MATTER; PROVIDED, HOWEVER, THAT ANY DIRECTOR DISCLOSING A CONFLICT OF INTEREST MAY BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM AT A MEETING OF THE BOARD OF DIRECTORS OR THE EXECUTIVE COMMITTEE.</p> <p>(C) UNLESS REQUESTED TO REMAIN PRESENT DURING THE MEETING, THE INTERESTED PERSON SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE IS MEETING, AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. HOWEVER, THE INTERESTED PERSON SHALL PROVIDE THE BOARD OR COMMITTEE, AS APPLICABLE WITH ANY AND ALL RELEVANT INFORMATION.</p> <p>(D) THE MINUTES OF THE MEETING OF THE BOARD OR ANY COMMITTEE, AS APPLICABLE, SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED, THAT THE INTERESTED PERSON DID NOT PARTICIPATE IN THE FINAL DISCUSSION OR VOTE AND DID NOT VOTE, AND THE RATIONALE FOR APPROVING THE ACTION.</p>

Return Reference - Identifier	Explanation																								
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	TYPICALLY, 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 OFFICERS AND KEY EMPLOYEES ON AN ANNUAL BASIS FOR THE COMPENSATION COMMITTEE TO REVIEW. IN FISCAL YEAR 2017, THIS REVIEW LED TO THE COMPENSATION COMMITTEE PROVIDING FOR A 0-3.5% INCREASE IN THE COMPENSATION THAT HAD BEEN ESTABLISHED IN PRIOR YEAR.																								
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	ALL OFFICERS AND KEY EMPLOYEES INCLUDED IN THE COMPENSATION REVIEW WERE AS FOLLOWS:  MUSIC CONDUCTOR, PRESIDENT & CEO, CFO, COO, AND CONCERTMASTER. THIS PROCESS OCCURS ANNUALLY, PER THE FISCAL YEAR.																								
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104 AND ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME. THE NASHVILLE SYMPHONY DOES, HOWEVER, MAKE ITS ANNUAL FINANCIAL AUDIT & THE 990 AVAILABLE ON ITS OWN WEBSITE.																								
FORM 990, PART VII, SECTION A - COMPENSATION OF DIRECTORS	SIX BOARD MEMBERS SERVED AS EMPLOYED MUSICIANS OF THE NASHVILLE SYMPHONY ORCHESTRA AND RECEIVED COMPENSATION IN THEIR CAPACITY AS MUSICIANS OF THE ORCHESTRA. NONE OF THE LISTED COMPENSATION AT PART VII, SECTION A IS FOR THEIR ROLE AS BOARD MEMBERS. THESE INDIVIDUALS ARE LISTED BELOW:  KATHERINE MUNAGIAN HUNTER D. SHOLAR LOUISE MORRISON LYNN PEITHMAN PATRICK WALLE CLARE YANG																								
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table border="1"> <thead> <tr> <th data-bbox="467 800 751 869">(a) Description</th> <th data-bbox="760 800 943 869">(b) Total Expenses</th> <th data-bbox="951 800 1135 869">(c) Program Service Expenses</th> <th data-bbox="1143 800 1326 869">(d) Management and General Expenses</th> <th data-bbox="1334 800 1518 869">(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 879 751 949">GUEST ARTIST FEES, SECURITY, COMMISSIONING</td> <td data-bbox="760 879 943 949">4,193,407</td> <td data-bbox="951 879 1135 949">4,193,407</td> <td data-bbox="1143 879 1326 949"></td> <td data-bbox="1334 879 1518 949"></td> </tr> <tr> <td data-bbox="467 959 751 1008">PUBLIC RELATIONS, BACKGROUND SEARCH</td> <td data-bbox="760 959 943 1008">27,260</td> <td data-bbox="951 959 1135 1008"></td> <td data-bbox="1143 959 1326 1008">27,260</td> <td data-bbox="1334 959 1518 1008"></td> </tr> <tr> <td data-bbox="467 1018 751 1073">DONOR MARKET RESEARCH CONSULTANTS</td> <td data-bbox="760 1018 943 1073">160,038</td> <td data-bbox="951 1018 1135 1073"></td> <td data-bbox="1143 1018 1326 1073"></td> <td data-bbox="1334 1018 1518 1073">160,038</td> </tr> </tbody> </table>					(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	GUEST ARTIST FEES, SECURITY, COMMISSIONING	4,193,407	4,193,407			PUBLIC RELATIONS, BACKGROUND SEARCH	27,260		27,260		DONOR MARKET RESEARCH CONSULTANTS	160,038			160,038
	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses																				
	GUEST ARTIST FEES, SECURITY, COMMISSIONING	4,193,407	4,193,407																						
	PUBLIC RELATIONS, BACKGROUND SEARCH	27,260		27,260																					
DONOR MARKET RESEARCH CONSULTANTS	160,038			160,038																					
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="467 1094 1304 1134">(a) Description</th> <th data-bbox="1312 1094 1518 1134">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 1144 1304 1163">FEMA PROCEEDS</td> <td data-bbox="1312 1144 1518 1163">112,315</td> </tr> <tr> <td data-bbox="467 1173 1304 1192">TAX COST ADJUSTMENTS</td> <td data-bbox="1312 1173 1518 1192">19,176</td> </tr> <tr> <td data-bbox="467 1203 1304 1222">UNCOLLECTIBLE PLEDGE ALLOWANCE</td> <td data-bbox="1312 1203 1518 1222">12,759</td> </tr> </tbody> </table>					(a) Description	(b) Amount	FEMA PROCEEDS	112,315	TAX COST ADJUSTMENTS	19,176	UNCOLLECTIBLE PLEDGE ALLOWANCE	12,759												
	(a) Description	(b) Amount																							
	FEMA PROCEEDS	112,315																							
TAX COST ADJUSTMENTS	19,176																								
UNCOLLECTIBLE PLEDGE ALLOWANCE	12,759																								

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NASHVILLE SYMPHONY ASSOCIATION

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

62-0550979

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) <a href="#">(SEE STATEMENT)</a>									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NASHVILLE SYMPHONY ENDOWMENT TRUST #1	S	313,329	CASH
(2) NASHVILLE SYMPHONY ENDOWMENT TRUST #1	R	139,726	CASH
(3) NASHVILLE SYMPHONY ENDOWMENT TRUST #2	S	65,951	CASH
(4) NASHVILLE SYMPHONY ENDOWMENT TRUST #3	S	61,105	CASH
(5)			
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													

**Part IV****Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) NASHVILLE SYMPHONY ENDOWMENT TRUST #2 (62-0550979) CUMBERLAND TRUST, 40 BURTON HILLS BLVD, STE 300, NASHVILLE, TN 37215	INVESTMENTS	TN	NASHVILLE SYMPHONY ASSOCIATION	TRUST	N/A	N/A	N/A	✓	
(2) NASHVILLE SYMPHONY ENDOWMENT TRUST #3 (80-6215617) CUMBERLAND TRUST, 40 BURTON HILLS BLVD, STE 300, NASHVILLE, TN 37215	INVESTMENTS	TN	NASHVILLE SYMPHONY ASSOCIATION	TRUST	N/A	N/A	N/A	✓	
(3) NASHVILLE SYMPHONY ENDOWMENT TRUST #1 (62-6222276) CUMBERLAND TRUST, 40 BURTON HILLS BLVD, STE 300, NASHVILLE, TN 37215	INVESTMENTS	TN	NASHVILLE SYMPHONY ASSOCIATION	TRUST	N/A	N/A	N/A	✓	