

KRAFTCPAS PLLC
555 GREAT CIRCLE ROAD
NASHVILLE, TN 37228

TENNESSEE PERFORMING ARTS CENTER (TPAC)
MANAGEMENT COMPANY
505 DEADERICK STREET
NASHVILLE, TN 37243

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CLIENT'S COPY



TENNESSEE PERFORMING ARTS CENTER (TPAC)
MANAGEMENT COMPANY
505 DEADERICK STREET
NASHVILLE, TN 37243

DEAR JULIE:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2009 EXEMPT ORGANIZATION RETURNS AND 2010 ESTIMATED TAX WORKSHEET, AS FOLLOWS...

2009 FORM 990

2009 FORM 990-T

2010 FEDERAL ESTIMATED TAX WORKSHEET - FORM 990-T

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

WE HAVE ENCLOSED MAILING ENVELOPES FOR YOUR CONVENIENCE IN FILING THE RETURNS.

WE HAVE PREPARED THE RETURNS FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURNS BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

PLEASE REVIEW THE RETURNS FOR COMPLETENESS AND ACCURACY.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED RECEIPT FOR PROOF OF TIMELY FILING.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE
CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX
RETURNS.

YOURS VERY TRULY,

KRAFTCPAS PLLC

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2010

Prepared for	TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY 505 DEADERICK STREET NASHVILLE, TN 37243
Prepared by	KRAFTCPAS PLLC 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY FEBRUARY 15, 2011.

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

2009**Open to Public Inspection****A** For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 505 DEADERICK STREET City or town, state or country, and ZIP + 4 NASHVILLE, TN 37243 F Name and address of principal officer: KATHLEEN O'BRIEN SAME AS C ABOVE	D Employer identification number 58-1320590 E Telephone number (615) 782-4000 G Gross receipts \$ 15,815,071. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.TPAC.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1977 M State of legal domicile: TN	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO CREATE A LIFETIME OF MEANINGFUL AND RELEVANT EXPERIENCES THROUGH THE PERFORMING ARTS; 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 23 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 23 5 Total number of employees (Part V, line 2a) 5 375 6 Total number of volunteers (estimate if necessary) 6 150 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 13,840. b Net unrelated business taxable income from Form 990-T, line 34 7b 7,768.													
Revenue	8 Contributions and grants (Part VIII, line 1h) 2,604,567. 9 Program service revenue (Part VIII, line 2g) 9,855,697. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,498. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -161,071. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12,306,691.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>2,604,567.</td> <td>2,789,767.</td> </tr> <tr> <td>9,855,697.</td> <td>12,453,946.</td> </tr> <tr> <td>7,498.</td> <td>170.</td> </tr> <tr> <td>-161,071.</td> <td>473,816.</td> </tr> <tr> <td>12,306,691.</td> <td>15,717,699.</td> </tr> </tbody> </table>	Prior Year	Current Year	2,604,567.	2,789,767.	9,855,697.	12,453,946.	7,498.	170.	-161,071.	473,816.	12,306,691.	15,717,699.
Prior Year	Current Year													
2,604,567.	2,789,767.													
9,855,697.	12,453,946.													
7,498.	170.													
-161,071.	473,816.													
12,306,691.	15,717,699.													
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,616,981. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 335,810. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 8,051,378. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,668,359. 19 Revenue less expenses. Subtract line 18 from line 12 -361,668.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> </thead> <tbody> <tr> <td></td> <td>4,739,483.</td> </tr> <tr> <td>8,051,378.</td> <td>9,784,466.</td> </tr> <tr> <td>12,668,359.</td> <td>14,523,949.</td> </tr> <tr> <td>-361,668.</td> <td>1,193,750.</td> </tr> </tbody> </table>	Prior Year	Current Year		4,739,483.	8,051,378.	9,784,466.	12,668,359.	14,523,949.	-361,668.	1,193,750.		
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8,051,378.	9,784,466.													
12,668,359.	14,523,949.													
-361,668.	1,193,750.													
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 13,167,647. 21 Total liabilities (Part X, line 26) 9,005,596. 22 Net assets or fund balances. Subtract line 21 from line 20 4,162,051.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Beginning of Current Year</th> <th style="width:50%;">End of Year</th> </tr> </thead> <tbody> <tr> <td>13,167,647.</td> <td>11,148,096.</td> </tr> <tr> <td>9,005,596.</td> <td>5,792,181.</td> </tr> <tr> <td>4,162,051.</td> <td>5,355,915.</td> </tr> </tbody> </table>	Beginning of Current Year	End of Year	13,167,647.	11,148,096.	9,005,596.	5,792,181.	4,162,051.	5,355,915.				
Beginning of Current Year	End of Year													
13,167,647.	11,148,096.													
9,005,596.	5,792,181.													
4,162,051.	5,355,915.													

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer KATHLEEN O'BRIEN, PRESIDENT & CEO Type or print name and title	Date 		
Paid Preparer's Use Only	Preparer's signature ▶ Firm's name (or yours if self-employed), address, and ZIP + 4 KRAFTCPAS PLLC 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228	Date 01/05/11	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ 615-242-7351

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

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

Form 990 (2009)

58-1320590 Page **2**

Part III Statement of Program Service Accomplishments

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 11,540,995. including grants of \$) (Revenue \$ 12,793,579.)
TPACMC IS A NOT-FOR-PROFIT ORGANIZATION. TPACMC ENTERED INTO AN
AGREEMENT WITH THE STATE OF TENNESSEE & THE TENNESSEE PERFORMING ARTS
FOUNDATION IN 1978. THE INITIAL AGREEMENT ESTABLISHED TPACMC
PRINCIPALLY FOR THE PURPOSE OF PRESENTING QUALITY ARTS ENTERTAINMENT &
EDUCATION TO TENNESSEE RESIDENTS THROUGH THE OPERATION OF THE TENNESSEE
PERFORMING ARTS CENTER. TPACMC HAS ADMINISTRATIVE CONTROL OVER THE
OPERATIONS AND FUNCTIONS OF THE 4 THEATERS LOCATED IN TWO BUILDINGS IN
DOWNTOWN NASHVILLE. IN ADDITION TO ITS ROLE WITH THE STATE OF
TENNESSEE, TPAC OPERATES SEVERAL PROGRAM INITIATIVES INCLUDING FOUR
ARTS EDUCATION PROGRAMS, PUBLIC OFFERINGS SUCH AS A BROADWAY SERIES,
CONCERTS, COMEDY SHOWS, ETC. ADDITIONALLY, TPAC RENTS ITS FACILITIES
TO THREE PERFORMING ARTS RESIDENT COMPANIES - THE NASHVILLE OPERA

4b (Code:) (Expenses \$ 640,795. including grants of \$) (Revenue \$ 183,290.)
DURING THE 2010 FISCAL YEAR, HUMANITIES OUTREACH IN TENNESSEE (HOT)
PRESENTED 39 (42 DURING 2009) PROFESSIONAL PERFORMANCES OF THEATER,
DANCE AND MUSIC FOR STUDENT AUDIENCES AT TPAC IN ADDITION TO ONE
IN-SCHOOL TOUR AND ONE OFF-SITE SHOW. SUBSIDIZED TICKETS, TRAVEL GRANTS
AND CLASSROOM MATERIALS WERE PROVIDED TO ENSURE THAT EACH STUDENT COULD
HAVE ACCESS TO DIVERSE CULTURAL AND EDUCATIONAL PROGRAMS. HOT ALSO
PROVIDED IN-SCHOOL STUDENT WORKSHOPS, AUDIENCE DISCUSSIONS, AND
WORKSHOPS FOR TEACHERS WHICH ADDRESSED THE EDUCATIONAL CONTENT OF EACH
PERFORMANCE. DURING THE 2009 - 2010 ACADEMIC YEAR, 31,652 STUDENTS AND
TEACHERS FROM 204 SCHOOLS ATTENDED HOT SEASON FOR YOUNG PEOPLE
PERFORMANCES (28,622 STUDENTS AND TEACHERS FROM 220 SCHOOLS DURING THE
2008 - 2009 ACADEMIC YEAR).

4c (Code:) (Expenses \$ 65,202. including grants of \$) (Revenue \$ 2,313.)
ARTSMART IS A CLASSROOM-BASED INSTRUCTION PROGRAM THAT ACCOMPANIES THE
HOT SEASON FOR YOUNG PEOPLE. THROUGH ARTSMART, STUDENTS ARRIVE AT THE
THEATRE WITH AN EXPANDED CAPACITY TO ENGAGE WITH THE PERFORMANCE THEY
ARE ABOUT TO SEE. SPECIALIZED TRAINING ENABLES EDUCATORS AND TEACHING
ARTISTS TO GUIDE ARTS-BASED INSTRUCTION THAT CHALLENGES YOUNG PEOPLE TO
IMAGINE, TO PRACTICE, AND TO REFLECT. A TOTAL OF 5,157 STUDENTS AND
TEACHERS PARTICIPATED IN ARTSMART IN 2009 - 2010 (5949 STUDENTS AND
TEACHERS IN 2008 - 2009). ALL 15 SCHOOLS FROM DAVIDSON COUNTY RECEIVED
ARTSMART EDUCATION SERVICES AT NO CHARGE IN 2010 (27 SCHOOLS IN 2009).

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 97,295. including grants of \$) (Revenue \$ 106.)

4e Total program service expenses ► \$ 12,344,287.

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

Form 990 (2009)

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• 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>		
• 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>		
• 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>		
• 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>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 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>	X	
19 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>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Form **990** (2009)

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

Form 990 (2009)

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Part IV Checklist of Required Schedules (continued)

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

Form **990** (2009)

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

Form 990 (2009)

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	54	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	375	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	23	
b Enter the number of voting members that are independent	23	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

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

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

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

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA MATTHEWS-JUAREZ BOARD MEMBER	0.50	X						0.	0.	0.
LARRY STESSEL BOARD MEMBER	0.50	X						0.	0.	0.
CLAIRE TUCKER BOARD MEMBER	0.50	X						0.	0.	0.
STEVE TURNER BOARD MEMBER	0.50	X						0.	0.	0.
TERA VAZQUEZ BOARD MEMBER	0.50	X						0.	0.	0.
ALAN R. YUSPEH BOARD MEMBER	0.50	X						0.	0.	0.
SANDRA F. FULTON DIRECTOR EMERITA	0.50	X						0.	0.	0.
KATHLEEN O'BRIEN PRESIDENT & CEO	40.00			X				184,859.	0.	21,242.
BRENT HYAMS EXEC. VP & GENERAL MANAG	40.00			X				98,243.	0.	12,479.
JULIE GILLEN CHIEF FINANCIAL OFFICER	40.00			X				102,496.	0.	7,871.
1b Total								485,106.	0.	54,640.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MUNCHKINLAND PRODUCTIONS, LP C/O THE ROAD C 165 WEST 46TH ST., STE. 1101, NEW YORK, NY	PROMOTER	2,555,897.
NASHVILLE TALENT PAYMENT, 5111 PRINCE PHILLIP COVE, BRENTWOOD, TN 37027	UNION	478,778.
JOYFUL NOISEMAKERS, LLC, 165 W 46TH ST., STE. 101, NEW YORK, NY 10036	PROMOTER	432,525.
MAMMA MIA USA TOUR, LP, 230 W 41ST STREET, STE. 1703, NEW YORK, NY 10036	PROMOTER	409,488.
BTB TOURING COMPANY, LLC 7135 MINSTREL WAY #105, COLUMBIA, MD 21045	PROMOTER	367,560.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **27**

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

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	189,946.				
	d Related organizations	1d	894,230.				
	e Government grants (contributions)	1e	645,996.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,059,595.				
	g Noncash contributions included in lines 1a-1f: \$		45,681.				
	h Total. Add lines 1a-1f			2,789,767.			
Program Service Revenue	2 a TICKET SALES	Business Code	711110	8,804,605.	8,804,605.		
	b TICKET SERVICE CHG/FEE		711110	1,588,558.	1,588,558.		
	c REIMBURSEMENTS		711110	861,248.	861,248.		
	d RENTAL INCOME		711110	562,548.	562,548.		
	e CONCESSION SALES		711110	561,276.	561,276.		
	f All other program service revenue		711110	75,711.	61,871.	13,840.	
	g Total. Add lines 2a-2f			12453946.			
	3 Investment income (including dividends, interest, and other similar amounts)			951.			951.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses			3,480.			
	c Gain or (loss)			4,261.			
	d Net gain or (loss)			-781.			-781.
	8 a Gross income from fundraising events (not including \$ 189,946. of contributions reported on line 1c). See Part IV, line 18	a		27,745.			
	b Less: direct expenses	b		93,111.			
	c Net income or (loss) from fundraising events			-65,366.			-65,366.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue			Business Code			
11 a SALES TAX REBATE		711110	539,182.	539,182.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			539,182.				
12 Total revenue. See instructions.			15717699.	12979288.	13,840.	-65,196.	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	589,382.	61,960.	372,683.	154,739.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,109,735.	2,510,167.	529,864.	69,704.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	46,917.		46,917.	
9 Other employee benefits	679,368.	471,327.	185,918.	22,123.
10 Payroll taxes	314,081.	226,735.	69,479.	17,867.
11 Fees for services (non-employees):				
a Management	59,869.		59,869.	
b Legal	7,477.		7,477.	
c Accounting	38,750.		38,750.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	940,807.	940,807.		
12 Advertising and promotion	843,666.	843,082.	283.	301.
13 Office expenses	526,739.	333,387.	182,116.	11,236.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	54,693.	28,309.	22,134.	4,250.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	103,853.	103,853.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	364,528.	245,990.	110,758.	7,780.
23 Insurance	88,268.	587.	87,681.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a ARTIST FEES	5,346,058.	5,346,058.	0.	0.
b STATE MAINTENANCE	351,186.	351,186.	0.	0.
c REPAIRS AND MAINTENANCE	212,974.	165,134.	39,772.	8,068.
d CONCESSIONS SUPPLIES	180,089.	179,989.	0.	100.
e MISCELLANEOUS	161,807.	98,952.	34,409.	28,446.
f All other expenses	503,702.	436,764.	55,742.	11,196.
25 Total functional expenses. Add lines 1 through 24f	14,523,949.	12,344,287.	1,843,852.	335,810.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

TENNESSEE PERFORMING ARTS CENTER (TPAC)
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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	12,358.	1	11,489.	
	2 Savings and temporary cash investments	7,018,131.	2	4,489,040.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	318,166.	4	260,245.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8	23,626.	
	9 Prepaid expenses and deferred charges	353,553.	9	444,663.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	8,394,690.			
	b Less: accumulated depreciation	2,745,809.	5,349,052.	10c	5,648,881.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	25,000.	12	100,508.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	91,387.	15	169,644.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,167,647.	16	11,148,096.		
Liabilities	17 Accounts payable and accrued expenses	830,568.	17	853,353.	
	18 Grants payable		18		
	19 Deferred revenue	5,555,945.	19	2,148,269.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	1,675,180.	23	1,498,845.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	943,903.	25	1,291,714.	
	26 Total liabilities. Add lines 17 through 25	9,005,596.	26	5,792,181.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	4,021,014.	27	5,048,837.	
	28 Temporarily restricted net assets	141,037.	28	307,078.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	4,162,051.	33	5,355,915.	
34 Total liabilities and net assets/fund balances	13,167,647.	34	11,148,096.		

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Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c 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.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

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

Employer identification number
58-1320590

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention, conference of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

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

h ☐ Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

TENNESSEE PERFORMING ARTS CENTER (TPAC)

Schedule A (Form 990 or 990-EZ) 2009 **MANAGEMENT COMPANY**

58-1320590 Page **3**

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2518146.	2287111.	2499110.	2604567.	2789767.	12698701.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7003283.	12988329.	9570651.	9901276.	12467851.	51931390.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge	67,620.	67,620.				135,240.
6 Total. Add lines 1 through 5	9589049.	15343060.	12069761.	12505843.	15257618.	64765331.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						64765331.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	9589049.	15343060.	12069761.	12505843.	15257618.	64765331.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,790.	156,075.	104,614.	7,498.	951.	278,928.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			15,881.	8,219.	13,840.	37,940.
c Add lines 10a and 10b	9,790.	156,075.	120,495.	15,717.	14,791.	316,868.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					539,182.	539,182.
13 Total support (Add lines 9, 10c, 11, and 12.)	9598839.	15499135.	12190256.	12521560.	15811591.	65621381.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98.70 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.47 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.48 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.53 %

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Schedule A (Form 990 or 990-EZ) 2009

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization

TENNESSEE PERFORMING ARTS CENTER (TPAC)
MANAGEMENT COMPANY

Employer identification number

58-1320590

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

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

Employer identification number

58-1320590

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	AT&T 333 COMMERCE STREET, 21ST FLOOR NASHVILLE, TN 37201	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	BANK OF AMERICA 414 UNION ST., 2ND FLOOR NASHVILLE, TN 37219	\$ 66,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	BAULCH FAMILY FOUNDATION 6420 CURRYWOOD DRIVE NASHVILLE, TN 37205	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	BMI 10 MUSIC SQUARE EAST NASHVILLE, TN 37203	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	BRIDGESTONE AMERICAS TRUST FUND 535 MARRIOTT DRIVE, 11TH FLOOR NASHVILLE, TN 37214	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	BROWN-FORMAN 3310 WEST END AVENUE, STE. 600 NASHVILLE, TN 37203	\$ 5,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY	Employer identification number 58-1320590
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	CATERPILLAR FINANCIAL SERVICES CORPORATION PO BOX 340001 NASHVILLE, TN 37203	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	CENTRAL PARKING CORPORATION 2401 21ST AVENUE SOUTH NASHVILLE, TN 37212	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	COMMUNITY FOUNDATION OF MIDDLE TENNESSEE 3833 CLEGHORN AVE, #400 NASHVILLE, TN 37215	\$ 65,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	CORRECTIONS CORPORATION OF AMERICA 10 BURTON HILLS BLVD. NASHVILLE, TN 37215	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	DOLLAR GENERAL CORPORATION 100 MISSION RIDGE GOODLETTSVILLE, TN 37072	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	EARL SWENSSON ASSOCIATES, INC. 2100 WEST END AVENUE, SUITE 1200 NASHVILLE, TN 37203	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number

58-1320590

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	GAYLORD ENTERTAINMENT FOUNDATION ONE GAYLORD DRIVE NASHVILLE, TN 37214	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	HCA, INC. ONE PARK PLAZA NASHVILLE, TN 37203	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	JULIETTE C. DOBBS 1985 TRUST 1000 RIDGEWAY LOOP ROAD MEMPHIS, TN 38120	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	LIPMAN BROTHERS, INC. 411 GREAT CIRCLE ROAD NASHVILLE, TN 37228	\$ 5,861.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	MARTHA R. INGRAM 4400 HARDING ROAD NASHVILLE, TN 37205	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	MARY C. RAGLAND FOUNDATION 411 SUNNYSIDE DRIVE NASHVILLE, TN 37205	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number

58-1320590

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	METRO ACTION COMMISSION 1624 5TH AVE NORTH NASHVILLE, TN 37208	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	METROPOLITAN NASHVILLE ARTS COMMISSION 800 2ND AVE. SOUTH, 4TH FLOOR, P.O. BOX 196300 NASHVILLE, TN 37219	\$ 141,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	J. STEPHEN TURNER 4415 TYNE BOULEVARD NASHVILLE, TN 37215	\$ 12,790.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	JACK O. BOVENDER, JR. 520 BELLE MEADE BOULEVARD NASHVILLE, TN 37205	\$ 15,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	KEITH PITTS 625 WESTVIEW AVENUE NASHVILLE, TN 37205	\$ 5,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	NASHVILLE CONVENTION AND VISITORS BUREAU 150 4TH AVENUE NORTH, STE. G250 NASHVILLE, TN 37219	\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number

58-1320590

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	NISSAN NORTH AMERICA, INC. P.O. BOX 685001 FRANKLIN, TN 37068	\$ 20,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	PIEDMONT NATURAL GAS FOUNDATION 4720 PIEDMONT ROW DRIVE CHARLOTTE, NC 28233	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	PUBLIX SUPER MARKETS CHARITIES P.O. BOX 407 LAKELAND, FL 33802	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	REGIONS BANK 315 DEADERICK STREET, 4TH FLOOR NASHVILLE, TN 37237	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	SOUTH ARTS 1800 PEACHTREE, NW, SUITE 808 ATLANTA, GA 30309	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	SUNTRUST BANK, NASHVILLE P.O. BOX 305110 NASHVILLE, TN 37230	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY	Employer identification number 58-1320590
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	TARGET - COOL SPRINGS 1701 GALLERIA BLVD. FRANKLIN, TN 37067	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	TENNESSEE ARTS COMMISSION 401 CHARLOTTE AVE. NASHVILLE, TN 37243	\$ 138,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	THE DELL FOUNDATION ONE DELL WAY, RR1-22 ROUND ROCK, TX 78682	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	THE HCA FOUNDATION ONE PARK PLAZA BUILDING I - 4TH FLOOR EAST NASHVILLE, TN 37203	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	THE MEMORIAL FOUNDATION 100 BLUEGRASS COMMONS BLVD, SUITE 320 HENDERSONVILLE, TN 37075	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	VANDERBILT UNIVERSITY 405 KIRKLAND HALL NASHVILLE, TN 37240	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY	Employer identification number 58-1320590
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	THE WACHOVIA WELLS FARGO FOUNDATION 420 NORTH 20TH STREET, AL 0185 BIRMINGHAM, AL 35203	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	CHRISTY-HOUSTON FOUNDATION, INC. 1296 DOW STREET MURFREESBORO, TN 37130	\$ 6,566.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	CLARA HIERONYMUS TRUST PINNACLE NATIONAL BANK, 150 3RD AVE. S., STE. 900 NASHVILLE, TN 37201	\$ 20,470.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	DELEK U.S. - MAPCO EXPRESS 7102 COMMERCE WAY BRENTWOOD, TN 37027	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	JEFFREY AND DONNA ESKIND 416 ELLENDALE AVENUE NASHVILLE, TN 37205	\$ 12,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	JOHN FERGUSON 401 LYNNWOOD BLVD. NASHVILLE, TN 37205	\$ 13,265.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY	Employer identification number 58-1320590
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	FIRST TENNESSEE BANK P.O. BOX 28100 NASHVILLE, TN 37202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	ROBERT GAUDIO 4326 CHICKERING LANE NASHVILLE, TN 37215	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	GARY GLOVER 937 TRAVELERS COURT NASHVILLE, TN 37220	\$ 8,405.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	KENT HARRELL 5210 SHENANDOAH COURT NASHVILLE, TN 37220	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	HCA CARING FOR THE COMMUNITY P.O. BOX 8809 PRINCETON, NJ 08543	\$ 5,430.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	LANDIS B. GULLETT CHARITABLE LEAD ANNUITY TRUST 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY	Employer identification number 58-1320590
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	LANDMARK DIGITAL SERVICES 3100 WEST END, STE. 300 NASHVILLE, TN 37203	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	MEHARRY MEDICAL COLLEGE 1005 DRIVE DB TODD BLVD. NASHVILLE, TN 37208	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	NOVACOPY 15 LINDSLEY AVENUE NASHVILLE, TN 37210	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	U.S. TRUST, BANK OF AMERICA, PRIVATE WEALTH MANAGEMENT 231 LASALLE STREET, III-231-03-18 CHICAGO, IL 60604	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	AMERICAN AIRLINES ONE TERMINAL DRIVE NASHVILLE, TN 37214	\$ 15,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	SHERATON NASHVILLE DOWNTOWN 623 UNION STREET NASHVILLE, TN 37219	\$ 9,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number

58-1320590

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55	FIDELITY OFFSET, INC. 1207 FESSLERS LANE NASHVILLE, TN 37210	\$ 34,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	ICHIBAN JAPANESE CUISINE 109 SECOND AVENUE NORTH NASHVILLE, TN 37201	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	THE MELTING POT 166 SECOND AVENUE NORTH NASHVILLE, TN 37201	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY	Employer identification number 58-1320590
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	DONATED PRODUCT	\$ 225.	08/31/09
16	DONATED PRODUCT	\$ 5,861.	12/15/09
23	TIME AT CONDO USED AS AUCTION ITEM	\$ 5,000.	08/31/09
53	AIRLINE TICKETS	\$ 15,000.	08/01/09
54	AUCTION ITEMS	\$ 9,000.	08/31/09
		\$	

Name of organization TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY	Employer identification number 58-1320590
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. 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.) ▶ \$

(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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(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," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

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

Employer identification number
58-1320590

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 Using the organization's 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 exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

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

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

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

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

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ☐ %b Permanent endowment ☐ %c Term endowment ☐ %

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		6,973,921.	1,948,810.	5,025,111.
d Equipment		633,048.	333,108.	299,940.
e Other		787,721.	463,891.	323,830.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,648,881.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

Part VIII	Investments - Program Related. See Form 990, Part X, line 13.
------------------	--

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►		

Part IX	Other Assets. See Form 990, Part X, line 15.
----------------	---

[illegible]

Part X	Other Liabilities. See Form 990, Part X, line 25.
---------------	--

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
	DEPOSITS	206,681.
	CAPITAL LEASE OBLIGATION	1,085,033.
	Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,291,714.

2. FIN 48 Footnote. In Part XIV, 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.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	15,717,699.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,523,949.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,193,750.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	114.
9	Total adjustments (net). Add lines 4 through 8	9	114.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,193,864.

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

1	Total revenue, gains, and other support per audited financial statements	1	16,100,729.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	289,138.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	93,111.
e	Add lines 2a through 2d	2e	382,249.
3	Subtract line 2e from line 1	3	15,718,480.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-781.
c	Add lines 4a and 4b	4c	-781.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	15,717,699.

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

1	Total expenses and losses per audited financial statements	1	14,906,865.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	289,138.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	92,997.
e	Add lines 2a through 2d	2e	382,135.
3	Subtract line 2e from line 1	3	14,524,730.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-781.
c	Add lines 4a and 4b	4c	-781.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	14,523,949.

Part XIV Supplemental Information

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

PART XI, LINE 8 - OTHER ADJUSTMENTS:

GAIN ON DERIVATIVE FINANCIAL INSTRUMENTS: 1809.

LOSS ON OTHER ASSETS: -1695.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT SPECIAL EVENT EXPENSES: 93111.

Part XIV Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF EQUIPMENT: -781.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT SPECIAL EVENT EXPENSES: 93111.

GAIN ON DERIVATIVE INSTRUMENT: -1809.

LOSS ON OTHER ASSETS: 1695.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF EQUIPMENT: -781.

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

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Employer identification number
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Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

TENNESSEE PERFORMING ARTS CENTER (TPAC)

Schedule G (Form 990 or 990-EZ) 2009

MANAGEMENT COMPANY

58-1320590 Page 2

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FEST DE VILLE GALA (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	217,691.		217,691.
	2	Less: Charitable contributions	189,946.		189,946.
	3	Gross income (line 1 minus line 2)	27,745.		27,745.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	24,744.		24,744.
	8	Entertainment	1,344.		1,344.
	9	Other direct expenses	67,023.		67,023.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(93,111)
	11	Net income summary. Combine line 3, column (d), and line 10			-65,366.

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

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

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

TENNESSEE PERFORMING ARTS CENTER (TPAC)

Schedule G (Form 990 or 990-EZ) 2009

MANAGEMENT COMPANY

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13 Indicate the percentage of gaming activity operated in:

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

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

Name ►

Address ►

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

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

c If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

.....

.....

☐

Director/officer

☐

Employee

☐

Independent contractor

17 Mandatory distributions:

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

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

17a

Yes	No

Schedule G (Form 990 or 990-EZ) 2009

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

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

Employer identification number
58-1320590

Part I Questions Regarding Compensation

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

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

b If 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 officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2009

Continuation Sheet for Form 990

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

► See the Instructions for Form 990.

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

Employer Identification number
58-1320590

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
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[illegible]

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **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. ▶ See separate instructions.**

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**Open To Public
Inspection**

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

Employer identification number
58-1320590

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

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) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

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

Part III Grants or Assistance Benefiting Interested Persons.

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 and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
WILLIAM BRADY	WILLIAM BRADY IS A	1,904,057.	WILLIAM BRA		X
KENNY BLACKBURN	KENNY BLACKBURN IS	110,291.	KENNY BLACK		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

OMB No. 1545-0047

2009**Open to Public
Inspection**

► **Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**

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

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>AUCTION ITEMS</u>)	X	47	36,658.	COST OF DONATED PROP
26 Other ► (<u>DONATED LIQUO</u>)	X	1	5,861.	COST OF DONATED PROP
27 Other ► (<u>EVENT TICKET</u>)	X	13	3,162.	SELLING PRICE
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgment**29**30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

	Yes	No
30a		X
31		X
32a		X
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II.

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

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY	Employer identification number 58-1320590
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDING QUALITY ARTS ENTERTAINMENT AND EDUCATION TO THE RESIDENTS OF
TENNESSEE THROUGH THE OPERATION OF THE TENNESSEE PERFORMING ARTS
CENTER.

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

ORGANIZATIONS.

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

ASSOCIATION, NASHVILLE BALLET, AND THE TENNESSEE REPERTORY THEATRE, ALL
THREE OF WHICH ARE NON-PROFIT ORGANIZATIONS. TPAC ALSO RENTS IT
FACILITIES TO OUTSIDE PROMOTERS FOR EVENTS WHERE THEY ARE AT RISK, AND
TO THE STATE (WITH RENT WAIVED) FOR THEIR EVENTS. TO SUPPORT PUBLIC
PROGRAMMING, TPAC OPERATES ITS OWN TICKETING SERVICES. TO SUPPORT ITS
EDUCATIONAL PROGRAMS, TPAC ENGAGES IN FUNDRAISING WHICH INCLUDES
SOLICITING GIFTS AND SUPPORT FROM INDIVIDUALS, CORPORATIONS, AND
FOUNDATIONS.

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

TPAC'S WOLF TRAP EARLY LEARNING THROUGH THE ARTS PROGRAM BRINGS
ARTS-BASED CLASSROOM RESIDENCIES TO PRESCHOOLS AND HEAD START CENTERS.
TEACHING ARTISTS AND TEACHERS USE ARTS INSTRUCTION TO TARGET EARLY
CHILDHOOD DEVELOPMENTAL GOALS AND HELP CHILDREN LEARN. A TOTAL OF 1,089
CHILDREN AND TEACHERS PARTICIPATED IN WOLF TRAP IN 2009-2010 AT NO
CHARGE (1,026 CHILDREN AND TEACHERS IN 2008 - 2009).

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY	Employer identification number 58-1320590
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INSIDEOUT IS FOR ADULTS WHO WANT TO GROW IN THEIR KNOWLEDGE AND
ENJOYMENT OF THE PERFORMING ARTS. THE PROGRAM OFFERS A SERIES OF LUNCH
SEMINARS, PERFORMANCE EXCERPTS, DISCUSSIONS, WORKSHOPS AND SNEAK
PREVIEWS BEHIND THE SCENES. A TOTAL OF 3,124 INDIVIDUALS PARTICIPATED
IN THIS PROGRAM DURING THE YEAR AT NO CHARGE (2,959 INDIVIDUALS DURING
2009).

EXPENSES \$ 97295. INCLUDING GRANTS OF \$ 0. REVENUE \$ 106.

FORM 990, PART VI, SECTION A, LINE 6: THE TPACMC BOARD OF DIRECTORS JUST
RECENTLY EXPANDED FROM 20 TO 28 MEMBERS APPOINTED FOR THREE-YEAR STAGGERED
TERMS. THREE SLOTS WERE FILLED IN 2008-2009, THREE SLOTS WERE FILLED IN
2009-2010, AND THE TWO REMAINING WILL BE FILLED IN 2010-2011. BOARD
MEMBERS ARE APPOINTED FROM THE FOLLOWING ENTITIES:

THE TENNESSEE PERFORMING ARTS FOUNDATION - 8 SLOTS

THE TENNESSEE GOVERNOR - 5 SLOTS

TENNESSEE'S EDUCATION COMMISSIONER - 1 SLOT

THE TENNESSEE ARTS COMMISSION - 6 SLOTS

THE TENNESSEE PERFORMING ARTS CENTER - 8 SLOTS

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

FORM 990, PART VI, SECTION B, LINE 11: UPON COMPLETION OF FORM 990 BY THE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY	Employer identification number 58-1320590
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TAX DEPARTMENT OF THE EXTERNAL AUDITORS FOR TENNESSEE PERFORMING ARTS
CENTER IT WILL BE REVIEWED BY EITHER THE CFO OR DESIGNATED FINANCE
DEPARTMENT STAFF MEMBER AND THEN A REVIEW MEETING IS HELD THAT INCLUDES THE
TPAC CEO, CFO, BOARD TREASURER, AUDIT COMMITTEE CHAIR, AND EXTERNAL AUDIT
TAX PREPARER. APPROPRIATE CHANGES MAY BE MADE AT ANY POINT IN THE REVIEW
PROCESS PRIOR TO FILING FORM 990 WITH THE IRS.

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

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY	Employer identification number 58-1320590
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FORM 990, PART VI, SECTION C, LINE 19: TPAC'S GOVERNING DOCUMENTS ARE
AVAILABLE FOR PUBLIC INSPECTION. PURSUANT TO TENN CODE ANN SECTION
8-44-107, THE ACTIVITIES OF THE BOARD ARE OPEN TO THE PUBLIC AS IF IT WERE
A GOVERNMENTAL AGENCY. SEE BELOW:

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

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

FORM 990, PART XI, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

(A) NAME OF PERSON: WILLIAM BRADDY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WILLIAM BRADDY IS A BOARD MEMBER FOR TPAC.

(D) DESCRIPTION OF TRANSACTION: WILLIAM BRADDY IS AN EMPLOYEE OF US
TRUST, BANK OF AMERICA PRIVATE WEALTH MANAGEMENT. TPAC HAS ALL OF THEIR
BANK ACCOUNTS, LOANS, LEASES, AND LINES OF CREDIT THROUGH BANK OF

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

TENNESSEE PERFORMING ARTS CENTER (TPAC)
MANAGEMENT COMPANY

Employer identification number
58-1320590

AMERICA.

(A) NAME OF PERSON: KENNY BLACKBURN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KENNY BLACKBURN IS A BOARD MEMBER FOR TPAC

(D) DESCRIPTION OF TRANSACTION: KENNY BLACKBURN IS AN EMPLOYEE OF AT&T.

TPAC HAS ALL OF THEIR LOCAL PHONE SERVICE, LONG DISTANCE, INTERNET, AND

MAINTENANCE THROUGH AT&T. THIS SERVICE COVERS LOCATION-TO-LOCATION

CONNNECTIVITY (PTP T1'S AT CK) AND REMOTE ACCESS CONNECTIVITY (DSL AT WAR

AND DAVIS KIDD)

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009
Open to Public
Inspection

Name of the organization TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY	Employer identification number 58-1320590
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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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
TENNESSEE PERFORMING ARTS FOUNDATION - 23-7272205, 505 DEADERICK STREET, NASHVILLE, TN 37243	ENDOWMENT MGMT TO PROVIDE INCOME TO HELP DEFER THE OPERATING COSTS OF TPAC	TENNESSEE	501(C)(3)	509(A)(3)	N/A

Part III

[illegible]

Part IV

[illegible]

TENNESSEE PERFORMING ARTS CENTER (TPAC)

Schedule R (Form 990) 2009

MANAGEMENT COMPANY

58-1320590

Page **3**

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 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
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

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

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) TENNESSEE PERFORMING ARTS FOUNDATION	C	894,230.
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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.

[illegible]

2010 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W

FOR THE YEAR ENDING

JUNE 30, 2011

Prepared for	TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY 505 DEADERICK STREET NASHVILLE, TN 37243																																	
Prepared by	KRAFTCPAS PLLC 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228																																	
Amount of tax	<table><tr><td>Total Estimated Tax</td><td>\$</td><td>1,200</td><td></td></tr><tr><td>Less credit from prior year</td><td>\$</td><td>662</td><td></td></tr><tr><td>Less amount already paid on 2010 estimate</td><td>\$</td><td>0</td><td></td></tr><tr><td>Balance due</td><td>\$</td><td>538</td><td></td></tr></table> <p>Payable in full or in installments as follows:</p> <table><thead><tr><th>Installment</th><th>Amount</th><th>Due Date</th></tr></thead><tbody><tr><td>No. 1</td><td>\$ NONE REQUIRED</td><td></td></tr><tr><td>No. 2</td><td>\$ NONE REQUIRED</td><td></td></tr><tr><td>No. 3</td><td>\$ 238</td><td>MARCH 15, 2011</td></tr><tr><td>No. 4</td><td>\$ 300</td><td>JUNE 15, 2011</td></tr></tbody></table>			Total Estimated Tax	\$	1,200		Less credit from prior year	\$	662		Less amount already paid on 2010 estimate	\$	0		Balance due	\$	538		Installment	Amount	Due Date	No. 1	\$ NONE REQUIRED		No. 2	\$ NONE REQUIRED		No. 3	\$ 238	MARCH 15, 2011	No. 4	\$ 300	JUNE 15, 2011
Total Estimated Tax	\$	1,200																																
Less credit from prior year	\$	662																																
Less amount already paid on 2010 estimate	\$	0																																
Balance due	\$	538																																
Installment	Amount	Due Date																																
No. 1	\$ NONE REQUIRED																																	
No. 2	\$ NONE REQUIRED																																	
No. 3	\$ 238	MARCH 15, 2011																																
No. 4	\$ 300	JUNE 15, 2011																																
Make check payable to	PAYMENT MUST BE DEPOSITED WITH DEPOSIT COUPON FORM 8109 IN AN AUTHORIZED FINANCIAL INSTITUTION.																																	
Mail voucher and check (if applicable) to	DO NOT SEND REMITTANCE TO THE IRS. ON FORM 8109, BE SURE TO DARKEN THE BOX FOR 990-T.																																	
Special Instructions	WRITE THE ORGANIZATION'S EMPLOYER IDENTIFICATION NUMBER AND "2010 FORM 990-T" ON THE CHECK OR MONEY ORDER.																																	

Form **990-W**

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

OMB No. 1545-0976

(WORKSHEET)

Department of the Treasury
Internal Revenue Service

(and on Investment Income for Private Foundations) FORM 990-T

(Keep for your records. Do not send to the Internal Revenue Service.)

2010

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax (see instructions)	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits (see instructions)	5	
6	Subtract line 5 from line 4	6	
7	Other taxes (see instructions)	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels (see instructions)	9	
10a	Subtract line 9 from line 8. Note. If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2009 return (see instructions). Caution. If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	1,165.
c	2010 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	1,200.

		(a)	(b)	(c)	(d)	
11	Installment due dates (see instructions)	11	10/15/10	12/15/10	03/15/11	06/15/11
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions)	12	300.	300.	300.	300.
13	2009 Overpayment (see instructions)	13	300.	300.	62.	
14	Payment due. (Subtract line 13 from line 12.)	14			238.	300.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2010)

ESTIMATED TAX 1,200.
OVERPAYMENT APPLIED 662.
AMOUNT DUE 538.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

JUNE 30, 2010

Prepared for	TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY 505 DEADERICK STREET NASHVILLE, TN 37243
Prepared by	KRAFTCPAS PLLC 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228
Amount due or refund	OVERPAYMENT OF \$662. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	AS SOON AS POSSIBLE.
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Form **990-T**Department of the Treasury
Internal Revenue Service (77)**Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))For calendar year 2009 or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

OMB No. 1545-0687

2009Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY Number, street, and room or suite no. If a P.O. box, see page 8 of instructions. 505 DEADERICK STREET City or town, state, and ZIP code NASHVILLE, TN 37243	D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 58-1320590 E Unrelated business activity codes (See instructions for Block E on page 9.) 541800
C Book value of all assets at end of year 11,148,096.		F Group exemption number (See instructions for Block F.) ▶ G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. **▶ SPONSORSHIP ADVERTISING**
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
 If "Yes," enter the name and identifying number of the parent corporation. **▶**
J The books are in care of **▶ JULIE GILLEN, CFO** Telephone number **▶ 615-782-4033**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.) STATEMENT 1	12	13,840.	13,840.
13 Total. Combine lines 3 through 12	13	13,840.	13,840.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	1,791.
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule) SEE STATEMENT 2	28	3,281.
29 Total deductions. Add lines 14 through 28	29	5,072.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	8,768.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	8,768.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	7,768.

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

Form 990-T (2009)

58-1320590

Page **2**

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	(1) \$ (2) \$ (3) \$	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$	
(2) Additional 3% tax (not more than \$100,000)	\$	
c Income tax on the amount on line 34		35c 1,165.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36
37 Proxy tax. See instructions		37
38 Alternative minimum tax		38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39 1,165.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	1,165.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42	
43 Total tax. Add lines 41 and 42	43	1,165.
44a Payments: A 2008 overpayment credited to 2009	44a	1,148.
b 2009 estimated tax payments	44b	679.
c Tax deposited with Form 8868	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	44f	
45 Total payments. Add lines 44a through 44f	45	1,827.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	662.
49 Enter the amount of line 48 you want: Credited to 2010 estimated tax 662. Refunded	49	0.

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 17)

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

N/A

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	PRESIDENT & CEO
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	01/05/11		P00075603
	KRAFTCPAS PLLC 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228		EIN	62-0713250
			Phone no.	615-242-7351

Form **990-T** (2009)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 18)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
0.		0.

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

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

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

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.		

TENNESSEE PERFORMING ARTS CENTER (TPAC)
MANAGEMENT COMPANY

58-1320590

Page 4

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

(see instructions on page 20)

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

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

(see instructions on page 21)

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

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

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

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

FORM 990-T	OTHER INCOME	STATEMENT	1
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DESCRIPTION	AMOUNT
SPONSORSHIP INCOME	13,840.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	13,840.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
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DESCRIPTION	AMOUNT
WEBSITE FEES	43.
TICKETS	1,634.
PLASMAS	216.
DEALERSHIP EXPENSES	1,388.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	3,281.

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning JUL 1, 2009, and ending JUN 30, 2010**2009**Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

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

Employer identification number

58-1320590

Name and title of officer

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>15717699</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

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

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☒ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

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

62570798765

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 01/05/11

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