

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

2012**Open to Public Inspection****A** For the **2012** calendar year, or tax year beginning **JUN 1, 2012** and ending **MAY 31, 2013**

| | | |
|---|---|---|
| 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 | C Name of organization NASHVILLE BALLET Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3630 REDMON STREET City, town, or post office, state, and ZIP code NASHVILLE, TN 37209 F Name and address of principal officer: HEATHER THORNE SAME AS C ABOVE | D Employer identification number 58-1440788 E Telephone number 615-297-2966 G Gross receipts \$ 5,195,714. 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) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.NASHVILLEBALLET.COM 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: 1986 M State of legal domicile: TN | | |

Part I Summary

| | | | | |
|------------------------------------|--|----------------------------------|---------------------|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO CREATE, PERFORM, TEACH, AND PROMOTE DANCE AS AN ESSENTIAL AND INSPIRING 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 54 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 54 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 131 6 Total number of volunteers (estimate if necessary) 6 415 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 3,718. b Net unrelated business taxable income from Form 990-T, line 34 7b 2,587. | | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) 1,063,639. 9 Program service revenue (Part VIII, line 2g) 1,676,228. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,586. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 245,922. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,989,375. | Prior Year | Current Year | |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,935,904. 16a Professional fundraising fees (Part IX, column (A), line 11e) 17,187. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 417,489. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,875,911. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,829,002. 19 Revenue less expenses. Subtract line 18 from line 12 -839,627. | | | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) 3,709,681. 21 Total liabilities (Part X, line 26) 765,290. 22 Net assets or fund balances. Subtract line 21 from line 20 2,944,391. | Beginning of Current Year | End of Year | |

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 HEATHER THORNE, BOARD PRESIDENT Type or print name and title | Date | |
| Paid Preparer Use Only | Print/Type preparer's name BART BROWDER Firm's name ▶ KRAFTCPAS PLLC Firm's address ▶ 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228 | Preparer's signature Date 11/18/13 | Check <input type="checkbox"/> if self-employed PTIN P01278431 Firm's EIN ▶ 62-0713250 Phone no. 615-242-7351 |

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒**1** Briefly describe the organization's mission:

OUR MISSION IS TO CREATE, PERFORM, TEACH, AND PROMOTE DANCE AS AN
ESSENTIAL AND INSPIRING ELEMENT OF OUR COMMUNITY.

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

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

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

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

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

4a (Code:) (Expenses \$ 3,571,126. including grants of \$) (Revenue \$ 2,211,769.)
 NASHVILLE BALLET OPENED THE 2012-2013 PERFORMANCE SEASON WITH THE
 SLEEPING BEAUTY. THE POPULARITY OF THIS PRODUCTION GAVE US THE
 OPPORTUNITY TO MOVE TO A LARGER THEATER, INCREASE AUDIENCE CAPACITY AND
 SELL 725 TICKETS MORE THAN LAST YEAR'S FALL PERFORMANCE, CINDERELLA.
 TICKET REVENUE FROM NASHVILLE'S NUTCRACKER EXCEEDED OUR GOAL BY NEARLY
 \$150,000. A HIGHLY SUCCESSFUL MARKETING CAMPAIGN INCREASED AUDIENCE
 ATTENDANCE BY 3,300 OVER LAST YEAR, WITHOUT INCREASING OUR ADVERTISING
 BUDGET. WE PERFORMED CARMINA BURANA ON TOUR IN ST. LOUIS IN FEBRUARY TO
 SOLD-OUT CROWDS AND STANDING OVATIONS. ENCOURAGING OUR SUCCESS AND
 SUSTAINABILITY, A REPRESENTATIVE FROM THE PRESTIGIOUS KYLIAN FOUNDATION
 REVIEWED OUR COMPANY DANCERS AND APPROVED NASHVILLE BALLET TO PERFORM
 KYLIAN'S PINNACLE WORK, PETITE MORT, IN THE COMING SEASON. THE WINTER

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **3,571,126.**

Part IV Checklist of Required Schedules

| | Yes | No |
|---|--------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | 1 X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | 2 X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | 3 | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | 5 | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | 6 | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8 | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | 9 | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a 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> | 11a X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | 11b | X |
| c 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> | 11c | X |
| d 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> | 11d | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 11e | X |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | 12a X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | 12b | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 15 | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | 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> | 17 | 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> | 18 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> | 19 | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |

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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 any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | 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> | | 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> | | 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> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 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? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 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> | | 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> | | X |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest 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> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | 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> | | 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> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

Note. All Form 990 filers are required to complete Schedule OForm **990** (2012)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

| | | Yes | No |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 69 | |
| 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 | 131 | |
| 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 (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 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 instructions for 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? | | |
| 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 as charitable contributions? | | 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 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 | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 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 | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | |

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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.Check if Schedule O contains a response to any question in this Part VI ☒**Section A. Governing Body and Management**

| | 1a | 1b | Yes | No |
|--|----|----|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 54 | | | |
| b Enter the number of voting members included in line 1a, above, who are independent | | 54 | | |
| 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 governing documents since the prior Form 990 was filed? | | | 4 | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | 5 | X |
| 6 Did the organization have members or stockholders? | | | 6 | X |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | | 7a | X |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | 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 Did the organization have local chapters, branches, or affiliates? | 10a | X |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | X |
| 13 Did the organization have a written whistleblower policy? | 13 | X |
| 14 Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
ANGIE ADAMS, EXECUTIVE DIRECTOR - 615-297-2966
3630 REDMON STREET, NASHVILLE, TN 37209

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) AMY ATKINSON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (2) ANITA BALTIMORE BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (3) JOHN BETTIS BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (4) NANCY CHEADLE BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (5) LESLIE DOUGLAS CHURCHWELL BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) LISA RAMSAY COLE BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) BRENDA CORBIN BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) TREY CRABB BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) JIM DEDMON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) ROSEMARY DICKERSON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) CHANDRA DOUGLAS BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) EMMELY DUNCAN BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) PATRICIA EASTWOOD BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) LISA ELLIS BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) LAURIE ESKIND BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) JANE FABIAN BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) BRIAN FITZPATRICK BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) CATHERINE GEMMATO-SMITH BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) AMOS GOTT BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) ELIZABETH GREER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) FRANK HAMMER BOARD MEMBER/TREASURER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) BILL HARALSON BOARD MEMBER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (23) GERRY HAYDEN BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) ASHLEY HENRY BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) JEFF HERRING BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) JACQUELINE HUTTON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 208,635. | 0. | 21,041. |
| d Total (add lines 1b and 1c) | | | | | | | | 208,635. | 0. | 21,041. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

| | 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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2012)

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) ALLISON JONES BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (28) SUSAN SHORT JONES BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (29) LOIS JORDAN BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (30) JOY JOYNER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (31) CHRIS KEATON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (32) NEIL KRUGMAN BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (33) SANDRA LIPMAN BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (34) EUGENE LOTCHINSKI BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (35) LANNIE NEAL BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (36) RACHEL ODOM BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (37) JENNIFER PURYEAR BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (38) ASHLEIGH HARB ROBERTS BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (39) RONNIE SCOTT BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (40) VEE VEE SCOTT BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (41) MARY JO SHANKLE BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (42) ANNE SHEPHERD BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (43) DAN SLIPKOVICH BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (44) LEAH SOHR BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (45) MARY SPALDING BOARD MEMBER/SECRETARY | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (46) HEATHER THORNE BOARD MEMBER/PRESIDENT | 3.00 | X | | X | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (47) CLAIRE TUCKER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (48) BARBARA TURNER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (49) JOYCE VISE BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (50) STEPHANIE HALE WALKER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (51) BRAD WENSEL BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (52) MISSY WILLIAMS BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (53) PAUL VASTERLING CEO/ARTISTIC DIRECTOR | 40.00 | | | X | | | | 119,620. | 0. | 14,692. |
| (54) ANGIE ADAMS EXECUTIVE DIRECTOR | 40.00 | | | X | | | | 89,015. | 0. | 6,349. |
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| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | 208,635. | | 21,041. |

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|--|--|-------------------------|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | 21,110. | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | 253,250. | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 2,181,170. | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 17,178. | | | |
| | h Total. Add lines 1a-1f | | 2,455,530. | | | |
| | Program Service Revenue | 2 a TICKET SALES | Business Code 711120 | 1,176,562. | 1,176,562. | |
| b SCHOOL TUITION | | 611600 | 897,202. | 897,202. | | |
| c RENTALS & TOURING | | 900099 | 91,449. | 91,449. | | |
| d OUTREACH | | 900099 | 27,927. | 27,927. | | |
| e | | | | | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | 2,193,140. | | | |
| Other Revenue | | 3 Investment income (including dividends, interest, and other similar amounts) | | 12,167. | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6 a Gross rents | (i) Real 46,000. | | | | |
| | b Less: rental expenses | 42,282. | | | | |
| | c Rental income or (loss) | 3,718. | | | | |
| | d Net rental income or (loss) | | 3,718. | | 3,718. | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities 33,981. | | | | |
| | b Less: cost or other basis and sales expenses | 28,240. | | | | |
| | c Gain or (loss) | 5,741. | | | | |
| | d Net gain or (loss) | | 5,741. | | | 5,741. |
| | 8 a Gross income from fundraising events (not including \$ 21,110. of contributions reported on line 1c). See Part IV, line 18 | a 426,463. | | | | |
| | b Less: direct expenses | b 169,621. | | | | |
| | c Net income or (loss) from fundraising events | | 256,842. | | | 256,842. |
| 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 22,165. | | | | | |
| b Less: cost of goods sold | b 9,804. | | | | | |
| c Net income or (loss) from sales of inventory | | 12,361. | 12,361. | | | |
| Miscellaneous Revenue | 11 a MISCELLANEOUS | Business Code 900099 | 6,268. | 6,268. | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | | 6,268. | | | |
| | 12 Total revenue. See instructions. | | 4,945,767. | 2,211,769. | 3,718. | 274,750. |

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 232,562. | 101,740. | 72,832. | 57,990. |
| 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 | 1,287,051. | 1,142,108. | 31,261. | 113,682. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 17,750. | 15,347. | 636. | 1,767. |
| 9 Other employee benefits | 273,098. | 252,787. | 7,378. | 12,933. |
| 10 Payroll taxes | 169,209. | 144,454. | 8,350. | 16,405. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 1,550. | 1,550. | | |
| c Accounting | 15,000. | 12,654. | 874. | 1,472. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 3,538. | 2,985. | 206. | 347. |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 118,565. | 36,219. | 959. | 81,387. |
| 12 Advertising and promotion | 349,990. | 319,484. | 129. | 30,377. |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 235,165. | 222,246. | 4,030. | 8,889. |
| 17 Travel | 75,425. | 72,031. | 493. | 2,901. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 9,481. | 7,729. | 541. | 1,211. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 229,715. | 215,785. | 5,191. | 8,739. |
| 23 Insurance | 35,525. | 25,906. | 1,721. | 7,898. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a ARTIST FEES, LICENSES, | 406,402. | 405,892. | 0. | 510. |
| b THEATER AND PRODUCTION | 356,587. | 356,391. | 35. | 161. |
| c BANK & TICKET FEES | 186,591. | 135,738. | 602. | 50,251. |
| d EQUIPMENT EXPENSE | 62,946. | 55,882. | 1,335. | 5,729. |
| e All other expenses | 60,632. | 44,198. | 1,594. | 14,840. |
| 25 Total functional expenses. Add lines 1 through 24e | 4,126,782. | 3,571,126. | 138,167. | 417,489. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 209,471. | 1 | 364,633. |
| | 2 Savings and temporary cash investments | 232,958. | 2 | 185,223. |
| | 3 Pledges and grants receivable, net | 169,793. | 3 | 943,811. |
| | 4 Accounts receivable, net | 17,524. | 4 | 25,313. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 7,483. | 8 | 3,492. |
| | 9 Prepaid expenses and deferred charges | 7,601. | 9 | 29,812. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 6,113,436. | | |
| | b Less: accumulated depreciation | 10b 2,254,706. | 10c | 3,858,730. |
| | 11 Investments - publicly traded securities | 373,865. | 11 | 542,606. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 198,158. | 15 | 213,269. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 3,709,681. | 16 | 6,166,889. | |
| Liabilities | 17 Accounts payable and accrued expenses | 107,830. | 17 | 124,018. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 410,169. | 19 | 523,497. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 247,291. | 23 | 1,714,844. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 765,290. | 26 | 2,362,359. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 2,432,407. | 27 | 3,232,997. |
| | 28 Temporarily restricted net assets | 436,644. | 28 | 441,318. |
| | 29 Permanently restricted net assets | 75,340. | 29 | 130,215. |
| | Organizations that do not follow SFAS 117 (ASC 958), 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 | 2,944,391. | 33 | 3,804,530. |
| 34 Total liabilities and net assets/fund balances | 3,709,681. | 34 | 6,166,889. | |

Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

| | | | |
|----|--|----|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,945,767. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,126,782. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 818,985. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2,944,391. |
| 5 | Net unrealized gains (losses) on investments | 5 | 37,015. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 4,139. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 3,804,530. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☒

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 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. | X | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| 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 | | |

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

NASHVILLE BALLET

Employer identification number

58-1440788

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 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 - Non-functionally integrated
- 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) | | |

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

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1949420. | 1549505. | 1926063. | 1063639. | 2455530. | 8944157. |
| 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 | 1949420. | 1549505. | 1926063. | 1063639. | 2455530. | 8944157. |
| 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) | | | | | | 674,794. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 8269363. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|---------------|--------------------------|
| 7 Amounts from line 4 | 1949420. | 1549505. | 1926063. | 1063639. | 2455530. | 8944157. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 3,305. | 116. | 7,663. | 8,285. | 12,167. | 31,536. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | 3,718. | 3,718. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 535. | 2,927. | 6,682. | 10,583. | 6,268. | 26,995. |
| 11 Total support. Add lines 7 through 10 | | | | | | 9006406. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 8,541,795. | |
| 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 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | 91.82 % |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 | 15 | 98.00 % |
| 16a 33 1/3% support test - 2012. 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 checked="" type="checkbox"/> | |
| b 33 1/3% support test - 2011. 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 - 2012. 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 - 2011. 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) 2012

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 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 | | | | | | |
| 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 | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | | % |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15 | 16 | | % |

Section D. Computation of Investment Income Percentage

| | | | |
|---|-----------|--|---|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17 | | % |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17 | 18 | | % |

19a 33 1/3% support tests - 2012. 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 - 2011. 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 ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**MISCELLANEOUS INCOME**

2008 AMOUNT: \$ 535.

2009 AMOUNT: \$ 2,927.

2010 AMOUNT: \$ 6,682.

2011 AMOUNT: \$ 10,583.

2012 AMOUNT: \$ 6,268.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

NASHVILLE BALLET

58-1440788

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, total 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 total 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 Part I, 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 Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

| | |
|----------------------|--------------------------------|
| Name of organization | Employer identification number |
| NASHVILLE BALLET | 58-1440788 |

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 1 | | \$ 267,400. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | | \$ 515,775. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | | \$ 50,050. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | | \$ 262,000. | 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.) |

| | |
|----------------------|--------------------------------|
| Name of organization | Employer identification number |
| NASHVILLE BALLET | 58-1440788 |

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

| | |
|---|---|
| Name of organization NASHVILLE BALLET | Employer identification number 58-1440788 |
|---|---|

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total 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.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---|-----------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

NASHVILLE BALLET

Employer identification number

58-1440788

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 education) | <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, and not on a historic structure listed in the National Register | 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 XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII ☐

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 | 207,217. | 212,030. | 54,543. | 50,189. | 71,030. |
| b Contributions | 54,875. | 340. | 150,000. | | |
| c Net investment earnings, gains, and losses | 27,974. | -3,848. | 7,487. | 4,354. | -20,841. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 16,620. | 1,305. | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 273,446. | 207,217. | 212,030. | 54,543. | 50,189. |

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

- a Board designated or quasi-endowment ☒ 45.71 %
 b Permanent endowment ☒ 47.62 %
 c Temporarily restricted endowment ☒ 6.67 %

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

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

- (i) unrelated organizations
 (ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | X | |
| 3a(ii) | | X |
| 3b | | |

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

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

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 130,000. | | 130,000. |
| b Buildings | | 3,704,644. | 879,889. | 2,824,755. |
| c Leasehold improvements | | | | |
| d Equipment | | 2,237,044. | 1,334,213. | 902,831. |
| e Other | | 41,748. | 40,604. | 1,144. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 3,858,730. |

Schedule D (Form 990) 2012

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 |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| 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 |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | |

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

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

| | | | |
|----------|--|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 5,330,968. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | 37,015. |
| b | Donated services and use of facilities | 2b | 122,339. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 4,139. |
| e | Add lines 2a through 2d | 2e | 163,493. |
| 3 | Subtract line 2e from line 1 | 3 | 5,167,475. |
| 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 XIII.) | 4b | -221,708. |
| c | Add lines 4a and 4b | 4c | -221,708. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 4,945,767. |

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

| | | | |
|----------|---|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 4,470,829. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 122,339. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 221,708. |
| e | Add lines 2a through 2d | 2e | 344,047. |
| 3 | Subtract line 2e from line 1 | 3 | 4,126,782. |
| 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 XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 4,126,782. |

Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE ORIGINAL PRINCIPAL IS INVESTED INDEFINITELY AND

INCOME GENERATED FROM THE PRINCIPAL IS USED TO SUPPORT THE DANCE TRAINING
OF STUDENTS IN THE SCHOOL OF NASHVILLE BALLET.

PART X, LINE 2: MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX
POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE
BALLET'S INCOME TAX RETURNS TO DETERMINE WHETHER THE INCOME TAX POSITIONS
MEET A "MORE LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)

EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS PERFORMED ITS EVALUATION OF ALL INCOME TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX RETURNS AND HAS DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE LIKELY THAN NOT" STANDARD. ACCORDINGLY, THERE ARE NO PROVISIONS FOR INCOME TAXES, PENALTIES OR INTEREST RECEIVABLE OR PAYABLE RELATING TO UNCERTAIN INCOME TAX POSITIONS IN THE ACCOMPANYING FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

| | |
|---|--------|
| CHANGE IN VALUE OF THE COMMUNITY FOUNDATION OF MIDDLE | |
| TENNESSEE ENDOWMENT | 4,139. |

PART XI, LINE 4B - OTHER ADJUSTMENTS:

| | |
|---------------------------------------|-----------|
| SPECIAL EVENT EXPENSES | -169,621. |
| GIFT SHOP COSTS | -9,804. |
| RENTAL EXPENSES | -42,283. |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B | -221,708. |

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|--|----------|
| SPECIAL EVENT EXPENSES | 169,621. |
| GIFT SHOP COSTS | 9,804. |
| RENTAL EXPENSES | 42,283. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 221,708. |

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.

2012

Open To Public Inspection

Employer identification number
58-1440788

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.

- a** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| | | | | | | |
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| | | | | | | |
| Total | | | | | | |

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|--|--------------|--------------|------------------|---------------------------------|
| | | BALLET BALL | SPRING TEA | 1 | (add col. (a) through col. (c)) |
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 Gross receipts | 416,293. | 17,020. | 5,900. | 439,213. |
| | 2 Less: Contributions | 19,505. | 260. | 275. | 20,040. |
| | 3 Gross income (line 1 minus line 2) | 396,788. | 16,760. | 5,625. | 419,173. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | 2,158. | | | 2,158. |
| | 6 Rent/facility costs | 23,876. | 5,183. | | 29,059. |
| | 7 Food and beverages | 42,669. | 188. | 911. | 43,768. |
| | 8 Entertainment | 23,101. | | | 23,101. |
| | 9 Other direct expenses | 61,157. | 4,667. | 1,840. | 67,664. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | (165,750) |
| | 11 Net income summary. Combine line 3, column (d), and line 10 | | | | 253,423. |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|---|-------------------------------|---|---|---|--|
| Revenue | 1 Gross revenue | | | | |
| 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 | | | | | |

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? ☐ Yes ☐ No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No
- 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 ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

NASHVILLE BALLET

Employer identification number

58-1440788

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

ELEMENT OF OUR COMMUNITY. THROUGH OUR SEASON PERFORMANCE REPERTORY, WE
CREATE AND PRESENT OUTSTANDING WORKS OF ART IN COLLABORATION WITH OTHER
NOTABLE NASHVILLE ARTISTS, INCLUDING THE NASHVILLE SYMPHONY, ALIAS
CHAMBER ENSEMBLE AND LOCAL SINGER-SONGWRITERS. THESE INSPIRATIONAL
WORKS OF ART REACH MORE THAN 27,000 MIDDLE TENNESSEANS EVERY YEAR. OUR
SCHOOL OF NASHVILLE BALLET IS A NATIONALLY KNOWN LEADER IN CLASSICAL
BALLET TRAINING AND TOP OF MIND LOCALLY FOR RECREATIONAL DANCING, WITH
MORE THAN 1,200 STUDENTS ENROLLED ANNUALLY. OUR OUTREACH AND
EDUCATIONAL PROGRAMS PERMEATE THE COMMUNITY AND REACH OVER 30,000
UNDERSERVED CHILDREN, YOUTH AND ADULTS IN MORE THAN 18 COUNTIES ACROSS
TENNESSEE.

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

PERFORMANCE, ATTITUDE, FEATURED A TRIFECTA OF CONTEMPORARY WORK
INCLUDING THE WHISTLING, PLOUGHING THE DARK, AND....BUT THE FLOWERS
HAVE YET TO COME, WHERE MORE THAN 700 NEW PATRONS EXPERIENCED A
NASHVILLE BALLET PERFORMANCE FOR THE FIRST TIME. THE SAME WEEKEND,
NASHVILLE BALLET PERFORMED THE SINGING TORTOISE FOR CHILDREN AND THEIR
FAMILIES. IN APRIL, NASHVILLE BALLET PRESENTED AN ORIGINAL DANCE
VERSION OF THE ROMANTIC CLASSIC ROMEO & JULIET. IN MAY, PAUL
VASTERLING'S OWN VERSION OF MACBETH OFFERED A DARK AND CAPTIVATING
PERFORMANCE FOR AN INTIMATE CROWD AT NASHVILLE BALLET'S PERFORMANCE
SPACE. THE SAME WEEKEND, NASHVILLE BALLET COMPLETED ITS PERFORMANCE
SEASON WITH NEARLY SOLD-OUT PERFORMANCES OF SENORITAS Y TOROS, A
CHILDREN'S BALLET DESIGNED SPECIFICALLY TO EXPOSE OUR YOUNGEST FANS TO

| | |
|---|---|
| Name of the organization NASHVILLE BALLET | Employer identification number 58-1440788 |
|---|---|

THE WORLD OF MOVEMENT AND MUSIC. IN THE SCHOOL OF NASHVILLE BALLET, ANNUAL ENROLLMENT IN FY13 WAS JUST OVER 1,200 UNIQUE STUDENTS RESULTING IN THE HIGHEST NUMBER OF STUDENTS ENROLLED IN NASHVILLE BALLET HISTORY. AS PART OF OUR OUTREACH AND EDUCATION PROGRAM, NEARLY 4,000 NASHVILLE HEAD START 4-YEAR-OLD STUDENTS VISITED OUR STUDIOS FOR AN INTERACTIVE PERFORMANCE WHILE OUR DANCERS TRAVELED TO NASHVILLE HEAD START SITES TO PROVIDE STORY TIME INTERACTIVE PERFORMANCES FOR ALL 3-YEAR-OLDS WHO DID NOT TRAVEL TO OUR PERFORMANCE STUDIO. NASHVILLE BALLET DANCERS ALSO TRAVELED ACROSS THE STATE OFFERING MORE THAN 180+ OUTREACH PERFORMANCES TO SCHOOLS, LIBRARIES AND COMMUNITY CENTERS THROUGHOUT TENNESSEE. WE ALSO PROVIDED A RECORD-BREAKING 2,500 TICKETS TO NASHVILLE NUTCRACKER FOR MORE THAN 50 SOCIAL SERVICES AGENCIES TO HOST DESERVING CHILDREN AND THEIR FAMILIES AT ALL 12 OF OUR PERFORMANCES. OUR OUTREACH AND EDUCATION PROGRAM ALSO ESTABLISHED A RESIDENCY PROGRAM WITHIN SIX METRO NASHVILLE TITLE 1 ELEMENTARY SCHOOLS, WHICH PROVIDED TWO FREE STORY TIME EVENTS AND TWO FREE BALLET PERFORMANCES TO THEIR AT-RISK STUDENT POPULATIONS, AND ALLOWED US TO HAVE A DEEPER IMPACT ON NEARLY 3,000 CHILDREN. THIS PAST SPRING, WE PROVIDED FREE PRESCHOOL BALLETS AT 18 OF 22 BRANCH LOCATIONS OF THE NASHVILLE PUBLIC LIBRARY. ALL OUTREACH INITIATIVES COMBINED SERVED MORE THAN 30,000 PEOPLE DURING THIS FISCAL YEAR.

FORM 990, PART VI, SECTION B, LINE 11: THE COMPLETED FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE UNDER THE DIRECTION OF THE EXECUTIVE DIRECTOR. ONCE THEIR REVIEW IS COMPLETE THE FINANCE COMMITTEE RECOMMENDS THAT BOTH THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS ACCEPT THE COMPLETED FORM 990 AS PRESENTED. THE COMPLETED FORM 990 IS PROVIDED ELECTRONICALLY VIA E-MAIL TO ALL BOARD MEMBERS IN ADVANCE OF THE FILING. ANY BOARD MEMBERS

Name of the organization

NASHVILLE BALLET

Employer identification number

58-1440788

WHO CANNOT RECEIVE DOCUMENTS ELECTRONICALLY ARE PROVIDED WITH A PAPER COPY.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD PRESIDENT AND OTHER BOARD OFFICERS REVIEW THE ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS AND NOTE CONFLICTS SO THEY CAN ASK SELECT BOARD MEMBERS TO RECUSE THEMSELVES FROM PARTICIPATING IN DISCUSSIONS AND VOTES ON TOPICS WITH WHICH THEY HAVE PREVIOUSLY DISCLOSED A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE COMPENSATION OF THE CEO AND THE EXECUTIVE DIRECTOR. THEY ALSO BENCHMARK THE COMPENSATION AGAINST COMPENSATION PROVIDED TO SIMILAR POSITIONS IN COMPARABLE DANCE COMPANIES VIA INFORMATION PROVIDED ON OTHER COMPANIES' FORM 990S.

FORM 990, PART VI, SECTION C, LINE 19: NASHVILLE BALLET MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. ANNUAL AUDITS AND SIGNIFICANT OTHER COMPANY INFORMATION IS AVAILABLE THROUGH THE WEBSITE WWW.GIVINGMATTERS.COM.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF THE COMMUNITY FOUNDATION OF MIDDLE
TENNESSEE ENDOWMENT

4,139.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS REGARDING THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))For calendar year 2012 or other tax year beginning **JUN 1, 2012**, and ending **MAY 31, 2013****2012**Open 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.) NASHVILLE BALLET Number, street, and room or suite no. If a P.O. box, see instructions. 3630 REDMON STREET City or town, state, and ZIP code NASHVILLE, TN 37209 | D Employer identification number (Employees' trust, see instructions.) 58-1440788 E Unrelated business activity codes (See instructions.) 531190 |
| C Book value of all assets at end of year 6,166,889. | | F Group exemption number (see instructions) ▶ 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. **▶ RENTAL PROPERTY**
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 **▶ ANGIE ADAMS, EXECUTIVE DIRECTOR** Telephone number **▶ 615-297-2966**

| 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 | 44,381. | 40,794. |
| 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 statement) | | 12 | | |
| 13 Total. Combine lines 3 through 12 | | 13 | 44,381. | 40,794. |
| | | | | 3,587. |

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 statement) | 18 | |
| 19 Taxes and licenses | 19 | |
| 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 statement) | 28 | |
| 29 Total deductions. Add lines 14 through 28 | 29 | 0. |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | 3,587. |
| 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 | 3,587. |
| 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 | 2,587. |

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

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

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

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

c Income tax on the amount on line 34 **35c** 388.**36 Trusts taxable at trust rates** (see instructions for tax computation). Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36****37 Proxy tax** (see instructions) **37****38 Alternative minimum tax** **38****39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **39** 388.**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** 388.**42** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach statement) **42****43** **Total tax.** Add lines 41 and 42 **43** 388.**44a** Payments: A 2011 overpayment credited to 2012 **44a****b** 2012 estimated tax payments **44b****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** Credit for small employer health insurance premiums (Attach Form 8941) **44f****g** Other credits and payments: ☐ Form 2439 **44g**☐ Form 4136 ☐ Other Total **44g****45** **Total payments.** Add lines 44a through 44g **45****46** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ **46****47** **Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 388.**48** **Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48****49** Enter the amount of line 48 you want: **Credited to 2013 estimated tax** **Refunded** **49****Part V Statements Regarding Certain Activities and Other Information** (see instructions)**1** At any time during the 2012 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 instructions for other forms the organization may have to file. **Yes** **No** 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****2** Purchases **2****3** Cost of labor **3****4a** Additional section 263A costs (att. statement) **4a****b** Other costs (attach statement) **4b****5** **Total.** Add lines 1 through 4b **5****6** Inventory at end of year **6****7** **Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2 **7****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes** **No****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 **BOARD PRESIDENT** Title **May the IRS discuss this return with the preparer shown below (see instructions)?** ☒ **Yes** ☐ **No**

| | | | | | |
|-------------------------------|---|-------------------------------|----------|---|-----------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | BART BROWDER | | 11/18/13 | | P01278431 |
| | Firm's name KRAFTCPAS PLLC | Firm's EIN 62-0713250 | | | |
| | Firm's address 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228 | Phone no. 615-242-7351 | | | |

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

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 statement) |
|---|---|--|
| (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) **0.**(b) **Total deductions.**Enter here and on page 1, Part I, line 6, column (B) **0.****Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 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 statement) | (b) Other deductions (attach statement) |
| | | | STATEMENT 1 | STATEMENT 2 |
| (1) RENTAL BUILDING & LAND | | 46,000. | 18,912. | 23,370. |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | 5. Average adjusted basis of or allocable to debt-financed property (attach statement) | 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) 1,469,115. | 1,522,715. | 96.48% | 44,381. | 40,794. |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals | | | Enter here and on page 1, Part I, line 7, column (A). 44,381. | Enter here and on page 1, Part I, line 7, column (B). 40,794. |
| Total dividends-received deductions included in column 8 | | | | 0 |

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 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 0. | | | 0. | |

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

(see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 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)

| 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)**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) | | | | | | |
| 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)

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

| | | | |
|------------|-------------------------------------|-----------|---|
| FORM 990-T | SCHEDULE E - DEPRECIATION DEDUCTION | STATEMENT | 1 |
|------------|-------------------------------------|-----------|---|

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
|--|--------------------|---------|---------|
| DEPRECIATION EXPENSE | | 18,912. | |
| - SUBTOTAL - | 1 | | 18,912. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A) | | | 18,912. |

| | | | |
|------------|-------------------------------|-----------|---|
| FORM 990-T | SCHEDULE E - OTHER DEDUCTIONS | STATEMENT | 2 |
|------------|-------------------------------|-----------|---|

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
|--|--------------------|---------|---------|
| INSURANCE EXPENSE | | 1,556. | |
| INTEREST EXPENSE | | 21,814. | |
| - SUBTOTAL - | 1 | | 23,370. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B) | | | 23,370. |

TENNESSEE DEPARTMENT OF REVENUE
FRANCHISE, EXCISE TAX RETURN

Please do not staple

**FAE
170**

Taxable Year
Beginning: 06/01/12
Ending: 05/31/13

Account No.

Due Date
09/15/13

FEIN or SSN

58-1440788

CHECK APPROPRIATE BLOCK(S):

- a. ☐ Tennessee Domestic Corporation
b. ☐ Foreign Corporation
c. ☐ S Corporation
d. ☐ Insurance Company
e. ☐ LLC
f. ☐ Single Member LLC/individual
g. ☐ Single Member LLC/corporation
h. ☐ Single Member LLC/general partnership
i. ☐ Single Member LLC/Division of parent (see instructions)

- j. ☐ Series LLC/Series
k. ☐ PLLC
l. ☐ LP
m. ☐ LLP
n. ☐ RLLP
o. ☐ PRLLP
p. ☐ Business Trust
q. ☒ Not-For-Profit
r. ☐ Other _____

AMENDED RETURN, please check the box at right. } ☐

FINAL RETURN for termination or withdrawal, please check box at right. Include copy of federal return. } ☐

Application of Public Law 86-272 to Excise Tax, please check box at right. } ☐

Payment for this return was sent via EFT, please check the box at right. } ☐

Taxpayer has made an election to calculate net worth per the provisions of Tenn. Code Ann. Section 67-4-2103 (g)-(i), please check the box at right. } ☐

Enter the principal business activity code (NAICS) listed in federal IRC instructions that best describes the principal business activity in Tennessee.

711100

Date Tennessee Operations Began

03/21/1986

If you use a paid preparer and do not want forms mailed to you next year, check box at right. ☒

NASHVILLE BALLET
3630 REDMON STREET
NASHVILLE
TENNESSEE

37209

SCHEDULE A - COMPUTATION OF FRANCHISE TAX

DOLLARS CENTS

- | | | | |
|--|-----|---------|--|
| 1. Total net worth from Schedule F1, Line 5 or Schedule F2, Line 3 | (1) | 44144 | |
| 2. Total real & tangible personal property from Schedule G, Line 15 | (2) | 1513259 | |
| 3. Franchise tax (25¢ per \$100.00 or major fraction thereof on the greater of Lines 1 or 2; minimum \$100.00) | (3) | 1990 | |

SCHEDULE B - COMPUTATION OF EXCISE TAX

- | | | | |
|--|-----|------|--|
| 4. Income subject to excise tax from Schedule J, Line 33 | (4) | 3587 | |
| 5. Excise tax (6.5% of Line 4) | (5) | 233 | |
| 6. Add: Recapture of tax credit from Schedule T, Part 2 | (6) | | |
| 7. Net excise tax due (Line 5 plus Line 6) | (7) | 233 | |

SCHEDULE C - COMPUTATION OF TOTAL TAX DUE OR OVERPAYMENT

- | | | | |
|---|------|------|--|
| 8. Total Franchise and Excise taxes - Add lines 3 and 7 | (8) | 2223 | |
| 9. Deduct: Total credit from Schedule D, Line 10 (cannot exceed Line 8) | (9) | | |
| 10. Subtotal: Line 8 less Line 9 (if Line 9 exceeds Line 8, enter 0 here) | (10) | 2223 | |
| 11. Deduct: Total payments from Schedule E, Line 7 | (11) | | |
| 12. Penalty (5% for each 30-day period of delinquency not to exceed 25%; minimum penalty is \$15) | (12) | 222 | |
| 13. Interest (7.25% per annum on taxes unpaid by the due date) | (13) | 26 | |
| 14. Penalty on estimated franchise, excise tax payments | (14) | | |
| 15. Interest on estimated franchise, excise tax payments | (15) | | |
| 16. Total amount due (overpayment) - Add lines 10, 12, 13, 14, and 15, less Line 11 | (16) | 2471 | |

If overpayment reported on Line 16, complete A and/or B:

A. ☐ Credit to next year's tax \$

B. ☐ Refund \$

POWER OF ATTORNEY -

Check YES if this taxpayer's signature certifies that this tax preparer has the authority to execute this form on behalf of the taxpayer and is authorized to receive and inspect confidential tax information and to perform any and all acts relating to respective tax matters.

☒ YES

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

BOARD PRESIDENT

Taxpayer's Signature

Date

Title

P01278431

11/07/13

615-242-7351

Tax Preparer's Signature

Preparer's PTIN

Date

Telephone

555 GREAT CIRCLE ROA NASHVILLE

TN

37228

Preparer's Address

City

State

ZIP

FOR OFFICE
USE ONLY

279351 RV-R0011001
11-02-12

Remit amount on Line 16, payable to:
TENNESSEE DEPARTMENT OF REVENUE
Andrew Jackson State Office Building
500 Deaderick Street, Nashville, TN 37242

1703150000000002012060120130531012000000000000158144078800000000001

| TAXABLE YEAR | TAXPAYER NAME | ACCOUNT NO./FEIN/SSN |
|-------------------|------------------|----------------------|
| 06/01/12 05/31/13 | NASHVILLE BALLET | 58-1440788 |

Schedule D - SCHEDULE OF CREDITS

| | | |
|--|------|--|
| 1. Gross Premiums tax credit (cannot exceed Schedule C, Line 8) | (1) | |
| 2. Tennessee Income Tax (cannot exceed Schedule B, Line 5) | (2) | |
| 3. Green Energy Tax Credit (attach schedule) | (3) | |
| 4. Carbon Charge Credit (attach schedule) | (4) | |
| 5. Brownfield Property Credit (attach schedule) | (5) | |
| 6. Headquarters Relocation Expense Credit (attach schedule) | (6) | |
| 7. Industrial Machinery Credit from Schedule T, Line 11 | (7) | |
| 8. Jobs Tax Credit from Schedule X, Line 16 | (8) | |
| 9. Jobs Tax Credit computed in accordance with Tenn. Code Ann. Section 67-4-2109 (b)(2) from Schedule X, Line 21 | (9) | |
| 10. Total Credit - Add lines 1 through 9 (Enter here and on Schedule C, Line 9) | (10) | |

Schedule E - SCHEDULE OF PAYMENTS

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

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

| | | |
|--|-----|-----------|
| 1. Net Worth (total assets less total liabilities) | (1) | 44144. |
| 2. Indebtedness to or guaranteed by parent or affiliated corporation (Cannot be a deduction) | (2) | |
| 3. Total lines 1 and 2 | (3) | 44144. |
| 4. Ratio (Schedules N, O, P, or R if applicable or 100%) | (4) | 100.0000% |
| 5. Total - Line 3 multiplied by Line 4 (Enter here and on Schedule A, Line 1) | (5) | 44144. |

Schedule F2 - CONSOLIDATED NET WORTH

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

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

Schedule G - DETERMINATION OF REAL AND TANGIBLE PROPERTY

| BOOK VALUE OF PROPERTY OWNED - Cost less accumulated depreciation | | | | In Tennessee |
|--|------|--------------|---------|--------------|
| 1. Land | (1) | | | 130000. |
| 2. Buildings, leaseholds, and improvements | (2) | | | 1383259. |
| 3. Machinery, equipment, furniture, and fixtures | (3) | | | |
| 4. Automobiles and trucks | (4) | | | |
| 5. Prepaid supplies and other tangible personal property (Attach schedule) | (5) | | | |
| 6. Share of partnership real and tangible property provided that the partnership does not file a return (Attach schedule) | (6) | | | |
| 7. Inventories and work in progress | (7) | | | |
| a. Deduct exempt inventory in excess of \$30 million (Tenn. Code Ann. Section 67-4-2108(a)(6)(B)) | (7a) | () | | |
| 8. a. Deduct value of certified pollution control equipment (Include copy of certificate (Tenn. Code Ann. Section 67-5-604)) and | | | | |
| b. equipment used to produce electricity at a Certified Green Energy Production Facility | (8) | () | | |
| 9. Deduct exempt required capital investments (Tenn. Code Ann. Section 67-4-2108(a)(6)(G)) | (9) | () | | |
| 10. SUBTOTAL - Add lines 1 through 7, less Line 7a through Line 9 | (10) | | | 1513259. |
| Rental Value of Property Used but not Owned | | | | (C) |
| Net Annual Rental Paid for: | | | | |
| 11. Real property | | (A) | x8 (11) | |
| 12. Machinery & equipment used in manufacturing & processing | | In Tennessee | x3 (12) | |
| 13. Furniture, office machinery, and equipment | | | x2 (13) | |
| 14. Delivery or mobile equipment | | | x1 (14) | |
| 15. TENNESSEE TOTAL - Add lines 10-14 (Enter total here and on Schedule A, Line 2) | (15) | | | 1513259. |

| TAXABLE YEAR | TAXPAYER NAME | ACCOUNT NO./FEIN/SSN |
|-------------------|------------------|----------------------|
| 06/01/12 05/31/13 | NASHVILLE BALLET | 58-1440788 |

COMPUTATION OF EXCISE TAX

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

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

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

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

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

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

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

| | | |
|---|-----|-------|
| Enter the amount of income (loss) from the applicable federal return to Schedule J, Line 1 | | |
| 1. Federal Form 1120 - Line 28 (Taxable income or loss before net operating loss deduction and special deductions) | (1) | |
| 2. Federal Form 990-T, Line 30 (unrelated business taxable income) | (2) | 3587. |
| 3. Other: Form _____, Schedule _____ | (3) | |
| Additions: | | |
| 4. Any net loss or expense received from a "pass-through" entity subject to the excise tax, or any net loss or expense distributed to a publicly traded REIT (include schedule of entities and FEINs) | (4) | |
| Deductions: | | |
| 5. Any net gain or income received from a "pass-through" entity subject to the excise tax, or any net gain or income distributed to a publicly traded REIT (include schedule of entities and FEINs) | (5) | |
| 6. Total - Lines 1 through 4 less Line 5 (Enter here and on Schedule J, Line 1) | (6) | 3587. |

| TAXABLE YEAR | TAXPAYER NAME | ACCOUNT NO./FEIN/SSN |
|-------------------|------------------|----------------------|
| 06/01/12 05/31/13 | NASHVILLE BALLET | 58-1440788 |

Schedule J - COMPUTATION OF NET EARNINGS SUBJECT TO EXCISE TAX

| | | |
|---|------|-----------|
| 1. Federal income or loss (Enter amount from Schedule J-1, J-2, J-3, or J-4) | (1) | 3587. |
| ADDITIONS: | | |
| 2. Intangible Expenses paid, accrued, or incurred to an affiliated business entity or entities deducted for federal income tax purposes | (2) | |
| 3. Any depreciation under the provisions of IRC Section 168 not permitted for excise tax purposes due to Tennessee permanently decoupling from federal bonus depreciation and any expense/depreciation deducted as a result of "safe harbor" lease elections. (attach schedule) | (3) | |
| 4. Any deduction for domestic production activities under the provisions of IRC Section 199 | (4) | |
| 5. Any gain on the sale of an asset sold within twelve months after the date of distribution to a nontaxable entity | (5) | |
| 6. Tennessee excise tax expense (to the extent reported for federal purposes) | (6) | |
| 7. Gross premiums tax deducted in determining federal income and used as an excise tax credit | (7) | |
| 8. Interest income on obligations of states and their political subdivisions, less allowable amortization | (8) | |
| 9. Depletion not based on actual recovery of cost | (9) | |
| 10. Contribution carryover from prior period(s) | (10) | |
| 11. Capital gains offset by capital loss carryover or carryback | (11) | |
| 12. Excess fair market value over book value of property donated | (12) | |
| 13. Excess rent to/from an affiliate. A taxpayer paying excess rent enters a positive amount on this line. A taxpayer receiving excess rent, to the extent added back to net earnings by its affiliate, enters a negative amount on this line | (13) | |
| 14. Total additions - Add lines 2 through 13 | (14) | |
| DEDUCTIONS: | | |
| 15. Any depreciation under the provisions of IRC Section 168 permitted for excise tax purposes due to Tennessee permanently decoupling from federal bonus depreciation | (15) | |
| 16. Any excess gain (or loss) from the basis adjustment resulting from Tennessee permanently decoupling from federal bonus depreciation | (16) | |
| 17. Any loss on the sale of an asset sold within twelve months after the date of distribution to a nontaxable entity | (17) | |
| 18. Dividends received from corporations, at least 80% owned (attach schedule) | (18) | |
| 19. Contributions in excess of amount allowed by federal government | (19) | |
| 20. Donations to Qualified Public School Support Groups and nonprofit organizations | (20) | |
| 21. Portion of current year's capital loss not included in federal taxable income | (21) | |
| 22. Any expense other than income taxes, not deducted in determining federal taxable income for which a credit against the federal income tax is allowable | (22) | |
| 23. Any income included for federal tax purposes and any depreciation or other expense that could have been deducted for "safe harbor" lease elections. (attach schedule) | (23) | |
| 24. Nonbusiness earnings - Schedule M, Line 8 | (24) | |
| 25. Intangible Expenses paid, accrued, or incurred to an affiliated entity or entities. The applicable box must be checked in order to take the deduction (check all that apply): | | |
| <input type="checkbox"/> A) Form IE-N; Attached | | |
| <input type="checkbox"/> B) Form IE-A; Previously Submitted, Approval/Denial Pending | | |
| <input type="checkbox"/> C) Form IE-A; Previously Submitted and Approved | (25) | |
| 26. Intangible income from an affiliated business entity or entities if the corresponding intangible expenses have not been deducted by the affiliate(s) under Tenn. Code Ann. Section 67-4-2006(b)(2)(N) | (26) | |
| 27. TOTAL deductions - Add lines 15 through 26 | (27) | |
| COMPUTATION OF TAXABLE INCOME: | | |
| 28. Total Business Income (Loss) - Add lines 1 and 14, less Line 27 (If loss, complete Schedule K) | (28) | 3587. |
| 29. Apportionment Ratio (Schedules N, O, P, or R if applicable or 100%) | (29) | 100.0000% |
| 30. Apportioned business income (Loss) (Line 28 multiplied by Line 29) | (30) | 3587. |
| 31. Add: Nonbusiness earnings directly allocated to Tennessee (From Schedule M, Line 9) | (31) | |
| 32. Deduct: Loss carryover from prior years (From Schedule U) | (32) | |
| 33. Subject to excise tax (6.5%) (Line 30 plus Line 31, less Line 32) (enter here and on Schedule B, Line 4) | (33) | 3587. |

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

| | | |
|--|-----|---|
| 1. Net loss from Schedule J, Line 28 | (1) | |
| ADD: | | |
| 2. Amounts reported on Schedule J, lines 18 and 24 | (2) | |
| 3. Amounts reported on Schedule J-1, lines 6 and 7, and Schedule J-2, Line 9 | (3) | |
| 4. Reduced loss - Add lines 1 through 3 (if net amount is positive, enter "0") | (4) | |
| 5. Excise Tax ratio (Schedules N, O, P, or R if applicable or 100%) | (5) | % |
| 6. Current year loss carryover available (Line 4 multiplied by Line 5) | (6) | |