

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning AUGUST 01, 2012, and ending JULY 31, 20 13

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization NASHVILLE SYMPHONY ASSOCIATION
 Doing Business As THE NASHVILLE SYMPHONY
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1 SYMPHONY PLACE
 City, town or post office, state, and ZIP code
NASHVILLE, TN 37201

D Employer identification number
62-0550979

E Telephone number
(615)687-6515

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

G Gross receipts \$ 62,393,210

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

H(c) Group exemption number ▶

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

J Website: ▶ NASHVILLESYMPHONY.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1946

M State of legal domicile: TN

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>THE NASHVILLE SYMPHONY IS DEDICATED TO ACHIEVING THE HIGHEST STANDARD FOR EXCELLENCE IN MUSICAL PERFORMANCE AND EDUCATIONAL PROGRAMS, WHILE ENGAGING THE COMMUNITY, ENRICHING AUDIENCES AND SHAPING CULTURAL LIFE.</u>		
	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	64
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	63
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	510
	6	Total number of volunteers (estimate if necessary)	6	274
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-472,341
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-472,341	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 10,598,243	Current Year 4,931,717
	9	Program service revenue (Part VIII, line 2g)	7,934,210	7,431,021
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,224,138	8,748,378
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	808,617	25,730
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,565,208	21,136,846
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,500	14,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	13,391,393	15,074,523
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	283,750	132,837
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,419,082</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	19,618,967	19,147,432
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	33,301,610	34,368,792
19	Revenue less expenses. Subtract line 18 from line 12	-11,736,402	-13,231,946	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 181,289,803	End of Year 128,202,779
	21	Total liabilities (Part X, line 26)	109,238,949	30,326,219
	22	Net assets or fund balances. Subtract line 21 from line 20	72,050,854	97,876,560

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: _____ Date: _____
CHAD BOYD, CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: RACHEL SPURLOCK Preparer's signature: *Rachel Spurlock* Date: 6/13/2014 Check if self-employed PTIN: P00520729
 Firm's name: CROWE HORWATH LLP Firm's EIN: 35-0921680
 Firm's address: 105 CONTINENTAL PLACE, SUITE 200, BRENTWOOD, TN 37027 Phone no.: (615)360-5500

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2012)

Application for Extension of Time To File an Exempt Organization Return

(Rev. January 2013)

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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

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

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

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

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

• The books are in the care of ▶ MICHAEL R. KIRBY

Telephone No. ▶ (615)687-6515 FAX No. ▶ _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until March 15, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 ____ or

▶ tax year beginning August 01, 20 12, and ending July 31, 20 13.

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Cat. No. 27916D

Form **8868** (Rev. 1-2013)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

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

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

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **▶ CHAD BOYD**
Telephone No. **▶ (615)687-6515** FAX No. **▶**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **_____**. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **June 15**, 20 **14**.
- 5 For calendar year **_____**, or other tax year beginning **August 01**, 20 **12**, and ending **July 31**, 20 **13**.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED SO THAT THE ORGANIZATION CAN GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** *Jacqueline Gibson* 2014.03.11 12:12:43 -05'00' Title **▶** CPA Date **▶** 3-11-2014

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission:

MISSION STATEMENT - THE NASHVILLE SYMPHONY IS DEDICATED TO ACHIEVING THE HIGHEST STANDARD FOR EXCELLENCE IN MUSICAL PERFORMANCE AND EDUCATIONAL PROGRAMS, WHILE ENGAGING THE COMMUNITY, ENRICHING AUDIENCES AND SHAPING CULTURAL LIFE.
(CONTINUED ON SCHEDULE O)

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

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

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

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

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

4a (Code:) (Expenses \$ 28,469,790 including grants of \$) (Revenue \$ 7,494,121)

LED BY MUSIC DIRECTOR GIANCARLO GUERRERO AND PRESIDENT AND CEO ALAN D. VALENTINE, THE GRAMMY® AWARD-WINNING NASHVILLE SYMPHONY HAS RECEIVED NATIONAL AND INTERNATIONAL RECOGNITION FOR ITS EXCEPTIONAL MUSICIANSHIP AND ADVENTUROUS PROGRAMMING. THE SYMPHONY PERFORMS MORE THAN 140 CONCERTS ANNUALLY, INCLUDING CLASSICAL, POPS, JAZZ, A FAMILY SERIES AND A VARIETY OF SPECIAL EVENTS. THE 2012/13 SEASON OPENED WITH A MOMENTOUS PERFORMANCE OF MAHLER'S SYMPHONY NO. 8, POPULARLY KNOWN AS "SYMPHONY OF A THOUSAND" BECAUSE OF THE HUGE NUMBER OF MUSICIANS AND SINGERS REQUIRED. THIS AMBITIOUS UNDERTAKING SET THE TONE FOR THE REST OF THE SEASON, WHICH COVERED THE FULL BREADTH OF THE ORCHESTRAL REPERTOIRE. HIGHLIGHTS INCLUDED EVERYTHING FROM AUDIENCE FAVORITES SUCH AS BEETHOVEN'S FIFTH AND BERLIOZ'S SYMPHONIE FANTASTIQUE TO AN ENTIRE CONCERT OF MUSIC INSPIRED BY FOLK TRADITIONS, WITH PERFORMANCES OF HUNGARIAN COMPOSER ZOLTÁN KODÁLY'S HARY JANOS SUITE AND MEXICAN COMPOSER CARLOS CHÁVEZ'S SINFONÍA INDIA. THROUGHOUT THE SEASON WERE A NUMBER OF (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 791,072 including grants of \$ 14,000) (Revenue \$ 322,850)

THE NASHVILLE SYMPHONY REACHES SCHOOL CHILDREN ACROSS THE MIDDLE TENNESSEE REGION THROUGH SUCH PROGRAMS AS YOUNG PEOPLE'S CONCERTS, WHICH BRING STUDENTS FROM PUBLIC, PRIVATE AND HOME SCHOOLS TO THE SCHERMERHORN. THE ENSEMBLES IN THE SCHOOLS PROGRAM TAKES MEMBERS OF THE NASHVILLE SYMPHONY TO PUBLIC AND PRIVATE SCHOOLS, WHERE THEY PERFORM FOR STUDENTS, ALL WITHOUT COST TO STUDENTS OR THE SCHOOLS. "IS IT A FIDDLE OR A VIOLIN?" IS A UNIQUE PARTNERSHIP WITH THE COUNTRY MUSIC HALL OF FAME® AND MUSEUM, IN WHICH STUDENTS ARE INVITED TO EXPLORE THE SIMILARITIES AND THE DIFFERENCES BETWEEN CLASSICAL MUSIC AND COUNTRY MUSIC. ALONG WITH PERFORMING FOR STUDENTS, THE NASHVILLE SYMPHONY COMMITS ITS TIME AND RESOURCES TO PERFORMING FREE CONCERTS FOR PEOPLE FROM ACROSS THE COMMUNITY. EVERY SUMMER, THE COMMUNITY CONCERTS SERIES BRINGS THE ORCHESTRA TO PUBLIC PARKS ACROSS THE CITY AND THE MID-STATE REGION. IN ADDITION, EVERY JANUARY, THE SYMPHONY PRESENTS "LET FREEDOM SING!," A FREE (CONTINUED ON SCHEDULE O)

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

4d Other program services (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 29,260,862

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 (see instructions)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

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>		✓
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>	✓	
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>	✓	
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>		✓
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>		✓
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>		✓
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>		✓
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>		✓
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>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
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>	✓	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
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>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
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>		✓
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>		✓
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>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
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>		✓
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>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	✓	

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

Check if Schedule O contains a response 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		
	1a 204		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	
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		
	2a 510		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<input checked="" type="checkbox"/>	
	2b <input checked="" type="checkbox"/>		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<input checked="" type="checkbox"/>	
	3a <input checked="" type="checkbox"/>		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<input checked="" type="checkbox"/>	
	3b <input checked="" type="checkbox"/>		
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)?		<input checked="" type="checkbox"/>
	4a		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
	5a		<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
	5b		<input checked="" type="checkbox"/>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<input checked="" type="checkbox"/>
	6a		<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
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?	<input checked="" type="checkbox"/>	
	7a <input checked="" type="checkbox"/>		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<input checked="" type="checkbox"/>	
	7b <input checked="" type="checkbox"/>		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<input checked="" type="checkbox"/>
	7c		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
	7e		<input checked="" type="checkbox"/>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<input checked="" type="checkbox"/>
	7f		<input checked="" type="checkbox"/>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
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?	13a	
	Note. See the instructions for additional information the organization must report on Schedule O.		
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	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 64 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 63		
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?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input checked="" type="checkbox"/>	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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?		<input checked="" type="checkbox"/>
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	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	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 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: ► CHAD BOYD, 1 SYMPHONY PLACE, NASHVILLE, TN 37201, (615)687-6515

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

Check if Schedule O contains a response 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EDWARD A. GOODRICH CHAIR	1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(2) ALAN D. VALENTINE PRESIDENT & CEO	40	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				381,988	0	21,529
(3) MR. KEVIN W. CRUMBO TREASURER	1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(4) BETSY WILLS SECRETARY	1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(5) JAMES C. SEABURY III CHAIR-ELECT	1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(6) STEVE TURNER BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(7) MARK WAIT BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(8) JEFFERY C. WALRAVEN BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(9) JOHNNA B. WATSON BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(10) TED HOUSTON WELCH BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(11) WILLIAM GREER WIGGINS BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(12) DAVID WILLIAMS, II BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(13) JEREMY WILLIAMS BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(14) CLARE YANG BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) SHIRLEY ZEITLIN BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(16) JAMES D. ZIMMERMAN BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(17) DR. KEITH B. CHURCHWELL BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(18) MICHELLE R. COLLINS BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(19) JUDY M. FOSTER BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(20) ALISON F. GOODING BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(21) MICHAEL W. HAYES BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(22) MARTHA R. INGRAM BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(23) JOHN T. LEWIS BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(24) RICHARD L. MILLER BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(25) DAVID K. MORGAN BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
1b Sub-total								381,988	0	21,529
c Total from continuation sheets to Part VII, Section A								1,071,487	0	98,056
d Total (add lines 1b and 1c)								1,453,475	0	119,585

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 **▶ 6**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<input checked="" type="checkbox"/>

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WILLIAM MORRIS ENDEAVOR ENTERTAINMENT, 1325 AVENUE OF THE AMERICAS, NEW YORK, NY 10018	GUEST ARTIST MANAGEMENT	251,500
KRAFT CPAS LLC, 555 GREAT CIRCLE ROAD, STE. 200, NASHVILLE, TN 37228	FINANCIAL RESTRUCTURING	215,988
OPUS 3 ARTISTS, 470 PARK AVE S., 9TH FLOOR NORTH, NEW YORK, NY 10016	GUEST ARTIST MANAGEMENT	214,000
FROST BROWN TODD LLC, P.O. BOX 70087, LOUISVILLE, KY 40270-0087	PROFESSIONAL FEES AND RESTRUCTURING ADVICE	170,642
COLUMBIA ARTISTS MANAGEMENT, 1790 BROADWAY, NEW YORK, NY 10019	GUEST ARTIST MANAGEMENT	119,701

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 **▶ 5**

Part VIII Statement of Revenue

Check 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	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	511,899				
	d Related organizations	1d					
	e Government grants (contributions)	1e	322,850				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,096,968				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		4,931,717				
Program Service Revenue		Business Code					
	2a TICKET SALES	711190	6,940,901	6,940,901			
	b ORCHESTRA FEES	711190	490,120	490,120			
	c _____		0				
	d _____		0				
	e _____		0				
	f All other program service revenue .		0	0	0	0	
g Total. Add lines 2a-2f		7,431,021					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,712,732			1,712,732	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real	2,552,432				
		(ii) Personal					
		b Less: rental expenses	3,024,773				
	c Rental income or (loss)	-472,341	0				
	d Net rental income or (loss)		-472,341		-472,341		
	7a Gross amount from sales of assets other than inventory	(i) Securities	44,763,596				
		(ii) Other					
		b Less: cost or other basis and sales expenses	37,727,950				
	c Gain or (loss)	7,035,646	0				
	d Net gain or (loss)		7,035,646			7,035,646	
	8a Gross income from fundraising events (not including \$ 511,899 of contributions reported on line 1c). See Part IV, line 18	a	505,554				
		b Less: direct expenses	452,494				
		c Net income or (loss) from fundraising events		53,060			53,060
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses							
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a	110,208					
	b Less: cost of goods sold	51,147					
	c Net income or (loss) from sales of inventory		59,061			59,061	
Miscellaneous Revenue		Business Code					
11a TICKET HANDLING CHARGES	711190	324,359	324,359				
b OTHER INCOME	711190	61,591	61,591				
c _____		0					
d All other revenue		0	0	0	0		
e Total. Add lines 11a-11d		385,950					
12 Total revenue. See instructions.		21,136,846	7,816,971	-472,341	8,860,499		

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	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	14,000	14,000		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,573,057	873,360	699,697	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	11,415,231	10,207,975	588,433	618,823
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	548,448	527,804		20,644
9 Other employee benefits	688,672	610,834	35,517	42,321
10 Payroll taxes	849,115	706,782	78,750	63,583
11 Fees for services (non-employees):				
a Management	87,125	87,125		
b Legal	215,292		215,292	
c Accounting	99,371		99,371	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	132,837			132,837
f Investment management fees	492,410		492,410	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,502,476	2,502,476	0	0
12 Advertising and promotion	1,402,864	827,487	164,974	410,403
13 Office expenses	649,595		521,453	128,142
14 Information technology	215,808		215,808	
15 Royalties	143,463	143,463		
16 Occupancy	4,057,139	3,651,425	405,714	
17 Travel	41,722	16,317	23,076	2,329
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,616		2,616	
20 Interest	145,737		145,737	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	5,880,723	5,880,723		
23 Insurance	78,654	78,654		
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 RESTRUCTURING EXPENSES	1,787,637	1,787,637		
b OTHER PRODUCTION EXPENSES	433,251	433,251		
c SUBORDINATED DEBT SERVICE	62,133	62,133		
d	0			
e All other expenses	849,416	849,416	0	0
25 Total functional expenses. Add lines 1 through 24e	34,368,792	29,260,862	3,688,848	1,419,082
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	9,409,963	1	5,698,428
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	18,021,574	3	8,038,683
	4 Accounts receivable, net	632,117	4	3,355,117
	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	0
	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 instructions). Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,302,936	9	844,276
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 141,981,487		
	b Less: accumulated depreciation	10b 45,932,287	101,739,095	10c 96,049,200
	11 Investments—publicly traded securities	39,006,031	11	9,948,350
	12 Investments—other securities. See Part IV, line 11	4,754,257	12	4,268,725
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,423,830	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	181,289,803	16	128,202,779	
Liabilities	17 Accounts payable and accrued expenses	804,668	17	508,635
	18 Grants payable		18	
	19 Deferred revenue	3,700,484	19	4,567,584
	20 Tax-exempt bond liabilities	85,340,000	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	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	2,650,000
	24 Unsecured notes and loans payable to unrelated third parties		24	22,600,000
	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	19,393,797	25	0
	26 Total liabilities. Add lines 17 through 25	109,238,949	26	30,326,219
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	51,468,555	27	86,270,646
	28 Temporarily restricted net assets	18,057,113	28	9,068,064
	29 Permanently restricted net assets	2,525,186	29	2,537,850
	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	72,050,854	33	97,876,560
34 Total liabilities and net assets/fund balances	181,289,803	34	128,202,779	

Part XI Reconciliation of Net Assets

Check 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	21,136,846
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,368,792
3	Revenue less expenses. Subtract line 2 from line 1	3	-13,231,946
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	72,050,854
5	Net unrealized gains (losses) on investments	5	-3,310,120
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	42,367,772
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	97,876,560

Part XII Financial Statements and Reporting

Check 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		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) CANO A. OZGENER ----- BOARD MEMBER	1 -----	✓						0	0	0
(27) PAM K. PFEFFER ----- BOARD MEMBER	1 -----	✓						0	0	0
(28) DEBORAH K. PITTS ----- BOARD MEMBER	1 -----	✓						0	0	0
(29) MARWAH SHAHID ----- BOARD MEMBER	1 -----	✓						0	0	0
(30) NELSON SHIELDS ----- BOARD MEMBER	1 -----	✓						0	0	0
(31) HARRY WILLIAMS ----- BOARD MEMBER	1 -----	✓						0	0	0
(32) REBECCA WILLIE ----- BOARD MEMBER	1 -----	✓						0	0	0
(33) DONNA B. YURDIN ----- BOARD MEMBER	1 -----	✓						0	0	0
(34) JANET E. AYERS ----- BOARD MEMBER	1 -----	✓						0	0	0
(35) SCOTT BECKER ----- BOARD MEMBER	1 -----	✓						0	0	0
(36) DAVID L. BLACK ----- BOARD MEMBER	1 -----	✓						0	0	0
(37) JACK O. BOVENDER, JR ----- BOARD MEMBER	1 -----	✓						0	0	0
(38) ANASTASIA BROWN ----- BOARD MEMBER	1 -----	✓						0	0	0
(39) REBECCA J. COLE ----- BOARD MEMBER	1 -----	✓						0	0	0
(40) LISA COOPER ----- BOARD MEMBER	1 -----	✓						0	0	0
(41) LARRY J. LARKIN ----- BOARD MEMBER	1 -----	✓						0	0	0
(42) BEN L. CUNDIFF ----- BOARD MEMBER	1 -----	✓						0	0	0
(43) EDUARDO H. MINARDI ----- BOARD MEMBER	1 -----	✓						0	0	0
(44) CAROL A. DANIELS ----- BOARD MEMBER	1 -----	✓						0	0	0
(45) PETER NEFF ----- BOARD MEMBER	1 -----	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(46) ROBERT J. DENNIS ----- BOARD MEMBER	1 -----	✓						0	0	0
(47) JAMES C. GOOCH ----- BOARD MEMBER	1 -----	✓						0	0	0
(48) MICHAEL SAMIS ----- BOARD MEMBER	1 -----	✓						0	0	0
(49) AMY GRANT ----- BOARD MEMBER	1 -----	✓						0	0	0
(50) VICTORIA CHU PAO ----- BOARD MEMBER	1 -----	✓						0	0	0
(51) ROBERT A. EZRIN ----- BOARD MEMBER	1 -----	✓						0	0	0
(52) CARL T. HALEY, JR ----- BOARD MEMBER	1 -----	✓						0	0	0
(53) BEVERLY K. SMALL ----- BOARD MEMBER	1 -----	✓						0	0	0
(54) BILLY RAY HEARN ----- BOARD MEMBER	1 -----	✓						0	0	0
(55) JENNIFER H. PURYEAR ----- BOARD MEMBER	1 -----	✓						0	0	0
(56) RENATA SOTO ----- BOARD MEMBER	1 -----	✓						0	0	0
(57) BENJAMIN FOLDS ----- BOARD MEMBER	1 -----	✓						0	0	0
(58) LEE ANN INGRAM ----- BOARD MEMBER	1 -----	✓						0	0	0
(59) BRETT SWEET ----- BOARD MEMBER	1 -----	✓						0	0	0
(60) ELLIOTT W. JONES ----- BOARD MEMBER	1 -----	✓						0	0	0
(61) ANNE RUSSELL ----- BOARD MEMBER	1 -----	✓						0	0	0
(62) VAN TUCKER ----- BOARD MEMBER	1 -----	✓						0	0	0
(63) MICHAEL KIRBY ----- VP & CFO	40 -----			✓				138,350	0	23,809
(64) MYLES MACDONALD ----- INTERIM COO	40 -----			✓				0	0	0
(65) MARK A. BLAKEMAN ----- GM & VP OF ORCHESTRA	40 -----				✓			169,642	0	24,940
(66) GIANCARLO GUERERRO ----- MUSIC DIRECTOR	40 -----				✓			469,390	0	29,874

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(67) JUN IWASAKI ----- CONCERTMASTER	40 -----				✓		174,431	0	5,083
(68) JONATHAN R. NORRIS ----- VP OF HUMAN RESOURCES	40 -----					✓	119,674	0	14,350

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization NASHVILLE SYMPHONY ASSOCIATION	Employer identification number 62-0550979
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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?

	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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0

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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
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 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"/>		

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.")	14,097,332	12,006,190	14,702,020	10,598,243	4,931,717	56,335,502
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	8,728,458	6,599,649	6,259,245	8,353,589	7,431,021	37,371,962
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	22,825,790	18,605,839	20,961,265	18,951,832	12,362,738	93,707,464
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	200,824	314,428	245,063	229,032	0	989,347
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	200,824	314,428	245,063	229,032	0	989,347
8 Public support (Subtract line 7c from line 6.)						92,718,117

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	22,825,790	18,605,839	20,961,265	18,951,832	12,362,738	93,707,464
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,898,581	2,651,717	2,979,564	4,286,378	4,149,269	17,965,509
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	3,898,581	2,651,717	2,979,564	4,286,378	4,149,269	17,965,509
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	156,045	31,757	34,667	44,709	61,591	328,769
13 Total support. (Add lines 9, 10c, 11, and 12.)	26,880,416	21,289,313	23,975,496	23,282,919	16,573,598	112,001,742
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	82.78 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	85.64 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	16.04 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	13.38 %
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 <input checked="" type="checkbox"/>		
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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV

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).

Return Reference	Identifier	Explanation						
		Description	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
SCHEDULE A, PART III, LINE 12	OTHER INCOME	OTHER INCOME	156,045	31,757	34,667	44,709	61,591	328,769

Schedule of Contributors

2012

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

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ
 - 501(c)(3) (enter number) organization
 - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 - 527 political organization
- Form 990-PF
 - 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

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

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$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 33¹/₃ % 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).

Name of organization NASHVILLE SYMPHONY ASSOCIATION	Employer identification number 62-0550979
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 350,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ ----- 112,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ ----- 125,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ ----- 175,150	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 NASHVILLE SYMPHONY ASSOCIATION	Employer identification number 62-0550979
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization NASHVILLE SYMPHONY ASSOCIATION	Employer identification number 62-0550979
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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. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," 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 SYMPHONY ASSOCIATION

Employer identification number

62-0550979

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, 6 Staff and volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B), 9 In Part XIII, describe how the organization reports 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.

Table with 2 columns: Amounts. Rows include: 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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	9,187,198	9,541,169	8,470,124	8,898,472	8,898,472
b Contributions	12,664	23,551	1,610	25	
c Net investment earnings, gains, and losses	1,195,452	61,163	1,597,922	128,245	200,546
d Grants or scholarships					
e Other expenditures for facilities and programs	467,095	348,226	456,975	450,743	
f Administrative expenses	72,346	90,459	71,512	105,875	200,546
g End of year balance	9,855,873	9,187,198	9,541,169	8,470,124	8,898,472

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

- a** Board designated or quasi-endowment ▶ 94.29 %
- b** Permanent endowment ▶ 5.71 %
- c** Temporarily restricted endowment ▶ 0 %

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)		✓
3a(ii)	✓	
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		4,824,167		4,824,167
b Buildings		127,215,290	41,699,897	85,515,393
c Leasehold improvements				0
d Equipment		8,747,175	4,232,390	4,514,785
e Other		1,194,855		1,194,855
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				96,049,200

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. (Column (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. (Column (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.) ▶	0	

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	64,351,265
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	-3,310,120	
b	Donated services and use of facilities	2b	249,298	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	43,251,525	
e	Add lines 2a through 2d	2e		40,190,703
3	Subtract line 2e from line 1		3	24,160,562
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	335,970	
b	Other (Describe in Part XIII.)	4b	-3,359,686	
c	Add lines 4a and 4b	4c		-3,023,716
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	21,136,846

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

1	Total expenses and losses per audited financial statements		1	38,525,559
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	249,298	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	4,243,439	
e	Add lines 2a through 2d	2e		4,492,737
3	Subtract line 2e from line 1		3	34,032,822
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	335,970	
b	Other (Describe in Part XIII.)	4b	0	
c	Add lines 4a and 4b	4c		335,970
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	34,368,792

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.

[SEE NEXT PAGE](#)

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.

Return Reference	Identifier	Explanation										
SCHEDULE D, PART V, LINE 4	INTENDED USES OF ENDOWMENT FUNDS	<p>THE INVESTMENT FUNDS ARE USED FOR MISSION RELATED ACTIVITIES.</p> <p>OF THE \$9,855,873 OF ENDOWMENT FUNDS, \$562,850, OR APPROXIMATELY 5.71% OF THE FUNDS, ARE PERMANENTLY RESTRICTED FUNDS. THE REMAINING FUNDS ARE UNRESTRICTED, BOARD DESIGNATED FUNDS.</p>										
SCHEDULE D, PART XI, LINE 2D	OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>CHANGE IN FAIR VALUE OF DERIVATIVE INSTRUMENTS</td> <td>3,859,429</td> </tr> <tr> <td>DEBT RESTRUCTURING</td> <td>39,392,096</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE IN FAIR VALUE OF DERIVATIVE INSTRUMENTS	3,859,429	DEBT RESTRUCTURING	39,392,096				
		(a) Description	(b) Amount									
		CHANGE IN FAIR VALUE OF DERIVATIVE INSTRUMENTS	3,859,429									
DEBT RESTRUCTURING	39,392,096											
SCHEDULE D, PART XI, LINE 4B	OTHER REVENUES IN FORM 990 NOT IN AUDITED FINANCIAL STATEMENTS	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>RENTAL EXPENSES</td> <td>- 3,024,773</td> </tr> <tr> <td>FUNDRAISING EXPENSES</td> <td>- 283,766</td> </tr> <tr> <td>COST OF GOODS SOLD</td> <td>- 51,147</td> </tr> </tbody> </table>	(a) Description	(b) Amount	RENTAL EXPENSES	- 3,024,773	FUNDRAISING EXPENSES	- 283,766	COST OF GOODS SOLD	- 51,147		
		(a) Description	(b) Amount									
		RENTAL EXPENSES	- 3,024,773									
FUNDRAISING EXPENSES	- 283,766											
COST OF GOODS SOLD	- 51,147											
SCHEDULE D, PART XII, LINE 2D	OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>UNCOLLECTIBLE PLEDGES</td> <td>883,753</td> </tr> <tr> <td>RENTAL EXPENSE</td> <td>3,024,773</td> </tr> <tr> <td>COST OF GOODS SOLD</td> <td>51,147</td> </tr> <tr> <td>FUNDRAISING EXPENSES</td> <td>283,766</td> </tr> </tbody> </table>	(a) Description	(b) Amount	UNCOLLECTIBLE PLEDGES	883,753	RENTAL EXPENSE	3,024,773	COST OF GOODS SOLD	51,147	FUNDRAISING EXPENSES	283,766
		(a) Description	(b) Amount									
		UNCOLLECTIBLE PLEDGES	883,753									
		RENTAL EXPENSE	3,024,773									
COST OF GOODS SOLD	51,147											
FUNDRAISING EXPENSES	283,766											

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.**

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

Name of the organization

NASHVILLE SYMPHONY ASSOCIATION

Employer identification number

62-0550979

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS	INVESTMENTS- ESTABLISHED SEPTEMBER 30, 2008	3,568,409
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	0			3,568,409
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			3,568,409

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities **▶** _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2012

Part V

Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f)(accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Identifier	Explanation
SCHEDULE F, PART I, LINE 3	INVESTMENT FUNDS	THE ORGANIZATION FIRST STARTED INVESTING IN ALTERNATIVE INVESTMENTS ON SEPTEMBER 30, 2008.
SCHEDULE F, PART I, LINE 3	METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORGANIZATION'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL

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
		SYMPHONY BALL (event type)	FASHION SHOW (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	713,857	303,596		1,017,453
	2 Less: Contributions	409,470	102,429		511,899
	3 Gross income (line 1 minus line 2)	304,387	201,167	0	505,554
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	33,721	50,364		84,085
	7 Food and beverages	59,162	60,198		119,360
	8 Entertainment	15,200	7,500		22,700
	9 Other direct expenses	143,411	82,938		226,349
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(452,494)
11 Net income summary. Combine line 3, column (d), and line 10 ▶				53,060	

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

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

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: _____

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)

Return Reference	Identifier	Explanation
SCHEDULE G, PART I, LINE 2B	PROFESSIONAL FUNDRAISING ACTIVITIES	THE ORGANIZATION CONTRACTED COMMUNITY COUNSELING SERVICE (CCS) TO PROVIDE PROFESSIONAL FUNDRAISING SERVICES IN PLANNING, ORGANIZING, AND INITIALIZING A MAJOR FUNDRAISING CAMPAIGN. THE SERVICE AGREEMENT PROVIDED FOR TWO ASSIGNED PERSONNEL, ONE OF WHOM WAS ONSITE TO PROVIDE RESIDENT FUNDRAISING SERVICES. THE AGREEMENT ALSO COVERED THE NASHVILLE SYMPHONY'S RESPONSIBILITY TO MAKE AN OPERATIONAL BUDGET AVAILABLE TO COVER OPERATIONAL EXPENSES, IN ADDITION TO PROFESSIONAL FEES, INCURRED BY BOTH THE NASHVILLE SYMPHONY AND CCS FOR PURPOSES OF THE CAMPAIGN. SUCH OPERATIONAL EXPENSES INCLUDE COLLATERAL MATERIALS, POSTAGE, SHIPPING/DELIVERY, PRINTING/COPYING, RELATED TRAVEL, TELEPHONE/CALL PHONE, AND PRODUCTION OF RESEARCH REPORTS. PERSONAL LIVING AND PERSONAL TRAVEL EXPENSES OF CCS PERSONNEL ARE EXCLUDED. THE AGREEMENT ALSO PROVIDED THAT ALL EXPENSES OF \$200 OR GREATER MUST BE APPROVED BY THE NASHVILLE SYMPHONY BEFORE THEY ARE INCURRED. FEES FOR SERVICES WERE \$132,837.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Employer identification number

62-0550979

NASHVILLE SYMPHONY ASSOCIATION

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Cat. No. 50055P

Schedule I (Form 990) (2012)

Part IV**Supplemental Information** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Return Reference	Identifier	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANT FUNDS	THE SCHOLARSHIPS ARE AWARDED TO STUDENTS IN TWO CATEGORIES. THE SCHOLARSHIPS ARE ACTUALLY DISTRIBUTED TO THE PROVIDER OF THE MUSIC LESSONS OF THE AWARD WINNER, TO BE USED IN FUTURE MUSIC LESSONS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NASHVILLE SYMPHONY ASSOCIATION

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number

62-0550979

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	✓
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	✓
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	✓
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	✓
b Any related organization?	5b	✓
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	✓
b Any related organization?	6b	✓
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	✓
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	✓
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Cat. No. 50053T

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	ALAN D. VALENTINE, PRESIDENT & CEO	(i)	375,138	250	6,600	15,000	6,529	403,517	0
		(ii)	0	0	0	0	0	0	0
2	MICHAEL KIRBY, VP & CFO	(i)	137,841	250	259	9,075	14,734	162,159	0
		(ii)	0	0	0	0	0	0	0
3	MARK A. BLAKEMAN, GM & VP OF ORCHESTRA	(i)	163,992	250	5,400	10,888	14,052	194,582	0
		(ii)	0	0	0	0	0	0	0
4	GIANCARLO GUERERRO, MUSIC DIRECTOR	(i)	468,708	250	432	15,000	14,874	499,264	0
		(ii)	0	0	0	0	0	0	0
5	JUN IWASAKI, CONCERTMASTER	(i)	174,431	0	0	0	5,083	179,514	0
		(ii)	0	0	0	0	0	0	0
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III

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

Return Reference	Identifier	Explanation
SCHEDULE J, PART I, LINE 3	COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE BOARD OF DIRECTORS DELEGATES RESPONSIBILITY TO THE EXECUTIVE COMMITTEE, WHICH ACTS AS THE COMPENSATION COMMITTEE, FOR THE REVIEW AND APPROVAL OF THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL.

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

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2012

Open To Public Inspection

Name of the organization

NASHVILLE SYMPHONY ASSOCIATION

Employer identification number

62-0550979

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$	0					

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

Cat. No. 50056A

Schedule L (Form 990 or 990-EZ) 2012

Part IV**Business Transactions Involving Interested Persons** (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PINNACLE GROUP INSURANCE	JOHNNA WATSON, DIRECTOR, IS PRESIDENT/CEO OF PINNACLE GROUP INSURANCE	961,038	INSURANCE		✓
(2) KRAFT CPA, PLLC	KEVIN CRUMBO, TREASURER, & MYLES MACDONALD, INTERIM COO, ARE MEMBERS OF KRAFT CPAS PLLC AFFILIATE.	215,988	CONSULTING SERVICES RELATED TO RESTRUCTURING		✓

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.

2012

Open to Public Inspection

Name of the Organization
NASHVILLE SYMPHONY ASSOCIATION

Employer Identification Number
62-0550979

Return Reference	Identifier	Explanation
FORM 990, PART III, LINE 1	ORGANIZATION'S MISSION	(CONTINUED FROM FORM 990, PART III, LINE 1) CONTINUED IN SCHEDULE O.
FORM 990, PART III, LINE 1	ORGANIZATION'S MISSION - CONTINUED	ARTISTIC VISION STATEMENT: ACHIEVE RECOGNIZED ARTISTIC EXCELLENCE IN THE PERFORMANCE AND PRESENTATION OF THE HIGHEST QUALITY MUSIC, WITH A FOCUS ON THE CREATION, PROMOTION AND PRESERVATION OF A DISTINCTLY AMERICAN REPERTOIRE. EDUCATION VISION STATEMENT: ENGAGE AND ENRICH PEOPLE OF ALL AGES BY EXPLORING, EXPERIENCING AND CREATING MUSIC.
FORM 990, PART III, LINE 4A	PROGRAM SERVICE DESCRIPTION	(CONTINUED FROM FORM 990, PART III, LINE 4A) HIGH-PROFILE COMMISSIONS, PREMIERES AND RECORDINGS OF NEW MUSIC BY EDGAR MEYER, RICHARD DANIELPOUR, ROBERTO SIERRA AND OTHER LEADING AMERICAN COMPOSERS. ON SEPTEMBER 20-22, 2012, THE ORCHESTRA RECORDED ROBERTO SIERRA'S CARNAVAL, A VIBRANT, COLORFUL WORK INSPIRED EQUALLY BY THE MUSIC OF ROBERT SCHUMANN AND THE RHYTHMS OF LATIN DANCE. THIS COMPOSITION WAS RELEASED ON THE NAXOS LABEL IN NOVEMBER 2013. AT THE SAME CONCERT, THE SYMPHONY COMPLETED RECORDING FOR A DISC FEATURING WORKS BY RICHARD DANIELPOUR, WHICH RELEASED ON NAXOS IN SEPTEMBER 2013. FEATURING THE CHARISMATIC SOPRANO ANGELA BROWN, A WOMAN'S LIFE IS A SONG CYCLE BASED ON POEMS BY AMERICAN POET MAYA ANGELOU. IN OCTOBER 2012, THE NASHVILLE SYMPHONY PERFORMED AND RECORDED TWO COMPOSITIONS BY STEPHEN PAULUS: THE VEIL OF TEARS AND THREE PLACES OF ENLIGHTENMENT, A CONCERTO FOR STRING QUARTET FEATURING THE ORCHESTRA'S PRINCIPAL STRING PLAYERS: CONCERTMASTER JUN IWASAKI, SECOND VIOLINIST CAROLYN WANN BAILEY, VIOLIST DAN REINKER AND CELLIST ANTHONY LAMARCHINA. BOTH WORKS WILL BE FEATURED ON A FORTHCOMING RELEASE WITH PAULUS' GRAND ORGAN CONCERTO. ALONG WITH ITS CLASSICAL OFFERINGS, THE NASHVILLE SYMPHONY PERFORMS EIGHT THREE-NIGHT PRESENTATIONS IN ITS POPS SERIES. THIS SUBSCRIPTION SERIES FEATURES A VARIETY OF POPULAR STYLES, REPRESENTED BY SUCH PERFORMERS AS BOYZ II MEN AND THE CHIEFTAINS. A FOUR-CONCERT FAMILY SERIES, THE ANN & MONROE CARELL FAMILY TRUST PIED PIPER CHILDREN'S SERIES IS GEARED TOWARD YOUNG LISTENERS AND THEIR FAMILIES. THE NASHVILLE SYMPHONY HAS ALSO EMERGED IN RECENT YEARS AS A CONCERT PRESENTER, BRINGING A DIVERSE ARRAY OF ARTISTS TO PERFORM AT SCHERMERHORN SYMPHONY CENTER IN CONCERTS WITHOUT THE ORCHESTRA. NOTABLE JAZZ EVENTS HAVE INCLUDED PIANIST MCCOY TYNER AND SAXOPHONIST WAYNE SHORTER. OTHER PRESENTATION HIGHLIGHTS HAVE INCLUDED SINGER AL GREEN, THE SILK ROAD ENSEMBLE WITH YO-YO MA AND COMEDIAN BOB NEWHART. FOR MANY YEARS, THE NASHVILLE SYMPHONY HAS ALSO PARTNERED WITH OTHER LOCAL ARTS ORGANIZATIONS, PROVIDING LIVE ORCHESTRAL ACCOMPANIMENT FOR PERFORMANCES BY NASHVILLE BALLET AND NASHVILLE OPERA. ITS REACH IN THE MIDDLE TENNESSEE COMMUNITY IS BOTH BROAD AND DEEP, AND THROUGH ALL OF ITS VARIOUS ACTIVITIES, IT HAS GREATLY ENRICHED CULTURAL LIFE FOR AUDIENCES OF ALL AGES AND BACKGROUNDS.
FORM 990, PART III, LINE 4B	PROGRAM SERVICE DESCRIPTION	(CONTINUED FROM FORM 990, PART III, LINE 4B) MUSICAL CELEBRATION OF THE LIFE AND LEGACY OF MARTIN LUTHER KING JR., AT SCHERMERHORN SYMPHONY CENTER. EACH YEAR, SCHERMERHORN SYMPHONY CENTER ALSO HOSTS THE FREE DAY OF MUSIC, WHICH FEATURES MORE THAN TWO DOZEN PERFORMANCES DURING A SINGLE DAY. THE GOAL OF THIS POPULAR EVENT, WHICH IS FREE OF CHARGE ALL DAY LONG AND TYPICALLY REACHES MORE THAN 4,000 PEOPLE, IS TO MAKE THE SCHERMERHORN ACCESSIBLE TO THE ENTIRE COMMUNITY AND TO PROVIDE A WELL-ATTENDED FORUM FOR THE PARTICIPATING MUSICAL ENSEMBLES, WHICH REPRESENT A WIDE ARRAY OF GENRES. OTHER COMMUNITY ENGAGEMENT EFFORTS INCLUDE ONSTAGE AT THE SCHERMERHORN, WHICH OFFERS ADULT PARTICIPANTS AN OPPORTUNITY TO INTERACT WITH NASHVILLE SYMPHONY MUSICIANS IN AN INFORMAL SETTING ON THE SYMPHONY CENTER STAGE.
FORM 990, PART VI, SECTION A, LINE 1A	DELEGATE BROAD AUTHORITY TO A COMMITTEE	ARTICLE IV, SECTION 4.1 DELEGATION OF POWER TO EXECUTIVE COMMITTEE. (A) THE EXECUTIVE COMMITTEE SHALL MANAGE THE BUSINESS AND AFFAIRS OF THE ASSOCIATION EXCEPT AS OTHERWISE LIMITED BY THESE BYLAWS, THE CHARTER OR THE ACT. THE EXECUTIVE COMMITTEE MAY ADVISE THE BOARD ON ALL MATTERS AND SHALL REPORT TO THE BOARD ON ALL DECISIONS MADE OR ACTIONS TAKEN BY IT WHICH THE EXECUTIVE COMMITTEE OR THE CHAIRMAN REASONABLY DETERMINE TO BE MAJOR DECISIONS OR ACTIONS. THE EXECUTIVE COMMITTEE SHALL BE ASSISTED BY SUCH ADMINISTRATIVE STAFF AS THE CHAIRMAN OR THE PRESIDENT AND CEO MAY DETERMINE. EXCEPT AS OTHERWISE PROVIDED IN THIS ARTICLE, THE PROVISIONS OF ARTICLE 5 SHALL APPLY TO THE EXECUTIVE COMMITTEE.

Return Reference	Identifier	Explanation								
		(B) THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER AND AUTHORITY (I) TO APPOINT, NEGOTIATE AND APPROVE THE TERMS OF EMPLOYMENT OF, AND EVALUATE THE PERFORMANCE OF THE PRESIDENT AND CEO AND THE MUSIC DIRECTOR AND CONDUCTOR; (II) APPROVE AGREEMENTS WITH THE MUSICIANS' UNION (WITH ANY MEMBER WHO IS AN ORCHESTRA MEMBER BEING EXCLUDED, EXCEPT BY INVITATION OF THE CHAIRMAN); (III) MONITOR COMPLIANCE WITH THE BUDGET; (IV) ESTABLISH AND IMPLEMENT OPERATING POLICIES AND PROCEDURES; (V) SUPERVISE THE OPERATIONS AND FUNCTIONS OF THE OTHER COMMITTEES AND RECEIVE REPORTS FROM THESE COMMITTEES ON REQUEST OR AS REQUIRED BY THESE BYLAWS; AND (VI) APPROVE A SALE, LEASE OR PLEDGE OF LESS THAN ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE ASSOCIATION. THE EXECUTIVE COMMITTEE SHALL HAVE NO POWER TO AMEND ANY RESOLUTION OF THE BOARD OR THE BUDGET. DURING DISCUSSIONS OF SALARY OR SENSITIVE PERSONNEL MATTERS, THE EXECUTIVE COMMITTEE MAY EXCLUDE ASSOCIATION EMPLOYEES.								
FORM 990, PART VI, SECTION A, LINE 2	FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	LEE ANN INGRAM AND MARTHA INGRAM - FAMILY RELATIONSHIP								
FORM 990, PART VI, SECTION A, LINE 4	SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	ARTICLE 4, SECTION 4.2, NUMBER, ELECTION AND TERM OF THE EXECUTIVE COMMITTEE HAS BEEN AMENDED TO REVISE THE MAKEUP OF THE EXECUTIVE COMMITTEE. IN ADDITION, THE PRESENCE OF A MAJORITY, RATHER THAN 2/3RDS, OF THE VOTING MEMBERS OF THE EXECUTIVE COMMITTEE CONSTITUTES A QUORUM.								
FORM 990, PART VI, SECTION B, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY	THE MEMBERS OF THE EXECUTIVE COMMITTEE AND FINANCE COMMITTEE REVIEWED A DRAFT OF THE FORM 990 (INCLUDING SUPPLEMENTAL SCHEDULES). THE FORM 990 (INCLUDING SUPPLEMENTAL SCHEDULES) AS ULTIMATELY FILED WITH THE IRS WAS PROVIDED TO THE GOVERNING BODY PRIOR TO ITS FILING.								
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY	<p>THE NASHVILLE SYMPHONY'S CONFLICT OF INTEREST POLICY COVERS ALL EMPLOYEES, OFFICERS, DIRECTORS, TRUSTEES, OR ANY OTHERS IN A FIDUCIARY RELATIONSHIP WITH THE NASHVILLE SYMPHONY AND IS ADMINISTERED BY THE EXECUTIVE COMMITTEE. AT LEAST ONCE PER YEAR, THE EXECUTIVE COMMITTEE WILL ADVISE THE BOARD OF ANY SIGNIFICANT EVENTS WHICH RELATE TO THE POLICY.</p> <p>CONFLICTS WHICH ARE NOT DISCLOSED TO A COMMITTEE OR TO THE BOARD OF DIRECTORS IN APPROVING SYMPHONY ACTION ARE TO BE REPORTED TO THE PRESIDENT AND CEO OF THE SYMPHONY OR TO A MEMBER OF THE EXECUTIVE COMMITTEE SO THAT AN INDEPENDENT DETERMINATION CAN BE MADE OF THE SITUATION. ANY SYMPHONY FIDUCIARY OR SYMPHONY EMPLOYEE WHO FEELS THAT HE OR SHE MAY HAVE A CONFLICT OF INTEREST OR BE AWARE OF A CONFLICT SITUATION, ACTUAL, POTENTIAL OR PERCEIVED, MAY REPORT PERTINENT DETAILS TO THE PRESIDENT AND CEO OF THE SYMPHONY OR A MEMBER OF THE EXECUTIVE COMMITTEE. THE PRESIDENT AND CEO WILL BE RESPONSIBLE FOR REFERRING THE MATTER TO THE EXECUTIVE COMMITTEE OF THE SYMPHONY. THE EXECUTIVE COMMITTEE WILL REVIEW THE INFORMATION, AND INVESTIGATE IT FURTHER IF NECESSARY. IF SUCH A CONFLICT IS DETERMINED TO EXIST, THE INDIVIDUAL WITH THE CONFLICT WILL BE PROHIBITED FROM PARTICIPATING IN THE DELIBERATIONS AND DECISIONS REGARDING THE TRANSACTION IN QUESTION.</p>								
FORM 990, PART VI, SECTION B, LINE 15A	PROCESS USED TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	TYPICALLY, THE ORGANIZATION UTILIZES SURVEYS AND RESEARCH OF LOCAL, REGIONAL AND NATIONAL ORGANIZATIONS OF SIMILAR SIZE AND MAKEUP TO ACCUMULATE FAIR AND REASONABLE COMPENSATION DATA FOR OFFICERS AND KEY EMPLOYEES ON AN ANNUAL BASIS FOR THE COMPENSATION COMMITTEE TO REVIEW. DURING THE 12 MONTHS ENDED JULY 31, 2013, NO SUCH DATA WAS PRESENTED TO THE COMPENSATION COMMITTEE BECAUSE OFFICERS AND KEY EMPLOYEES HAD ACCEPTED SALARY REDUCTIONS IN THE 11% TO 15% RANGE. THE COMPENSATION COMMITTEE REAFFIRMED THESE SALARY REDUCTIONS FOR THE UPCOMING YEAR WHICH WILL END JULY 31, 2014.								
FORM 990, PART VI, SECTION B, LINE 15B	PROCESS USED TO ESTABLISH COMPENSATION OF OTHER OFFICERS/KEY EMPLOYEES	<p>ALL OFFICERS AND KEY EMPLOYEES INCLUDED IN THE COMPENSATION REVIEW WERE AS FOLLOWS:</p> <p>MUSIC CONDUCTOR, PRESIDENT & CEO, CFO, GENERAL MANAGER AND VICE PRESIDENT OF REVENUE.</p>								
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104. THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME.								
FORM 990, PART VII, SECTION A	COMPENSATION OF MYLE MACDONALD	MYLES MACDONALD WAS THE INTERIM COO BEGINNING IN APRIL, 2013. BECAUSE THE ORGANIZATION FILES ON THE FISCAL YEAR AND COMPENSATION IS REQUIRED TO BE REPORTED FOR THE CALENDAR YEAR ENDING 12/31/2012, NO AMOUNT IS BEING REPORTED IN PART VII FOR MR. MACDONALD.								
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>CHANGE IN FAIR VALUE OF DERIVATIVE INSTRUMENT</td> <td>3,859,429</td> </tr> <tr> <td>UNCOLLECTIBLE PLEDGES RECEIVABLE</td> <td>- 883,753</td> </tr> <tr> <td>DEBT RESTRUCTURING</td> <td>39,392,096</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE IN FAIR VALUE OF DERIVATIVE INSTRUMENT	3,859,429	UNCOLLECTIBLE PLEDGES RECEIVABLE	- 883,753	DEBT RESTRUCTURING	39,392,096
(a) Description	(b) Amount									
CHANGE IN FAIR VALUE OF DERIVATIVE INSTRUMENT	3,859,429									
UNCOLLECTIBLE PLEDGES RECEIVABLE	- 883,753									
DEBT RESTRUCTURING	39,392,096									
PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND	THE OUTSTANDING MUNICIPAL BONDS WERE RETIRED AS A RESULT OF THE NASHVILLE SYMPHONY RESTRUCTURED ITS LONG TERM DEBT. THE BANKS WHO HELD THE DEBT AGREED								

Return Reference	Identifier	Explanation
	BALANCES	TO ACCEPT A \$35 MILLION CASH PAYMENT AND A \$20 MILLION MORTGAGE NOTE PAYABLE TO DISSOLVE ALL OUTSTANDING BOND DEBT AND THE RELATED INTEREST RATE SWAP LIABILITY. THE \$20 MILLION NOTE PAYABLE WAS SUBSEQUENTLY SOLD TO A PRIVATE ENTITY AFFILIATED WITH A BOARD MEMBER. THE SYMPHONY RECORDED A \$39 MILLION NON-CASH GAIN ON THE TRANSACTION.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

NASHVILLE SYMPHONY ASSOCIATION

Employer identification number

62-0550979

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NASHVILLE SYMPHONY ENDOWMENT TRUST (62-6222276) 231 S. LASALLE ST. IL1-231-10-05, CHICAGO, IL 60697	SUPPORT NASHVILLE SYMPHONY	TN	501(C)(3)	11 - TYPE I	NASHVILLE SYMPHONY ASSOCIATION	✓	
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) IRREVOCABLE GRANTOR TRUSTS (2) -----	INVESTMENTS	TN	NASHVILLE SYMPHONY ASSOCIATION	TRUST					
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)		✓
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)		✓
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)		✓
p Reimbursement paid to related organization(s) for expenses		✓
q Reimbursement paid by related organization(s) for expenses		✓
r Other transfer of cash or property to related organization(s)		✓
s Other transfer of cash or property from related organization(s)		✓

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

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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