Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

Α	For the	e 2004 c	calendar year, or tax year beginning August 1, 2004, and ending July 31	, 20 05			
В	Check if a	applicable:		mployer identification number			
	Address	change	ladel of	62 0550979			
	Name ch	nange	type.	E Telephone number			
	nitial ret	urn	See 2000 Glen Ecno Rd 204 (615) 783-1200			
_	inal retu		City or town, state or country, and ZIP + 4 Nashville, TN 37215	counting method: Cash Accrual			
_		d return	U and Law and and	Uther (specify) ►			
□ #	Application	on pending		licable to section 527 organizations. return for affiliates? Yes Mo			
6 1	Wahsita	· - ww		number of affiliates >			
			H(c) Are all affiliates				
J	Organiz	ation type	pe (check only one) ► 🗹 501(c) (3) ◄ (insert no.) 🗌 4947(a)(1) or 🔲 527 (If "No," attach	a list. See instructions.)			
			if the organization's gross receipts are normally not more than \$25,000. The	e return filed by an vered by a group ruling? Yes No			
			I not file a return with the IRS; but if the organization received a Form 990 Package uld file a return without financial data. Some states require a complete return.				
				if the organization is not required			
L	Gross r	eceipts:		. B (Form 990, 990-EZ, or 990-PF).			
Pa	art I	Reve	nue, Expenses, and Changes in Net Assets or Fund Balances (See page	18 of the instructions.)			
	1	Contrib	butions, gifts, grants, and similar amounts received:				
	1		10 047 047				
	ь	Indirect	t public support				
	С	Govern	nment contributions (grants)	では、 は は は は は は は は は は は は は			
	d	Total (a	add lines 1a through 1c) (cash \$ noncash \$)	1d 13,448,426			
	2	Program	m service revenue including government fees and contracts (from Part VII, line 93)	2 3,134,367			
	3	Membe	ership dues and assessments	3 44 407			
	4	Interest	st on savings and temporary cash investments	4 44,407			
	5	Dividen	nds and interest from securities	5 4,766,301			
	1		rents				
	1			6c			
	1		ntal income or (loss) (subtract line 6b from line 6a)	7 1,058,398			
Ĕ	1		(A) Securities (B) Other				
Revenue	8a		1 100				
æ	h		iveritory				
	1						
			in or (loss) (combine line 8c, columns (A) and (B))	8d			
	9		l events and activities (attach schedule). If any amount is from gaming, check here				
			revenue (not including \$ 129,700 of				
		contrib	butions reported on line 1a) 9a 830,030				
			direct expenses other than fundraising expenses 9b 367,687	100000			
			come or (loss) from special events (subtract line 9b from line 9a)	9c 462,963			
			sales of inventory, less returns and allowances 10a				
	b	Less: o					
	С		profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a).	10c 11			
	11	Other	revenue (from Part VII, line 103)	12 22,914,862			
	12			13 11,764,289			
38	13		am services (from line 44, column (B))	14 1,355,342			
Sus Sus	14	-		15 794,944			
Expenses	15 16		raising (from line 44, column (D))	16 0			
ш	17		expenses (add lines 16 and 44, column (A))	17 13,914,575			
- c			ss or (deficit) for the year (subtract line 17 from line 12)	18 9,000,287			
Net Assets	19	Net as	ssets or fund balances at beginning of year (from line 73, column (A))	19 94,961,603			
ž.	20	Other	changes in net assets or fund balances (attach explanation)	20			
ž	21		ssets or fund balances at end of year (combine lines 18, 19, and 20)	21 103,961,890			

Cat. No. 11282Y

Form 990 (2004) Page 2 Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.) **Functional Expenses** Do not include amounts reported on line (B) Program (C) Management (A) Total 6b, 8b, 9b, 10b, or 16 of Part I. (D) Fundraising services and general 22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _ 22 23 23 Specific assistance to individuals (attach schedule) 24 (Magayaya) Benefits paid to or for members (attach schedule). 24 25 Compensation of officers, directors, etc. 25 409,040 227,340 181,700 0 26 26 6,907,820 6,416,943 184,124 306,753 27 Pension plan contributions 27 247,628 247,628 0 Other employee benefits 28 28 373,359 311,825 35,785 25,749 455,056 29 29 416,788 Payroll taxes 21,181 17,087 30 30 Professional fundraising fees . . 238,637 0 0 238,637 66,348 31 31 0 66,348 Accounting fees 0 32 0 0 32 Legal fees . . . 0 0 42,417 33 33 Supplies 0 42,417 0 Telephone 34 35,761 34 0 35,761 0 35 112,200 35 Postage and shipping 84,063 8,618 19,519 36 Occupancy 36 360,401 184,493 175,908 0 37 37 209,055 162,545 45,510 0 Equipment rental and maintenance. 38 227,063 190,542 16,524 38 Printing and publications 19,997 39 138,766 92,147 41,626 39 4,993 40 40 42,148 17,209 12,265 12,674 Conferences, conventions, and meetings 12,302 41 0 12,302 0 41 42 148,229 14,549 133,680 0 42 Depreciation, depletion, etc. (attach schedule) Other expenses not covered above (itemize): a Other 1,271,733 781,605 340,593 43 43a 149.535 Change in fair value of derivative instrum. 43b 1,129,326 1,129,326 0 0 h Construction in progress related 43c 1,487,286 1,487,286 0 0 C 43d d 43e Total functional expenses (add lines 22 through 43), Organizations 13,914,575 11,764,289 1,355,342 completing columns (B)-(D), carry these totals to lines 13-15. 794,944 **Joint Costs.** Check ▶ ☐ if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? . \blacktriangleright \Box Yes \Box No If "Yes," enter (i) the aggregate amount of these joint costs \$______; (ii) the amount allocated to Program services \$______; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$ Part III Statement of Program Service Accomplishments (See page 25 of the instructions.) Program Service What is the organization's primary exempt purpose? **Expenses** All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) a See statement 5 (Grants and allocations 11,764,289 (Grants and allocations (Grants and allocations \$

> (Grants and allocations (Grants and allocations

Total of Program Service Expenses (should equal line 44, column (B), Program services).

e Other program services (attach schedule)

Part IV Balance Sheets (See page 25 of the instructions.)

N	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within th	ne description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			747,751	45	1,591,077
	46	Savings and temporary cash investments .	78,373,953	46	53,669,114		
		•					
	47a	Accounts receivable	47a	187,668			
	b	Less: allowance for doubtful accounts .	47b	an Carolina Simulatana and Carolina and Caro	139,624	47c	187,668
			1 1				
	48a	Pledges receivable	48a	33,652,135	40 255 905		22 052 425
	b	Less: allowance for doubtful accounts .	48b		40,255,895	48c	33,652,135
	49	Grants receivable				49	
	50	Receivables from officers, directors, truste	•				
		(attach schedule)		-		50	
	51a	Other notes and loans receivable (attach	51a				
Assets	١.	schedule)	51b			51c	
Ass		Less: allowance for doubtful accounts .				52	
	52	Inventories for sale or use			1,552,360	53	1,553,119
	53 54	Investments—securities (attach schedule)		Cost FMV	45,540,452	54	58,594,595
			, ,				
	55a	Investments—land, buildings, and equipment: basis	55a				
	L .	Less: accumulated depreciation (attach					
	"	schedule)	55b			55c	
	56	Investments—other (attach schedule)				56	
		Land, buildings, and equipment: basis .	57a	78,377,694			
		Less: accumulated depreciation (attach	1 1				
	-	schedule)	57b	1,033,179	32,733,527		77,344,515
	58	Other assets (describe ► Bond issuance c	osts)	1,435,961	58	1,384,678
				. 74	200,779,523		227,976,901
	59	Total assets (add lines 45 through 58) (mus	t equal	line /4)	1,762,299		4,526,162
	60	Accounts payable and accrued expenses .			1,762,299	61	4,520,102
	61	Grants payable			1,163,985		1,359,523
	62	Deferred revenue			1,100,500	Marita I	1,000,020
ies	63	Loans from officers, directors, trustees, an	1		63		
Liabilities	١	schedule)			102,000,000		103,129,326
Li.	64a	Tax-exempt bond liabilities (attach schedule Mortgages and other notes payable (attach			891,636		15,000,000
_	65	Other liabilities (describe				65	
	03	Other liabilities (describe >					
	66	Total liabilities (add lines 60 through 65) .			105,817,920	66	124,015,011
	Ora	anizations that follow SFAS 117, check here	▶ V a	and complete lines			
	1	67 through 69 and lines 73 and 74.					54.450.445
ces	67	Unrestricted			40,503,711		51,156,445
an	68	Temporarily restricted			43,666,427		41,969,773
Ba	69	Permanently restricted			10,791,465	CORRECT TO SE	10,835,672
5	Org	anizations that do not follow SFAS 117, chec	k here	▶ ☐ and			
ū		complete lines 70 through 74.				70	
or Fund Balances		Capital stock, trust principal, or current fun	ds			70	
		Paid-in or capital surplus, or land, building,	quipment fund .		72		
Mat Accete	72	Retained earnings, endowment, accumulate					
۷ *	73	Total net assets or fund balances (add lir	nes 67	through 69 or lines			
Ž	Ž	70 through 72; column (A) must equal line 19; column (B)	must e	equal line 21)	94,961,603	73	
			nces la	dd lines 66 and 73)	200,779,523	3 74	227,976,90
	74	Total liabilities and het assets / fulld balar	la				of information about

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Pa	rt IV-A	Financia	liation of Revenu I Statements wit See page 27 of th	h Revenue	per	Part	F	Reconciliation inancial State Return	of Expense ements with	s pe Exp	r Audited enses per
а	Total reve	enue, gains,	and other support statements . >		,097,500	а	Total exp	penses and	losses per		
b	Amounts		n line a but not on			b	Amounts	nancial statemo included on Iir , Form 990:		a	14,097,213
(1)	Net unrea	alized gains	\$			(1)	Donated	services	182,638		
(2)	Donated	services of facilities		1 (m)		(2)	and use of	djustments	102,000		
(3)	Recoverie	es of prior		÷		(0)	reported or Form 990.	<u>\$</u>			
(4)	Other (sp	ecify):	<u>· </u>				Losses rep	rm 990 . <u>\$</u>			
		inte on lines	\$ (1) through (4) >	b	182,638	(4)	Other (spe				
_					914,862			nts on lines (1)		b	182,638
d	Amounts	included o but not or				c d	Amounts i	nus line b . ncluded on line but not on line	e 17,	O THE	13,914,575
(1)		t expenses led on line			A #************************************	(1)	Investment not include	expenses			
(2)	6b, Form 9 Other (sp	990 ecify):	\$			(2)	6b, Form 99 Other (spe				
			\$					······	_		
			es (1) and (2)	d	0			ints on lines (1		d	0
е			ne 12, Form 990	e 22,	914,862	е	Total expe	nses per line 1's line d)	7, Form 990	e	13,914,575
Par	't V Lis		ers, Directors, Tr			mplo	yees (List e	each one even i	f not compens		
	· · · · · · · · · · · · · · · · · · ·	(A) Name	e and address		(B) Title a week d	nd avera	age hours per to position	(C) Compensatio (If not paid, enter-0)		kans &	(E) Expense account and other allowances
See	statemen	t 4						-0-,	Gerarea Company	sation .	anowances
							<u>.</u>				
75	organizatio	on and all re	or, trustee, or key er lated organizations, edule—see page 2	of which mor	e than \$10	000,Č					☐ Yes 🗹 No

Par	t VI Other Information (See page 28 of the instructions.)		Yes	No			
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	76		V			
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		V			
	If "Yes," attach a conformed copy of the changes.		ation of	Ø1-14-			
78a	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?						
	of If "Yes," has it filed a tax return on Form 990-T for this year?						
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		<u>''</u>			
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common						
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?						
b	If "Yes," enter the name of the organization ▶ Nashville Symphony Guild						
	and check whether it is exempt or I nonexempt.						
	Enter direct and indirect political expenditures. See line 81 instructions	M F.9					
	Did the organization file Form 1120-POL for this year?	81b		V			
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	00-	V				
	or at substantially less than fair rental value?	82a					
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part II or as an expense in Part II. (See instructions in Part III.) 82b 182,638						
00-	as revenue in Fart of as an expense in Fart in Jose instructions in Fart in.).	83a	· •	Halling Star			
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83b		\vdash			
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? Did the organization solicit any contributions or gifts that were not tax deductible?	84a		V			
	If "Yes," did the organization include with every solicitation an express statement that such contributions		÷ 11	MAG E			
D	or gifts were not tax deductible?	84b	Burer n	\$0.00000 E			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a					
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b					
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization						
	received a waiver for proxy tax owed for the prior year.						
С	Dues, assessments, and similar amounts from members						
d	Section 162(e) lobbying and political expenditures						
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			D.C			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	050		10 Mari			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		 			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its						
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h					
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.		W.E.				
	Gross receipts, included on line 12, for public use of club facilities						
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders			le iii			
b.	Gross income from other sources. (Do not net amounts due or paid to other						
	sources against amounts due or received from them.)						
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	を見る		arigo:			
-	partnership, or an entity disregarded as separate from the organization under Regulations sections			. Walk			
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	144.014				
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:						
	section 4911 ▶; section 4912 ▶; section 4955 ▶	1	167 - 1	11.50			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			1			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	1				
			-				
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958						
4	Enter: Amount of tax on line 89c, above, reimbursed by the organization						
90a	List the states with which a copy of this return is filed N/A	-					
h	No the set employed in the pay period that includes March 12, 2004 (See instructions.)						
91	The backs are in care of Karen Warren Telephone no.	გე-12 ექნ	200	- 			
	2000 Glen Echo Rd. Ste. 204 ZIP + 4 ▶	213					
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here		•				
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		- 001	0 (2004			

Part \	VЩ	Analysis of Income-Producing A	ctivities (See p	age 33 of the	instructions	.)	
Note:	Ent	er gross amounts unless otherwise		usiness income		ction 512, 513, or 514	(E)
indica:		gram service revenue:	(A) Business code	(B) Amount	(C) Exclusion code	(D)	Related or exempt function income
а.	Tick	ket Sales					2,212,593
b	Con	cert Sponsorships					570,880
c d	Orc	hestra Contract Fees					350,894
d _							
е_							
f N	Med	icare/Medicaid payments					
		and contracts from government agencies	3				
_		bership dues and assessments					
		est on savings and temporary cash investments	;				44,407
		dends and interest from securities					4,766,301
	Net rental income or (loss) from real estate:			2.000		脚侧侧 电流电	
		-financed property					
		debt-financed property					
		ental income or (loss) from personal property					
		er investment income					1,058,398
		or (loss) from sales of assets other than inventory	,				
		income or (loss) from special events .					462,963
		ss profit or (loss) from sales of inventory					
		er revenue: a	_				
b_							
C_							
d_			_				
е_			_				
104	Subi	total (add columns (B), (D), and (E))	NO harrist day in				9,466,436
105	Tota	I (add line 104, columns (B), (D), and (E))				. >	9,466,436
Note: L	.ine	105 plus line 1d, Part I, should equal the					
Part \	VIII	Relationship of Activities to the Acc	complishment o	f Exempt Purp	oses (See pa	age 34 of the ins	structions.)
Line N ▼	No.	Explain how each activity for which income of the organization's exempt purposes (oth				nportantly to the a	accomplishment
93		The concerts that generate the above	income provide	d opportunities	for all citize	ns to eniov live	
		performances of symphonic music in					
						 	
Part	Х	Information Regarding Taxable Subs	idiaries and Dis	regarded Entiti	es (See page	34 of the instru	ctions.)
		(A)	(B)	(C)		(D)	(E)
	Nan	ne, address, and EIN of corporation, partnership, or disregarded entity o	Percentage of wnership interest	Nature of a		Total income	End-of-year assets
•			%				
			%				
			%				
			%				
Part :	Χ	Information Regarding Transfers Asso	ciated with Pers	onal Benefit Cor	ntracts (See p	page 34 of the ins	structions.)
(b)	Did	he organization, during the year, receive any funds, on the organization, during the year, pay pre "Yes" to (b), file Form 8870 and Form 4	miums, directly o	or indirectly, on a	a personal benef a personal be	it contract? . nefit contract?	☐ Yes ☑ No ☐ Yes ☑ No
	1	Under penalties of perjury, I declare that I have exam and belief, it is true, correct, and complete. Declarate	ined this return, include	ting accompanying s	schedules and sta	atements, and to the l	pest of my knowledge r has any knowledge.
Please	e		I I (.,	ı		
Sign	_					Data	
Here		Signature of officer	1.050			Date	
		Michael R. Kirby, Vice President and	1 CFO				
		Type or print name and title.		l Data	Check if	Broomer's CC11	PTIN (See See Jost 184
Paid	T	Preparer's		Date	self-	Preparer's SSN 0	r PTIN (See Gen. Inst. W
Prepare	r's	signature			employed ▶	<u> </u>	<u> </u>
Use Onl	1	Firm's name (or yours if self-employed),			EIN	<u>▶ :</u>	
OUC OIII	ן יי	address, and ZIP + 4			[Pho	ne no. ▶ ()	Form 990 (200

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Employer identification number **Nashville Symphony Association** 62:0550979 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (a) Name and address of each employee paid more (e) Expense (b) Title and average hours (c) Compensation employee benefit plans & deferred compensation account and other than \$50,000 per week devoted to position allowances Kenneth Schermerhorn **Music Director** 220,280 17,997 4517 Post Rd., Nashville, TN 37205 **Edward DeDee** Exec. Dir. of 150,500 Schermerhorn 8306 Bridle Place, Brentwood, TN 37027 Symphony Center Michael Buckland VP of Marketing 122,000 805 Harpeth Place, Nashville, TN 37221 Susan Plageman VP of Development 110,000 7200 Magnolia Hills Dr., Nashville, TN 37221 Mercedes Jones Owner's Rep/Project 98,000 3,000 Manager 227 Cheswick Court, Nashville, TN 37215 Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation **Construction Mamt American Constructors** 48,633,051 PO Box 120129, Nashville, TN 37212 **Architectural Services** Farl Swenson & Associates 643,862 PO Box 415000, Nashville, TN 37241 **Food Service Baring Industries** 387,574 3249 SW 42nd Street, Ft. Lauderdale, FL 33312 **Quality Control** GeoSciences Design 317,060 PO Box 292950, Nashville, TN 37229 **Artist Kaskey Studios** 228,000 3804 38th Street, Brentwood, MD 20722

Total number of others receiving over \$50,000 for

professional services.

chec	lule A	(Form 990 or 990-EZ) 2004			Page 2
Pai	t III	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	atte or i	ing the year, has the organization attempted to influence national, state, or local legislation, including the year, has the organization attempted to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses neurred in connection with the lobbying activities \(\begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	s paid		~
	org	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed descript lobbying activities.			
2	sub with own	ing the year, has the organization, either directly or indirectly, engaged in any of the following acts wit stantial contributors, trustees, directors, officers, creators, key employees, or members of their familian any taxable organization with which any such person is affiliated as an officer, director, trustee, maker, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining sactions.)	es, or ajority		
а	Sale	e, exchange, or leasing of property?	28	3	~
b		ding of money or other extension of credit?		<u> </u>	1
C		nishing of goods, services, or facilities?		_ †	1
d		rment of compensation (or payment or reimbursement of expenses if more than \$1,000)?			V
e		nsfer of any part of its income or assets?	i	' —	-
3a		you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of determine that recipients qualify to receive payments.)		a	'
b		you have a section 403(b) annuity plan for your employees?	L L	-	1
	Did	you maintain any separate account for participating donors where donors have the right to provide a the use or distribution of funds?	advice		V
b		you provide credit counseling, debt management, credit repair, or debt negotiation services?	4t		V
Pa	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instruc	ctions.)		
The	orga	nization is not a private foundation because it is: (Please check only ONE applicable box.)			
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6	_	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
8 9		A redeal, state, or local government of governmental unit. Section 170(b)(1)(A)(iii). Enter the medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the medical research organization operated in conjunction with a hospital.	he hosnital	s name	e city
3		and state ▶			
10		An organization operated for the benefit of a college or university owned or operated by a governmental un (Also complete the Support Schedule in Part IV-A.)	nit. Section 1	70(b)(1)(A)(iv)
11a	V	An organization that normally receives a substantial part of its support from a governmental unit or from t 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	he general p	ublic. S	ection
11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12		An organization that normally receives: (1) more than 331/3/% of its support from contributions, mereceipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) its support from gross investment income and unrelated business taxable income (less section 511 tax) by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule	no more the from busines	nan 331 sses ac	/3% o
13		An organization that is not controlled by any disqualified persons (other than foundation managers) at described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test section 509(a)(3).)			
		Provide the following information about the supported organizations. (See page 5 of the inst	ructions.)		
		(a) Name(s) of supported organization(s)	(b) Line nur from ab		
		Nashville Symphony Association	11a		

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year beginning in) \triangleright (a) 2003 (b) 2002 (c) 2001 (d) 2000 Gifts, grants, and contributions received. (Do 7,168,018 7,005,659 5,198,753 7,512,488 24,565,456 not include unusual grants. See line 28.), Membership fees received . . . Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the 2,824,040 3,051,744 2.365.775 2.137,151 9,602,982 organization's charitable, etc., purpose . Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired 418,285 451,633 290,927 280,459 1,441,304 by the organization after June 30, 1975 19 income from unrelated business activities not included in line 18. Tax revenues levied for the organization's benefit and either paid to it or expended on 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 22 Other income. Attach a schedule. Do not 44.407 42,866 87,111 include gain or (loss) from sale of capital assets 47,133 221.517 8,485,485 10,714,261 23 Total of lines 15 through 22 10,256,301 9,470,402 30,426,449 Line 23 minus line 17 5,661,445 7,662,517 24 7,890,526 7,333,251 28,547,739 25 Enter 1% of line 23 84,855 107.143 102,563 94.704 570,955 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . 26a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts > 28,547,739 26c d Add: Amounts from column (e) for lines: 18 _______1,441,304 ______ 221,517 _{26b} _ 1,662,821 26d 26,884,918 e Public support (line 26c minus line 26d total) . . . 26e f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 94 26f Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) (2002) (2001) (2000) b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: c Add: Amounts from column (e) for lines: 15 _____ 16 __ 20 ______ 21 _____ 27d d Add: Line 27a total. and line 27b total . _ 27e Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . ▶ 27f Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27a % h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). 27h % Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003,

prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Pai	Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	29	Yes	No
	other governing instrument, or in a resolution of its governing body?	29	a galler	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
oz a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	Lichard day	20-20-100-19-01
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c	-	-
d	Scholarships or other financial assistance?	33d		-
е	Educational policies?	33e		-
f	Use of facilities?	33f		
g	Athletic programs?,	33g		-
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	*		7.53 1.53 1.53 1.53 1.53 1.53 1.53 1.53 1
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		ļ
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial prodiscrimination? If "No." attach on explanation			

	die A (1 diff) 350 di 350-E2) 2004	11 D 111 C	1 11 10	O . f II	·	1 age U			
Par	VI-A Lobbying Expenditures by Ele (To be completed ONLY by an				instructions.)				
Chec	k ▶ a ☐ if the organization belongs to an affilia				nd "limited control"	provisions apply.			
<u> </u>	Limits on Lobbyir	ng Expenditure	es		(a) Affiliated group	(b) To be completed for ALL electing			
	(The term "expenditures" mean	ns amounts paid o	or incurred.)		totals	organizations			
36	Total lobbying expenditures to influence public	opinion (grassroo	ts lobbying) .	36					
37	Total lobbying expenditures to influence a legis	lative body (direct	t lobbying).	37		6,100			
38	Total lobbying expenditures (add lines 36 and 3			6,100					
39	Other exempt purpose expenditures			39		13,908,475			
40	Total exempt purpose expenditures (add lines	38 and 39)		40		13,914,575			
41	Lobbying nontaxable amount. Enter the amount	t from the following	ng table—	15.75					
	If the amount on line 40 is— The lo	obbying nontaxal	ole amount is-						
	Not over \$500,000 20%	of the amount on	line 40	· ·)					
	· · · · · · · · · · · · · · · · · · ·	000 plus 15% of th							
		000 plus 10% of the			100004.45 E1000	845,729			
	Over \$1,500,000 but not over \$17,000,000. \$225,0	000 plus 5% of the	excess over \$1,5	00,000					
		0,000		l		211,432			
42	Grassroots nontaxable amount (enter 25% of li	•		40		211,432			
43	Subtract line 42 from line 36. Enter -0- if line 4			مما		0			
44	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than lin	e 38	44					
	Caution: If there is an amount on either line 43	3 or line 44, you m	nust file Form 472	20.					
		eraging Period		Ex-res					
	(Some organizations that made a section				a five columns b	elow			
	See the instructions f					CIOVV.			
				5 : 4 *					
		res During 4-Ye	g 4-Year Averaging Period						
	Calendar year (or	(a)	(b)	(c)	(d)	(e)			
	fiscal year beginning in) ▶	2004	2003	2002	2001	Total			
45	Lobbying nontaxable amount	845,858	794,197	623,523	634,717	2,898,166			
						_,,,,,,,			
46	Lobbying ceiling amount (150% of line 45(e))		• •						
	, , , , , , , , , , , , , , , , , , , ,	9959992334444	**************************************	renessementimes	08363023002	4,347,249			
47	Total lobbying expenditures	6,100	7,500	7,000	6,000	26,600			
				<u> </u>					
48	Grassroots nontaxable amount ,	211,432	198,549	175,273	155,800	741,054			
						1 0			
49	Grassroots ceiling amount (150% of line 48(e))		100			1,111,581			
50	Grassroots lobbying expenditures								
Pa	t VI-B Lobbying Activity by Nonelec								
	(For reporting only by organiza	ations that did	not complete F	Part VI-A) (See	page 11 of the	ne instructions.)			
Duri	ng the year, did the organization attempt to infl	uence national, st	ate or local legis	lation, including	any Yes No	Amount			
atter	mpt to influence public opinion on a legislative r	natter or referend	um, through the	use of:	1.00	ļ .			
а	Volunteers								
b	Paid staff or management (Include compensat	ion i <mark>n expenses r</mark> e	eported on lines	c through h.).					
С	Media advertisements					1			
d	Mailings to members, legislators, or the public	·							
e	Publications, or published or broadcast statem	nents			_ _	-			
f	Grants to other organizations for lobbying purp								
g	Direct contact with legislators, their staffs, gov		-	•		1.			
h	Rallies, demonstrations, seminars, conventions		•			<u> </u>			
i	i Total lobbying expenditures (Add lines c through h.)								

Par	VII			nsfers To and Transaction 1 of the instructions.)	s and Relationships With Noncharita	ble Exe	∍mpt
51					following with any other organization descri	oed in s	ection
9				to a noncharitable exempt orga		Yes	No
u	(i) Cash			to a nononamable exempt erga	51a	(i)	~
	• • •	ther assets			a(i		V
h		ransactions:				1	
D			on of agosta with a	noncharitable exempt organizat	ion b(i	,	~
	٠.	•		· -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		V
	• •			table exempt organization	1.79		1
				er assets	· · · · · · · · · · · · · · · · · · ·		V
					· · · · · · · · · · · · · · · · · · ·		1
							V
				hip or fundraising solicitations	b(v		
	-			sts, other assets, or paid emplo			
d 	goods,	other assets, or	r services given by	the reporting organization. If the	 Column (b) should always show the fair market ne organization received less than fair markets, other assets, or services received: 	tet value t value	of the in any
(a	a)	(b)		(c)	(d)		
Line	no.	Amount involved	Name of nonc	haritable exempt organization	Description of transfers, transactions, and sharing	arrangen	ients
			}				
	 						
						-	
	-						
	-						
	-	<u> </u>					
	descrit	oed in section 5	•	other than section 501(c)(3)) or	le or more tax-exempt organizations in section 527? ▶	Yes [☑ No
		(a)		(b)	(c)		
		Name of organiz	zation	Type of organization	Description of relationship		
			_				-
			-				
					<u> </u>		