

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No. 1545-0047

2004Open to Public
Inspection**A** For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

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

Number and street (or P.O. box if mail is not delivered to street address)

505 DEADERICK STREET

Room/suite

City or town, state or country, and ZIP + 4

NASHVILLE, TN 37243**D** Employer identification number**58-1320590****E** Telephone number**(615) 782-4033****F** Accounting method:☐ Cash ☒ Accrual
☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ▶ **WWW.TPAC.ORG****J** Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ If the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **10,837,645.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	
1 Contributions, gifts, grants, and similar amounts received:	
a Direct public support	1a 1,111,820.
b Indirect public support	1b 955,050.
c Government contributions (grants)	1c 327,540.
d Total (add lines 1a through 1c) (cash \$ 2,394,410. noncash \$)	1d 2,394,410.
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2 8,375,204.
3 Membership dues and assessments	3
4 Interest on savings and temporary cash investments	4
5 Dividends and interest from securities	5 1,901.
6 a Gross rents	6a
b Less: rental expenses	6b
c Net rental income or (loss) (subtract line 6b from line 6a)	6c
7 Other investment income (describe)	7
8 a Gross amount from sales of assets other than inventory	(A) Securities 8a
b Less: cost or other basis and sales expenses	8b 3,035.
c Gain or (loss) (attach schedule)	8c <3,035.>
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d STMT 2 <3,035.>
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	
a Gross revenue (not including \$ 301,325. of contributions reported on line 1a)	9a 66,130.
b Less: direct expenses other than fundraising expenses	9b 392,630.
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c SEE STATEMENT 3 <326,500.>
10 a Gross sales of inventory, less returns and allowances	10a
b Less: cost of goods sold	10b
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c
11 Other revenue (from Part VII, line 103)	11
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12 10,441,980.
Expenses	
13 Program services (from line 44, column (B))	13 8,542,239.
14 Management and general (from line 44, column (C))	14 1,517,974.
15 Fundraising (from line 44, column (D))	15 262,713.
16 Payments to affiliates (attach schedule)	16
17 Total expenses (add lines 16 and 44, column (A))	17 10,322,926.
Net Assets	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18 119,054.
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19 3,669,535.
20 Other changes in net assets or fund balances (attach explanation)	20 SEE STATEMENT 4 <1,330,516.>
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21 2,458,073.

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01-13-05

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

Part II Statement of Functional Expenses

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.

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25	510,222.	397,973.	107,147.
26 Other salaries and wages	26	2,495,245.	1,958,165.	519,513.
27 Pension plan contributions	27			
28 Other employee benefits	28	1,035,763.	464,717.	526,963.
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	30,770.	15,097.	11,879.
34 Telephone	34	44,077.	28,462.	10,768.
35 Postage and shipping	35	25,439.	18,170.	2,804.
36 Occupancy	36			
37 Equipment rental and maintenance	37	32,198.	21,358.	9,857.
38 Printing and publications	38	44,503.	38,167.	1,694.
39 Travel	39	15,401.	7,160.	8,241.
40 Conferences, conventions, and meetings	40			
41 Interest	41	88,795.	88,795.	
42 Depreciation, depletion, etc. (attach schedule)	42	387,140.	283,385.	88,577.
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e SEE STATEMENT 5	43e	5,613,373.	5,220,790.	230,531.
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	10,322,926.	8,542,239.	1,517,974.

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? ☐ Yes ☒ 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 AccomplishmentsWhat is the organization's primary exempt purpose? **SEE STATEMENT 6**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number 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.)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a SEE ATTACHED STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS.	
(Grants and allocations \$ _____)	8,542,239.
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	8,542,239.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	10,442.	45	9,160.
	46 Savings and temporary cash investments	786,568.	46	1,358,721.
	47 a Accounts receivable	360,095.		
	b Less: allowance for doubtful accounts	7,484.	47c	352,611.
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable	40,000.	49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	66,354.	53	161,808.
	54 Investments - securities STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	760,554.	54	10,554.
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	7,180,655.			
b Less: accumulated depreciation	1,951,912.	57c	5,228,743.	
58 Other assets (describe SEE STATEMENT 7)	2,024,386.	58	228,617.	
59 Total assets (add lines 45 through 58) (must equal line 74)	9,529,787.	59	7,350,214.	
Liabilities	60 Accounts payable and accrued expenses	957,698.	60	724,787.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 8	2,849,398.	64b	2,487,952.
	65 Other liabilities (describe SEE STATEMENT 9)	2,053,156.	65	1,679,402.
66 Total liabilities (add lines 60 through 65)	5,860,252.	66	4,892,141.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	3,445,545.	67	2,224,927.
	68 Temporarily restricted	223,990.	68	233,146.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	3,669,535.	73	2,458,073.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	9,529,787.	74	7,350,214.

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	▶	a	11,037,958.
b	Amounts included on line a but not on line 12, Form 990:			
(1)	Net unrealized gains on investments	\$ 26,762.		
(2)	Donated services and use of facilities	\$ 176,586.		
(3)	Recoveries of prior year grants	\$		
(4)	Other (specify):			
	STMT 11	\$ 392,630.		
	Add amounts on lines (1) through (4)	▶	b	595,978.
c	Line a minus line b	▶	c	10,441,980.
d	Amounts included on line 12, Form 990 but not on line a:			
(1)	Investment expenses not included on line 6b, Form 990	\$		
(2)	Other (specify):	\$		
	Add amounts on lines (1) and (2)	▶	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	▶	e	10,441,980.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	▶	a	10,874,786.
b	Amounts included on line a but not on line 17, Form 990:			
(1)	Donated services and use of facilities	\$ 176,586.		
(2)	Prior year adjustments reported on line 20, Form 990	\$		
(3)	Losses reported on line 20, Form 990	\$		
(4)	Other (specify):			
	STMT 12	\$ 375,274.		
	Add amounts on lines (1) through (4)	▶	b	551,860.
c	Line a minus line b	▶	c	10,322,926.
d	Amounts included on line 17, Form 990 but not on line a:			
(1)	Investment expenses not included on line 6b, Form 990	\$		
(2)	Other (specify):	\$		
	Add amounts on lines (1) and (2)	▶	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	▶	e	10,322,926.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
STEVEN GREIL 7 WYNDHAM PLACE NASHVILLE, TN 37215	PRESIDENT/CEO 40 HRS/WEEK	UNTIL 5/1/05 171,222.	303,564.	5,000.
KATHLEEN O'BRIEN 6224 DEERBROOK DRIVE NASHVILLE, TN 37221	COO/PRESIDENT/CEO 40 HRS/WEEK	5/2-6/30 100,000.	9,550.	4,200.
JULIE GILLEN 120 TANASI SHORES GALLATIN, TN 37066	CHIEF FINANCIAL OFFICER 40 HRS/WEEK	80,000.	7,616.	0.
TOMMY BAKER 1811 MCGAVOK PIKE NASHVILLE, TN 37216	VP OF OPERATIONS 40 HRS/WEEK	64,000.	8,452.	0.
ROBERTA CIUFFO 320 OLD HICKORY BLVD, UNIT 3007 NASHVILLE, TN 37221	SENIOR VP INST. ADV. 40 HRS/WEEK	95,000.	11,471.	0.
SEE ATTACHED LIST OF NONCOMPENSATED BOARD OF DIRECTORS	5 HRS/MONTH	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. ☐ Yes ☒ No

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

Form 990 (2004)

58-1320590

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Part VI Other Information

	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	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a 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?	80a	X
b If "Yes," enter the name of the organization SEE STATEMENT 13 and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b Did the organization file Form 1120-POL for this year?	81b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 176,586.		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	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.		
c Dues, assessments, and similar amounts from members 85c N/A		
d Section 162(e) lobbying and political expenditures 85d N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	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? N/A	85h	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction 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	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a List the states with which a copy of this return is filed TENNESSEE		
b Number of employees employed in the pay period that includes March 12, 2004 90b 251		
91 The books are in care of JULIE GILLEN Telephone no. (615) 782-4000		

Located at 505 DEADERICK STREET, NASHVILLE, TN

ZIP + 4 37243

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** N/A

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Form 990 (2004)

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a SEE STATEMENT 14

b

c

d

e

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate:

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets

other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue:

a

b

c

d

e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

93A THE ORGANIZATION PROVIDES THE NASHVILLE AND MIDDLE TENNESSEE COMMUNITY WITH CULTURAL EVENTS INCLUDING PROFESSIONAL AND AMATEUR PERFORMING ARTS PRODUCTIONS, CULTURAL FESTIVALS, AND EDUCATIONAL PROGRAMS THROUGH SPONSORSHIP USING THE REVENUE RECEIVED.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please Sign Here	Signature of officer	Date	Type or print name and title.
	Preparer's signature	Date	Preparer's SSN or PTIN
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4	Check if self-employed <input checked="" type="checkbox"/>	EIN
	423161 01-13-05	Phone no.	

KRAFTCPAS PLLC
 555 GREAT CIRCLE ROAD, SUITE 200
 NASHVILLE, TN 37228-1310

12/29/05
 (615) 242-7351

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2004

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

Employer identification number
58: 1320590

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BRENT HYAMS 1613 RUSSELL STREET, NASHVILLE, TN 37206	DIR MARKETING 40 HRS/WEEK	63,000.	10,032.	0.
MICHEAL WEST 838 OVERHILLS DRIVE, OLD HICKORY, TN 37138	DIR PATRON SV 40 HRS/WEEK	58,000.	0.	0.
JANE LINTON 1024 MAYNOR AVENUE, NASHVILLE, TN 37216	OP MANAGER 40 HRS/WEEK	51,500.	6,347.	0.
SUSAN SANDERS 1017 WOODMONT BLVD, NASHVILLE, TN 37204	S DIR INS ADV 40 HRS/WEEK	50,089.	7,440.	0.
Total number of other employees paid over \$50,000	0			

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
THE TENNESSEAN P.O. BOX 24887, NASHVILLE, TN 37209	ADVERTISING	101,781.
CHANNEL 4 5700 KNOB ROAD, NASHVILLE, TN 37209	ADVERTISING	99,471.
WJXA 504 ROSEDALE AVENUE, NASHVILLE, TN 37211	ADVERTISING	74,942.
COMCAST 2950 KRAFT DRIVE, SUITE 100, NASHVILLE, TN 37204	ADVERTISING	67,723.
WISCONSIN PUBLIC RADIO 821 UNIVERSITY AVENUE, MADISON, WI 53706	ADVERTISING	50,738.
Total number of others receiving over \$50,000 for professional services	25	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities 1 \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) SEE STATEMENT 15		
a Sale, exchange, or leasing of property?	X	
b Lending of money or other extension of credit?	X	
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?	X	
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization 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).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **1** _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vii). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

TENNESSEE PERFORMING ARTS CENTER (TPAC)

Schedule A (Form 990 or 990-EZ) 2004 **MANAGEMENT COMPANY**

58-1320590 Page 3

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) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,882,234.	2,878,125.	3,570,533.	4,088,549.	13,419,441.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	8,273,028.	9,905,761.	9,052,048.	8,909,735.	36,140,572.
18 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 by the organization after June 30, 1975	1,193.	18,126.	30,281.	68,503.	118,103.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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	67,620.	67,620.	67,620.	67,620.	270,480.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			SEE STATEMENT 16		86,656.
23 Total of lines 15 through 22	11,224,075.	12,869,632.	12,720,482.	13,221,063.	50,035,252.
24 Line 23 minus line 17	2,951,047.	2,963,871.	3,668,434.	4,311,328.	13,894,680.
25 Enter 1% of line 23	112,241.	128,696.	127,205.	132,211.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
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					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 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) 0. (2002) 0. (2001) 0. (2000) 0.					
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: (2003) 0. (2002) 0. (2001) 0. (2000) 0.					
c Add: Amounts from column (e) for lines: 15 13,419,441. 16 _____ 17 36,140,572. 20 _____ 21 270,480.					27c 49,830,493.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 49,830,493.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 50,035,252.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.5908%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .2360%

28 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.

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
.....		
.....		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c 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:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e 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.)		
.....		
.....		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
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 nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2004

TENNESSEE PERFORMING ARTS CENTER (TPAC)

Schedule A (Form 990 or 990-EZ) 2004 **MANAGEMENT COMPANY**

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Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - The lobbying nontaxable amount is -			
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period					N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total	
45 Lobbying nontaxable amount						0.
46 Lobbying ceiling amount (150% of line 45(e))						0.
47 Total lobbying expenditures						0.
48 Grassroots nontaxable amount						0.
49 Grassroots ceiling amount (150% of line 48(e))						0.
50 Grassroots lobbying expenditures						0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII

a Transfers from the reporting organization to a noncharitable exempt organization of:

Yes	No
-----	----

51a(l)	X
--------	---

a(iii)	X
--------	---

b(i)	X
------	---

b(ii)		X
-------	--	---

b(iii)	X
--------	---

b(iv)	X
-------	---

$b(v)$		X
--------	--	---

b(vi)		X
-------	--	---

C	X
---	---

N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
-----------------	------------------------	--	---

☐ Yes ☒ No

N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship
-----------------------------	-----------------------------	------------------------------------

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2004

Name of organization

TENNESSEE PERFORMING ARTS CENTER (TPAC)
MANAGEMENT COMPANY

Employer identification number

58-1320590

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

☒ For organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

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

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

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

Employer identification number

58-1320590

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 63,737.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number

58-1320590

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 7,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number

58-1320590

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 14,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 147,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

TENNESSEE PERFORMING ARTS CENTER (TPAC)
MANAGEMENT COMPANY

Employer identification number

58-1320590

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 132,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 15,615.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number

58-1320590

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number

58-1320590

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ 13,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 6,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 2,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number

58-1320590

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number

58-1320590

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number

58-1320590

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number

58-1320590

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		\$	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	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.)

FOOTNOTES

STATEMENT 1

FORM 990, PART II, LINE 57C:

IMPROVEMENTS, EQUIPMENT AND FURNITURE ARE RECORDED AT COST, WHEN PURCHASED, OR AT FAIR MARKET VALUE, WHEN GIFTED TO THE ORGANIZATION. DEPRECIATION IS CALCULATED BY THE STRAIGHT-LINE METHOD TO ALLOCATE THE COST OF DEPRECIABLE ASSETS, AS SO DETERMINED, TO OPERATIONS OVER ESTIMATED USEFUL LIVES OF THREE TO SEVEN YEARS FOR COMPUTERS, EQUIPMENT AND FURNITURE, AND TEN YEARS FOR IMPROVEMENTS.

FIXED ASSETS ARE COMPRISED OF THE FOLLOWING AT THE END OF THIS FILING YEAR:

PROPERTY, PLANT & EQUIPMENT
ACCUMULATED DEPRECIATION

7,180,655.
<1,951,912.>

NET FIXED ASSETS

5,228,743.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
FIXED ASSETS	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
SCRAPPED	0.	111,523.	0.	108,488.	<3,035.>
TO FM 990, PART I, LN 8		111,523.	0.	108,488.	<3,035.>

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GALA EVENT	154,125.	100,310.	53,815.	196,542.	<142,727.>
DEV. PREMIERE EVENING	213,330.	201,015.	12,315.	196,088.	<183,773.>
TO FM 990, PART I, LINE 9	367,455.	301,325.	66,130.	392,630.	<326,500.>

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	26,762.
GAIN ON DERIVATIVE FINANCIAL INSTRUMENT	17,356.
SPINOUT CONTRIBUTION	<1,374,634.>
TOTAL TO FORM 990, PART I, LINE 20	<1,330,516.>

FORM 990

OTHER EXPENSES

STATEMENT

5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ARTIST FEES	3,240,906.	3,240,906.		0.
CONTRACT LABOR	615,256.	610,290.	2,025.	2,941.
BAD DEBT EXPENSE	17,886.	9,186.		8,700.
CASH OVER/SHORT	751.	191.	312.	248.
CONCESSIONS SUPPLIES	92,329.	92,329.		
CREDIT CARD FEES	171,929.	164,691.		7,238.
CUSTODIAL	67,775.	67,775.		0.
DUES AND SUBSCRIPTIONS	21,878.	6,972.	11,124.	3,782.
FEES - TICKETING/BANK/OTHER	31,006.	5,052.	24,404.	1,550.
MARKETING - INSTITUTION	54,468.	15,314.		39,154.
MEALS/ENTERTAINMENT	57,407.	10,941.	6,952.	39,514.
MISCELLANEOUS	61,365.	20,669.	5,746.	34,950.
INSURANCE	76,131.		76,131.	
PRESENTER SHARE	142,905.	142,905.		0.
PRODUCTION COSTS	38,071.	36,913.	22.	1,136.
PROFESSIONAL CONSULTING	134,135.	19,150.	93,946.	21,039.
REPAIRS AND MAINTENANCE	51,589.	39,920.	9,869.	1,800.
SECURITY	38,681.	38,681.		0.
TECH AND HOUSE SUPPLIES	16,952.	16,952.		
TRANSPORTATION				
GRANTS EXPENSE	5,751.	5,751.		
UNIFORMS AND ALTERATIONS	742.	742.		
MARKETING - PROGRAMMING	675,460.	675,460.		
TOTAL TO FM 990, LN 43	5,613,373.	5,220,790.	230,531.	162,052.

FORM 990

STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE
PART III

STATEMENT

6

EXPLANATION

TO PROVIDE THE NASHVILLE AND MIDDLE TENNESSEE COMMUNITY WITH CULTURAL
EVENTS, INCLUDING PROFESSIONAL & AMATEUR PERFORMING ARTS PRODUCTIONS.

FORM 990	OTHER ASSETS	STATEMENT	7
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DESCRIPTION	AMOUNT
CURRENT CONTRIBUTIONS RECEIVABLE	228,617.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	228,617.

FORM 990	MORTGAGES PAYABLE	STATEMENT	8
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DESCRIPTION	BALANCE DUE
BANK OF AMERICA	2,487,952.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	2,487,952.

FORM 990	OTHER LIABILITIES	STATEMENT	9
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DESCRIPTION	AMOUNT
DEFERRED REVENUES	1,643,617.
DEPOSITS	33,218.
INTEREST RATE SWAP LIABILITY	2,567.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	1,679,402.

FORM 990	OTHER SECURITIES	STATEMENT	10
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
INVESTMENTS	FMV	10,554.
TO FORM 990, LINE 54, COL B		10,554.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 11
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DESCRIPTION	AMOUNT
DIRECT SPECIAL EVENT EXPENSES	392,630.
TOTAL TO FORM 990, PART IV-A	392,630.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 12
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DESCRIPTION	AMOUNT
GAIN ON DERIVATIVE INSTRUMENT	<17,356.>
DIRECT SPECIAL EVENT EXPENSES	392,630.
TOTAL TO FORM 990, PART IV-B	375,274.

FORM 990	IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B	STATEMENT 13
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NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
TENNESSEE REPERTORY THEATRE	X	
TENNESSEE PERFORMING ARTS FOUNDATION	X	
NASHVILLE INSTITUTE FOR THE ARTS	X	

FORM 990	PROGRAM SERVICE REVENUE	STATEMENT 14
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DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME
TICKET SALES					5,381,505.
RENTAL INCOME					498,196.
REIMBURSEMENTS					874,796.
CONCESSION SALES					238,803.
TICKET SERVICE CHG/FEES					964,021.
CONSULTING INCOME					120,213.
SPONSORSHIPS					169,576.
OTHER INCOME					128,094.
TO FORM 990, PART VII, LINE 93					8,375,204.

SCHEDULE A	STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC., PART III, LINE 2	STATEMENT 15
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TPAC PURCHASED APPROXIMATELY \$24,000 OF INVENTORY FROM A BOARD MEMBER'S COMPANY. TPAC ALSO PAID APPROXIMATELY \$73,000 IN RENT EXPENSE TO OFFICE SPACE LEASED FROM ANOTHER BOARD MEMBER'S COMPANY. ONE BOARD MEMBER IS EMPLOYED BY TPAC'S PRINCIPAL LENDER.

SCHEDULE A	OTHER INCOME	STATEMENT 16
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DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
OTHER INCOME	0.	0.	0.	86,656.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	0.	86,656.

Tennessee Performing Arts Center
EIN: 58-1320590
Statement of Program Services

The Tennessee Performing Arts Center's Education Programs encompass four program areas; each provides educational service to the community and access to the performing arts events at TPAC.

Humanities Outreach in Tennessee (HOT) presented 45 professional performances of theater, dance and music for student audiences at TPAC in addition to one in-school tour. Subsidized tickets, travel grants and classroom materials were provided to ensure that each student can have access to diverse cultural and educational programs. HOT also provided In-School student workshops, audience discussions, and workshops for teachers which addressed the educational content of each performance. In the 2004-2005 academic year, 33,479 students and teachers from 443 schools attended HOT Season for Young People performances.

ArtSmart is a classroom-based instruction program that accompanies HOT Season for Young People. Through ArtSmart, students arrive at the theatre with an expanded capacity to engage with the performance they are about to see. Specialized training enables educators and Teaching Artists to guide arts-based instruction that challenge young people to imagine, to practice and to reflect. 4,500 students and teachers participated in ArtSmart in 2004-2005. All participants in Davidson County received ArtSmart education services at not charge.

TPAC's Wolf Trap Early Learning through the Arts program brings arts-based classroom residencies to preschools and Head Start Centers. Teaching Artists and teachers use arts instructions to target early childhood developmental goals and help children learn. 730 children and teachers participated in Wolf Trap in 2004-2005 at no charge.

InsideOut is for adults who want to grow in their knowledge and enjoyment of the performing arts. The program offers a series of lunch seminars, performance excerpts, discussions, workshops and sneak previews behind the scenes. 2,695 individuals participated at no charge.

**TENNESSEE PERFORMING ARTS CENTER
MANAGEMENT CORPORATION
BOARD OF DIRECTORS
2004 - 2005**

**Aubrey B. Harwell, Jr. - Chairman
William E. Knestrick - Vice Chairman
Alan R. Yuspeh - Vice Chairman
J. Stephen Turner - Secretary
Michael D. Shmerling - Treasurer**

<u>NAME, ADDRESS & PHONE</u> <u>EXPIRATION</u>	<u>APPOINTING AUTHORITY</u>	<u>OF TERM</u>
C. Dale Allen Colbert and Winstead 1812 Broadway Nashville, Tennessee 37203 321-0555 321-9555 (fax)	Governor	June 30, 2006
Dennis C. Bottorff 30, 2005 Council Ventures 150 2 nd Avenue North, Suite 415 Nashville, Tennessee 37201 255-3707 255-3709 (fax)	Tennessee Performing Arts Management Corporation	June
Barbara T. Bovender June 30, 2005 520 Belle Meade Boulevard Nashville, Tennessee 37205-3424 292-5782 292-2783 (fax)	Tennessee Performing Arts Foundation	
J. Chase Cole Waller Lansden Dortch & Davis 511 Union Street, Suite 2700 Nashville, Tennessee 37219 850-8476 850-6804 (fax)	Governor	June 30, 2007
Jeanette Crosswhite Fine Arts Consultant		June 30, 2005

710 James Robertson Parkway, 5th floor
Nashville, Tennessee 37243-0379
532-6278 532-8536 (fax)

John D. Ferguson	Tennessee Arts Commission	June
30, 2007		
Corrections Corporation of America		
10 Burton Hills Boulevard		
Nashville, Tennessee 37215		
Tel: 263-3001 263-3010 (fax)		

Sandra Fulton	Director Emerita
124 Brighton Close	
Nashville, Tennessee 37205	
292-3355 292-3355 (fax)	

Kerry B. Graham	Tennessee Performing	June 30, 2006
The Buntin Group	Arts Foundation	
1001 Hawkins		
Nashville, Tennessee, 37203		
244-5720 256-5539 (fax)		

Aubrey B. Harwell, Jr.	Tennessee Performing	June
30, 2006		
Neal & Harwell	Arts Foundation	
150- 4 th Avenue North, Suite 2000		
Nashville, Tennessee 37219		
244-1713 726-0573 (fax)		

Samuel H. Howard	Tennessee Arts Commission	June
30, 2006		
Phoenix Holdings, Inc.		
216 Centerview Drive, Suite 300		
Brentwood, Tennessee 37027-3226		
377-9480 377-3746 (fax)		

MaryAnne Howland	Tennessee Performing Arts
June 30, 2007	
IBIS Communications	Management Corporation
1024 17th Avenue South	
Nashville, Tennessee 37212-2207	
777-1900 777-1906 (fax)	

Martha R. Ingram
Ingram Industries Inc
4400 Harding Road
Nashville, Tennessee 37205
298-8204 298-7579 (fax)

Tennessee Performing
Arts Foundation

June 30, 2007

William E. Knestrick
June 30, 2006
Knestrick Contractor, Inc.
P.O. Box 40547
Nashville, Tennessee 37204
346-0280 256-7578 (fax)

Tennessee Performing Arts
Management Corporation

Howard H. Lamar, III
June 30, 2005
Bass, Berry & Sims
315 Deaderick Street, Suite 2700
Nashville, Tennessee 37238-0002
742-6209 742-2709 (fax)

Tennessee Arts Commission

Robert S. Lipman
30, 2005
Lipman Brothers, Inc.
P.O. Box 280300
Nashville, TN 37228-0300
244-2230 256-4865 (fax)

Tennessee Performing Arts

June

Management Corporation

Eilene D. Maupin
2 Morningside
Nashville, Tennessee 37215
377-2307 377-1961 (home fax)

Governor

June 30, 2005

Priscilla Partridge de Garcia
30, 2006
5012 High Valley Drive
Brentwood, Tennessee 37027
373-9569

Tennessee Performing
Arts Foundation

June

David A. Perdue 30, 2005 Dollar General Corporation 100 Mission Ridge Goodlettsville, Tennessee 37072-2170 855-5888 855-5512 (fax)	Tennessee Arts Commission	June
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Michael D. Shmerling Kroll, The Risk Consulting Co.. 1900 Church Street, Suite 400 Nashville, Tennessee 37203 320-9800 X221 321-9585 (fax)	Tennessee Performing Arts Foundation	June 30, 2005
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J. Stephen Turner Butler's Run 138- 2 nd Avenue North, Suite 500 Nashville, Tennessee 37201 742-3656 742-7423 (fax)	Tennessee Performing Arts Foundation	June 30, 2007
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Alan R. Yuspeh HCA, The Healthcare Corporation One Park Plaza Nashville, Tennessee 37203-1505 344-1005 344-1045	Tennessee Performing Arts Foundation	June 30, 2007
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12/27/04

Application for Extension of Time to File an Exempt Organization Return

OMB No. 1545-1709

► 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 ☒ **X**
 - 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.**

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

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY	Employer identification number 58-1320590
	Number, street, and room or suite no. If a P.O. box, see instructions. 505 DEADERICK STREET	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37243	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **JULIE GILLEN**
Telephone No. ► **(615) 782-4000** 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 will cover.

- I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► ☐ calendar year _____ or
 ► ☒ tax year beginning **JUL 1, 2004**, and ending **JUN 30, 2005**
- If this tax year 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 \$ _____
- b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

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.

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

Form 8868 (Rev. 12-2004)