

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

**2005**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>TENNESSEE PERFORMING ARTS CENTER (TPAC) MANAGEMENT COMPANY</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>505 DEADERICK STREET</b> City or town, state or country, and ZIP + 4 <b>NASHVILLE, TN 37243</b>	<b>D</b> Employer identification number <b>58-1320590</b>
		<b>E</b> Telephone number <b>(615) 782-4033</b>
		<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
		<b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b>

**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 chooses to file a return, be sure to file a complete return. **Some states require a complete return.****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 ▶ **N/A****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 ▶ **N/A****M** Check ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **9,541,773.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	<b>1,062,198.</b>		
	<b>b</b> Indirect public support	<b>1b</b>	<b>968,287.</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>	<b>487,661.</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>2,464,128.</b> noncash \$ <b>54,018.</b> )			<b>1d</b>	<b>2,518,146.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	<b>6,947,819.</b>
	<b>3</b> Membership dues and assessments			<b>3</b>	
	<b>4</b> Interest on savings and temporary cash investments			<b>4</b>	
	<b>5</b> Dividends and interest from securities			<b>5</b>	<b>9,790.</b>
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)			<b>6c</b>	
<b>7</b> Other investment income (describe ▶ )			<b>7</b>		
<b>Expenses</b>	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		<b>10,554.</b>	<b>8a</b>		
	<b>b</b> Less: cost or other basis and sales expenses	<b>10,554.</b>	<b>8b</b>	<b>457.</b>	
	<b>c</b> Gain or (loss) (attach schedule)		<b>8c</b>	<b>&lt;457.&gt;</b>	
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>STMT 2</b>	<b>STMT 3</b>	<b>8d</b>	<b>&lt;457.&gt;</b>
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b> Gross revenue (not including \$ <b>332,713.</b> of contributions reported on line 1a)	<b>9a</b>	<b>55,464.</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>188,121.</b>		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)		<b>SEE STATEMENT 4</b>	<b>9c</b>	<b>&lt;132,657.&gt;</b>
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			<b>10c</b>	
<b>11</b> Other revenue (from Part VII, line 103)			<b>11</b>		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			<b>12</b>	<b>9,342,641.</b>	
<b>Net Assets</b>	<b>13</b> Program services (from line 44, column (B))			<b>13</b>	<b>7,658,343.</b>
	<b>14</b> Management and general (from line 44, column (C))			<b>14</b>	<b>957,142.</b>
	<b>15</b> Fundraising (from line 44, column (D))			<b>15</b>	<b>301,410.</b>
	<b>16</b> Payments to affiliates (attach schedule)			<b>16</b>	
	<b>17</b> Total expenses (add lines 16 and 44, column (A))			<b>17</b>	<b>8,916,895.</b>
	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18</b>	<b>425,746.</b>
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	<b>2,458,073.</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation)		<b>SEE STATEMENT 5</b>	<b>20</b>	<b>2,651.</b>	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b>	<b>2,886,470.</b>	

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

Form 990 (2005)

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

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**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.

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
<b>22</b> Grants and allocations (attach schedule) ... (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule) .....				
<b>24</b> Benefits paid to or for members (attach schedule) .....				
<b>25</b> Compensation of officers, directors, etc. * *	529,655.	206,809.	269,343.	53,503.
<b>26</b> Other salaries and wages .....	2,571,774.	2,179,320.	252,936.	139,518.
<b>27</b> Pension plan contributions .....	82,899.	64,083.	12,986.	5,830.
<b>28</b> Other employee benefits .....	447,874.	345,840.	70,988.	31,046.
<b>29</b> Payroll taxes .....				
<b>30</b> Professional fundraising fees .....				
<b>31</b> Accounting fees .....				
<b>32</b> Legal fees .....				
<b>33</b> Supplies .....	18,809.	11,322.	5,219.	2,268.
<b>34</b> Telephone .....	48,817.	33,919.	9,485.	5,413.
<b>35</b> Postage and shipping .....	15,356.	12,294.	1,424.	1,638.
<b>36</b> Occupancy .....				
<b>37</b> Equipment rental and maintenance .....	36,504.	6,081.	33,296.	<2,873.>
<b>38</b> Printing and publications .....	49,313.	46,327.	929.	2,057.
<b>39</b> Travel .....	43,195.	39,248.	6,087.	<2,140.>
<b>40</b> Conferences, conventions, and meetings ...				
<b>41</b> Interest .....	115,498.	115,498.		
<b>42</b> Depreciation, depletion, etc. (attach schedule)	367,346.	278,751.	72,733.	15,862.
<b>43</b> Other expenses not covered above (itemize):				
a .....				
b .....				
c .....				
d .....				
e .....				
f .....				
g <b>SEE STATEMENT 6</b>	4,589,855.	4,318,851.	221,716.	49,288.
<b>44 Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	8,916,895.	7,658,343.	957,142.	301,410.

**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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

\* \* SEE STATEMENT 7

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**Part III** **Statement of Program Service Accomplishments** (See the instructions.)

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.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 8</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
<b>a SEE ATTACHED STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>7,658,343.</b>	
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ..... ►	
<b>7,658,343.</b>	

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**Part IV Balance Sheets** (See the instructions.)

**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
<b>Assets</b>	45	Cash - non-interest-bearing .....	9,160.	45	9,760.
	46	Savings and temporary cash investments .....	1,358,721.	46	4,682,329.
	47 a	Accounts receivable ..... 47a	316,893.		
	b	Less: allowance for doubtful accounts ..... 47b		47c	316,893.
	48 a	Pledges receivable ..... 48a		48c	
	b	Less: allowance for doubtful accounts ..... 48b			
	49	Grants receivable .....		49	
	50	Receivables from officers, directors, trustees, and key employees .....		50	
	51 a	Other notes and loans receivable ..... 51a		51c	
	b	Less: allowance for doubtful accounts ..... 51b			
	52	Inventories for sale or use .....		52	
	53	Prepaid expenses and deferred charges .....	161,808.	53	286,963.
	54	Investments - securities ..... STMT 12 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	10,554.	54	84.
	55 a	Investments - land, buildings, and equipment: basis ..... 55a		55c	
	b	Less: accumulated depreciation ..... 55b			
56	Investments - other .....	0.	56	0.	
57 a	Land, buildings, and equipment: basis ..... 57a	7,105,005.			
b	Less: accumulated depreciation ..... 57b	2,196,523.	57c	4,908,482.	
58	Other assets (describe ► SEE STATEMENT 9 )	228,617.	58	259,311.	
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	7,350,214.	59	10,463,822.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses .....	724,787.	60	680,844.
	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 10	2,487,952.	64b	2,204,184.
	65	Other liabilities (describe ► SEE STATEMENT 11 )	1,679,402.	65	4,692,324.
66	<b>Total liabilities.</b> Add lines 60 through 65) .....	4,892,141.	66	7,577,352.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>				
	67	Unrestricted .....	2,224,927.	67	2,620,560.
	68	Temporarily restricted .....	233,146.	68	265,910.
	69	Permanently restricted .....		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>				
	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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	2,458,073.	73	2,886,470.
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	7,350,214.	74	10,463,822.

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	9,679,051.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	
<b>2</b>	Donated services and use of facilities	<b>b2</b>	148,289.
<b>3</b>	Recoveries of prior year grants	<b>b3</b>	
<b>4</b>	Other (specify): <u>DIRECT SPECIAL EVENT EXPENSES</u>	<b>b4</b>	188,121.
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	336,410.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	9,342,641.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify):	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	0.
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>	9,342,641.

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

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	9,250,654.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
<b>1</b>	Donated services and use of facilities	<b>b1</b>	148,289.
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>	
<b>4</b>	Other (specify): <u>SEE STATEMENT 13</u>	<b>b4</b>	185,470.
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	333,759.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	8,916,895.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify):	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	0.
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	8,916,895.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 plans	(E) Expense account and other allowances
KATHLEEN O'BRIEN 6224 DEERBROOK DRIVE NASHVILLE, TN 37221	PRESIDENT/CEO 40.00	160,000.	12,260.	4,200.
JULIE GILLEN 120 TANASI SHORES GALLATIN, TN 37066	CHIEF FINANCIAL OFFICER 40.00	83,000.	9,883.	0.
TOMMY BAKER 1811 MCGAVOK PIKE NASHVILLE, TN 37216	VP OF OPERATIONS 40.00	67,000.	8,800.	0.
ROBERTA CIUFFO 1007 MONTROSE AVE. NASHVILLE, TN 37204	SENIOR VP INSTIT. ADV. 40.00	95,000.	12,006.	0.
BRENT HYAMS 1613 RUSSELL STREET NASHVILLE, TN 37206	SENOIR DIRECTOR OF MARKET 40.00	67,000.	10,506.	0.
SEE ATTACHED LIST OF NONCOMPENSATED BOARD OF DIRECTORS	0.00	0.	0.	0.

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## Form 990 (2005)

<b>Part V-A</b>	<b>Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>
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Yes	No
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**Part V-B** **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Part VI Other Information (See 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	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 14 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	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X

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**Part VI Other Information** (continued)

		Yes	No
<b>82 a</b> 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? .....	<b>82a</b>	<b>X</b>	
<b>b</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.) .....	<b>82b</b>		
	148,289.		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications? .....	<b>83a</b>	<b>X</b>	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions? .....	<b>83b</b>	<b>X</b>	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible? .....	<b>84a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>84b</b>		
	N/A		
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members? .....	<b>85a</b>		
	N/A		
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>85b</b>		
If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
<b>c</b> Dues, assessments, and similar amounts from members .....	<b>85c</b>		
	N/A		
<b>d</b> Section 162(e) lobbying and political expenditures .....	<b>85d</b>		
	N/A		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....	<b>85e</b>		
	N/A		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) .....	<b>85f</b>		
	N/A		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....	<b>85g</b>		
	N/A		
<b>h</b> 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? .....	<b>85h</b>		
	N/A		
<b>86 501(c)(7) organizations. Enter: a</b> Initiation fees and capital contributions included on line 12 .....	<b>86a</b>		
	N/A		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities .....	<b>86b</b>		
	N/A		
<b>87 501(c)(12) organizations. Enter: a</b> Gross income from members or shareholders .....	<b>87a</b>		
	N/A		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>87b</b>		
	N/A		
<b>88</b> 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 .....	<b>88</b>		<b>X</b>
<b>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>			
<b>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 .....</b>	<b>89b</b>		<b>X</b>
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....			0.
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization .....			0.
<b>90 a</b> List the states with which a copy of this return is filed ▶ <u>TN</u>			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2005 .....	<b>90b</b>		296
<b>91 a</b> The books are in care of ▶ <u>JULIE GILLEN</u> Telephone no. ▶ <u>(615) 782-4000</u> Located at ▶ <u>505 DEADERICK STREET, NASHVILLE, TN</u> ZIP + 4 ▶ <u>37243</u>			
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	<b>91b</b>		<b>X</b>
If "Yes," enter the name of the foreign country ▶ <u>N/A</u> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.			
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ <u>N/A</u>	<b>91c</b>		<b>X</b>
<b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here</b> .....			<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the tax year .....	<b>92</b>		N/A

Form **990** (2005)



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

Form 990 (2005)

58-1320590 Page **8**

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

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SEE STATEMENT 15					6,947,819.
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			14	9,790.	
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			18	<457.>	
101 Net income or (loss) from special events					<132,657.>
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))		0.		9,333.	6,815,162.
105 Total (add line 104, columns (B), (D), and (E))					6,824,495.

**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 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 PERFORMING ARTS PRODUCTIONS, CULTURAL FESTIVALS, AND EDUCATIONAL PROGRAMS THROUGH SPONSORSHIP USING THE REVENUE RECEIVED.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See 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 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).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <i>[Signature]</i>		Date <i>12/29/06</i>	Type or print name and title. <i>JULIE GILMAN - CFO</i>
Paid Preparer's Use Only	Preparer's signature <i>[Signature]</i>	Date <i>12/29/06</i>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>KRAFTCPAS PLLC 555 GREAT CIRCLE ROAD, SUITE 200 NASHVILLE, TN 37228-1310</b>		EIN	Phone no. <i>(615) 242-7351</i>

Form **990** (2005)



**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 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

**2005**

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
DARRELL MERRYMAN 1510 SPENCE CIRCLE, NASHVILLE, TN 372	INFORMATION SERVICES 40.00	55,000.	6,684.	0.
MICHAEL WEST 838 OVERHILLS DRIVE, OLD HICKORY, TN	DIR PATRON SV 40.00	62,000.	9,641.	0.
JANE LINTON 1024 MAYNOR AVENUE, NASHVILLE, TN 372	OP MANAGER 40.00	53,045.	6,552.	0.
SUSAN SANDERS 1017 WOODMONT BLVD, NASHVILLE, TN 372	S DIR INS ADV 40.00	53,600.	7,787.	0.
DANA NOLEN 101 HUNTINGTON PLACE, HENDERSONVILLE,	SENIOR ACCOUNTANT 40.00	49,440.	9,870.	0.
Total number of other employees paid over \$50,000 ▶	0			

**Part II-A 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	110,772.
CHANNEL 4 5700 KNOB ROAD, NASHVILLE, TN 37209	ADVERTISING	87,550.
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
THE HAIRSPRAY TOURING CO. L.P. ADDRESS AVAILABLE UPON REQUEST	PROMOTER	428,760.
ANNIE TOURING TOO, LLC. 19552 CLUB HOUSE ROAD, MONTGOMERY VILLAGE, MD 208	PROMOTER	357,608.
TENN. REPERTORY THEATRE 161 RAINES AVENUE, NASHVILLE, TN 37203	TENANT	354,422.
NASHVILLE BALLET 505 DEADERICK STREET, NASHVILLE, TN 37243	TENANT	327,574.
LITTLE WOMEN TOUR, LLC. 19552 CLUB HOUSE ROAD, MONTGOMERY VILLAGE, MD 208	PROMOTER	305,839.
Total number of other contractors receiving over \$50,000 for other services ▶	19	

## TENNESSEE PERFORMING ARTS CENTER (TPAC)

Schedule A (Form 990 or 990-EZ) 2005 MANAGEMENT COMPANY

58-1320590 Page 2

**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 ► \$ _____ \$ _____ (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.	1		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.)			
a	Sale, exchange, or leasing of property? SEE STATEMENT 17	2a	X	
b	Lending of money or other extension of credit? SEE STATEMENT 16	2b	X	
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 18	2d	X	
e	Transfer of any part of its income or assets?	2e		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.)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		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?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		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	<input type="checkbox"/> A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6	<input type="checkbox"/> A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7	<input type="checkbox"/> A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8	<input type="checkbox"/> A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
10	<input type="checkbox"/> 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 <b>Support Schedule</b> in Part IV-A.)
11a	<input type="checkbox"/> 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 <b>Support Schedule</b> in Part IV-A.)
11b	<input type="checkbox"/> A community trust. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)
12	<input checked="" type="checkbox"/> 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 <b>Support Schedule</b> in Part IV-A.)
13	<input type="checkbox"/> 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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input checked="" type="checkbox"/> Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

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

14	<input type="checkbox"/> An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)
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## TENNESSEE PERFORMING ARTS CENTER (TPAC)

Schedule A (Form 990 or 990-EZ) 2005 MANAGEMENT COMPANY

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**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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,439,320.	2,882,234.	2,878,125.	3,570,533.	11,770,212.
<b>16</b> Membership fees received					
<b>17</b> 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	8,531,805.	8,273,028.	9,905,761.	9,052,048.	35,762,642.
<b>18</b> 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	1,901.	1,193.	18,126.	30,281.	51,501.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	11,040,646.	11,224,075.	12,869,632.	12,720,482.	47,854,835.
<b>24</b> Line 23 minus line 17	2,508,841.	2,951,047.	2,963,871.	3,668,434.	12,092,193.
<b>25</b> Enter 1% of line 23	110,406.	112,241.	128,696.	127,205.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					<b>26a</b> 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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					<b>26d</b> N/A
e Public support (line 26c minus line 26d total)					<b>26e</b> N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> N/A %
<b>27 Organizations described on line 12:</b> 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: (2004) 0. (2003) 0. (2002) 0. (2001) 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 11b, 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: (2004) 0. (2003) 0. (2002) 0. (2001) 0.					
c Add: Amounts from column (e) for lines: 15 11,770,212. 16 _____ 17 35,762,642. 20 _____ 21 270,480.					<b>27c</b> 47,803,334.
d Add: Line 27a total 0. and line 27b total 0.					<b>27d</b> 0.
e Public support (line 27c total minus line 27d total)					<b>27e</b> 47,803,334.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> 47,854,835.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> 99.8924%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> .1076%
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.					

**TENNESSEE PERFORMING ARTS CENTER (TPAC)**

Schedule A (Form 990 or 990-EZ) 2005 **MANAGEMENT COMPANY**

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**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
<b>29</b> 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? .....	<b>29</b>	
<b>30</b> 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? .....	<b>30</b>	
<b>31</b> 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? .....	<b>31</b>	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? .....	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? .....	<b>32d</b>	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? .....	<b>33a</b>	
<b>b</b> Admissions policies? .....	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? .....	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? .....	<b>33d</b>	
<b>e</b> Educational policies? .....	<b>33e</b>	
<b>f</b> Use of facilities? .....	<b>33f</b>	
<b>g</b> Athletic programs? .....	<b>33g</b>	
<b>h</b> Other extracurricular activities? .....	<b>33h</b>	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? .....	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? .....	<b>34b</b>	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b> 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 .....	<b>35</b>	

Schedule A (Form 990 or 990-EZ) 2005

**TENNESSEE PERFORMING ARTS CENTER (TPAC)**

Schedule A (Form 990 or 990-EZ) 2005 **MANAGEMENT COMPANY**

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**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b>			
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 .....	<b>41</b>	
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 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		

**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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> 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
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> 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.

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

N/ASchedule A (Form 990 or 990-EZ) 2005

## 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

7,105,004.  
<2,196,522.>

NET FIXED ASSETS

4,908,482.



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FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	2
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
AMSOUTH BANK - NIA CD	10,554.	10,554.	0.	0.
TO FORM 990, PART I, LINE 8	10,554.	10,554.	0.	0.

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FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	3
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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.	123,380.	0.	122,923.	<457.>
TO FM 990, PART I, LN 8		123,380.	0.	122,923.	<457.>

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FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	4
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GALA EVENT	171,578.	125,930.	45,648.	85,846.	<40,198.>
DEV. PREMIERE EVENING	216,599.	206,783.	9,816.	102,275.	<92,459.>
TO FM 990, PART I, LINE 9	388,177.	332,713.	55,464.	188,121.	<132,657.>

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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
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DESCRIPTION	AMOUNT
GAIN ON DERIVATIVE FINANCIAL INSTRUMENT	2,651.
TOTAL TO FORM 990, PART I, LINE 20	2,651.

FORM 990

OTHER EXPENSES

STATEMENT 6

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ARTIST FEES	2,462,939.	2,461,939.	0.	1,000.
CONTRACT LABOR	412,875.	411,670.	0.	1,205.
BAD DEBT EXPENSE	18,279.	0.	0.	18,279.
CASH OVER/SHORT	<265.>	<273.>	8.	0.
CONCESSIONS SUPPLIES	89,742.	89,742.	0.	0.
CREDIT CARD FEES	183,385.	176,022.	0.	7,363.
CUSTODIAL	65,054.	65,054.	0.	0.
DUES AND SUBSCRIPTIONS	32,134.	5,243.	20,633.	6,258.
FEES - TICKETING/BANK/OTHER	19,528.	6,107.	13,421.	0.
MARKETING - INSTITUTION	46,347.	36,931.	0.	9,416.
MEALS/ENTERTAINMENT	<6,418.>	10,042.	3,921.	<20,381.>
MISCELLANEOUS	78,119.	53,114.	7,474.	17,531.
INSURANCE	88,414.	0.	88,414.	0.
PRESENTER SHARE	158,225.	158,225.	0.	0.
PRODUCTION COSTS	79,240.	79,036.	43.	161.
PROFESSIONAL CONSULTING	118,833.	41,093.	76,682.	1,058.
REPAIRS AND MAINTENANCE	59,404.	41,656.	10,432.	7,316.
SECURITY	43,688.	43,688.	0.	0.
TECH AND HOUSE SUPPLIES	17,661.	17,661.	0.	0.
TRANSPORTATION				
GRANTS EXPENSE	7,930.	7,930.	0.	0.
UNIFORMS AND ALTERATIONS	581.	581.	0.	0.
MARKETING - PROGRAMMING	479,303.	479,286.	0.	17.
FREIGHT	1,280.	981.	234.	65.
STATE MAINTENANCE	133,123.	133,123.	0.	0.
TRT	454.	0.	454.	0.
TOTAL TO FM 990, LN 43	4,589,855.	4,318,851.	221,716.	49,288.

FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25

STATEMENT 7

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KATHLEEN O'BRIEN	160,000.	12,260.	4,200.	176,460.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	160,000.	12,260.	4,200.	176,460.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ROBERTA CIUFFO	95,000.	12,006.		107,006.
A. PROGRAM SERVICES	47,500.	6,003.		53,503.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING	47,500.	6,003.		53,503.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JULIE GILLEN	83,000.	9,883.		92,883.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	83,000.	9,883.		92,883.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
TOMMY BAKER	67,000.	8,800.		75,800.
A. PROGRAM SERVICES	67,000.	8,800.		75,800.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
BRENT HYAMS	67,000.	10,506.		77,506.
A. PROGRAM SERVICES	67,000.	10,506.		77,506.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				206,809.
TOTAL MANAGEMENT AND GENERAL				269,343.
TOTAL FUNDRAISING				53,503.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				529,655.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	8
	PART III		

## EXPLANATION

TO PROVIDE QUALITY ARTS ENTERTAINMENT AND EDUCATION TO THE RESIDENTS OF TENNESSEE THROUGH THE OPERATION OF THE TENNESSEE PERFORMING ARTS CENTER (THE "CENTER" OR "TPAC").

FORM 990	OTHER ASSETS	STATEMENT	9
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DESCRIPTION	AMOUNT
CURRENT CONTRIBUTIONS RECEIVABLE	259,311.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	259,311.

FORM 990	MORTGAGES PAYABLE	STATEMENT	10
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DESCRIPTION	BALANCE DUE
BANK OF AMERICA	2,204,184.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	2,204,184.

FORM 990	OTHER LIABILITIES	STATEMENT	11
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DESCRIPTION	AMOUNT
DEFERRED REVENUES	4,650,940.
DEPOSITS	41,384.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	4,692,324.

FORM 990	OTHER SECURITIES	STATEMENT	12
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
INVESTMENTS	FMV	0.
INTEREST RATE SWAP ASSET	FMV	84.
TO FORM 990, LINE 54, COL B		84.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 13
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DESCRIPTION	AMOUNT
GAIN ON DERIVATIVE INSTRUMENT	<2,651.>
DIRECT SPECIAL EVENT EXPENSES	188,121.
TOTAL TO FORM 990, PART IV-B	185,470.

FORM 990	IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B	STATEMENT 14
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NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
TENNESSEE PERFORMING ARTS FOUNDATION	X	
NASHVILLE INSTITUTE FOR THE ARTS	X	

FORM 990	PROGRAM SERVICE REVENUE	STATEMENT 15
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DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME
TICKET SALES					4,077,453.
RENTAL INCOME					593,986.
REIMBURSEMENTS					643,770.
CONCESSION SALES					272,632.
TICKET SERVICE CHG/FEES					1,007,388.
CONSULTING INCOME					93,636.
SPONSORSHIPS					191,384.
OTHER INCOME					67,570.
TO FORM 990, PART VII, LINE 93					6,947,819.



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SCHEDULE A	EXPLANATION OF TRANSACTIONS	STATEMENT 16
	PART III, LINE 2B	

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ONE BOARD MEMBER WAS EMPLOYED BY TPAC'S PRINCIPAL LENDER THROUGH JUNE 2006.

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SCHEDULE A	EXPLANATION OF TRANSACTIONS	STATEMENT 17
	PART III, LINE 2A	

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TPAC PAID APPROXIMATELY \$77,000 IN RENT EXPENSE FOR OFFICE SPACE  
LEASED FROM A BOARD MEMBER'S COMPANY. ADDITIONALLY, TPAC RECEIVED  
IN-KIND CONTRIBUTIONS BY BOARD MEMBERS, AS FOLLOWS: \$8,600 FOR STORAGE  
SPACE.

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SCHEDULE A	EXPLANATION OF TRANSACTIONS	STATEMENT	18
	PART III, LINE 2D		

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TPAC PAID THE CEO A BONUS AND ALSO REIMBURSED TRAVEL EXPENSE MADE  
PERSONALLY BY AN EMPLOYEE.

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

Tennessee Performing Arts Center maintains the highest standards for programming and education activities that benefit the entire community. In addition to offering a diverse season of culturally engaging performances by local and national artists, TPAC provides four distinct programs that provide extended educational services to students and TPAC audiences:

During the 2006 fiscal year, Humanities Outreach in Tennessee (HOT) presented 79 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 could have access to diverse cultural and educational programs. HOT also provided In-School student workshops, audience discussions, and workshops for teachers which addressed the educational content of each performance. During the 2005-2006 academic year, 32,329 students and teachers from 346 schools attended HOT Season for Young People performances.

ArtSmart is a classroom-based instruction program that accompanies the HOT Season for Young People. Through ArtSmart, students arrive at the theatre with an expanded capacity to engage with the performance they are about to see. Specialized training enables educators and Teaching Artists to guide arts-based instruction that challenge young people to imagine, to practice and to reflect. 5,983 students and teachers participated in ArtSmart in 2005-2006. All 26 schools from Davidson County received ArtSmart education services at no 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 instruction to target early childhood developmental goals and help children learn. 923 children and teachers participated in Wolf Trap in 2005-2006 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. 2,357 individuals participated in this program during the year at no charge.

**TENNESSEE PERFORMING ARTS CENTER MANAGEMENT CORPORATION  
BOARD OF DIRECTORS  
2005-2006**

**Aubrey B. Harwell, Jr. – Chairman  
William E. Knestrick – Vice Chairman  
Michael D. Shmerling – Treasurer and Vice Chairman  
J. Stephen Turner – Secretary**

<b>Board Member (spouse)</b> Home Address	<b>Contact Information</b>	<b>Appointing Authority Expiration of Term</b>
<i>Assistant</i>		
<b>C. Dale Allen (Julie)</b> 208 Lynnwood Terrace Nashville, TN 37205 383-6789	Colbert and Winstead 1812 Broadway Nashville, TN 37203 <b>321-0555</b> 321-9555 (fax) <a href="mailto:dallen@colwinlaw.com">dallen@colwinlaw.com</a>	Governor June 30, 2006
<i>Vicki Jones</i>	<a href="mailto:vjones@colwinlaw.com">vjones@colwinlaw.com</a>	
<b>Dennis C. Bottorff (Jean)</b> 1314 Chickering Road Nashville, TN 37215-4522 269-6546	Council Ventures 150 2 <sup>nd</sup> Avenue North Ste. 415 Nashville, TN 37201 <b>255-3707</b> 255-3709 (fax) 308-9670 (cell) <a href="mailto:dbottorff@councilventures.com">dbottorff@councilventures.com</a>	TPACMC June 30, 2006
<i>Pam Fulner</i>	255-3707 <a href="mailto:pfulner@councilventures.com">pfulner@councilventures.com</a>	
<b>Barbara T. Bovender (Jack)</b> 520 Belle Meade Blvd. Nashville, TN 37205 <b>292-5782</b> 292-2783 (fax) <a href="mailto:barbbovender@comcast.net">barbbovender@comcast.net</a>		TPAF June 30, 2008

<b>J. Chase Cole</b> 310 Page Road Nashville, TN 37205 292-9759	Waller Lansden Dortch & Davis 511 Union Street Ste. 2700 Nashville, TN 37219 <b>850-8476</b> 850-6804 (fax) <a href="mailto:chase.cole@wallerlaw.com">chase.cole@wallerlaw.com</a>	Governor June 30, 2007
<i>Gretchen Catron</i>	850-8936 <a href="mailto:gretchen.catron@wallerlaw.com">gretchen.catron@wallerlaw.com</a>	
<b>Kate Collier (Dale)</b> 21 Bosley Oaks Nashville, TN 37205	Bank of America Small Business Banking 3401 West End Avenue #360 Nashville, TN 37203 <b>749-4589</b> 749-4527 (fax) <a href="mailto:kate.collier@bankofamerica.com">kate.collier@bankofamerica.com</a>	TPACMC June 30, 2008
<i>Nancy Nguyen</i> (pronounced WIN)	749-4192 <a href="mailto:nancy.w.nguyen@bankofamerica.com">nancy.w.nguyen@bankofamerica.com</a>	
<b>Ron Corbin (Brenda)</b>	AllState Insurance 555 Marriott Drive Nashville, TN 37214 885-7999 <a href="mailto:Rcor1@allstate.com">Rcor1@allstate.com</a>	TPACMC June 30, 2008
Carolyn Lashley	885-7915 <a href="mailto:clash@allstate.com">clash@allstate.com</a>	
<b>Jeanette Crosswhite</b> 2018 Roderick Circle Franklin, TN 37064 591-8895	Fine Arts Consultant Andrew Johnson Tower 5 <sup>th</sup> Floor 710 James Robertson Parkway Nashville, TN 37243-0379 <b>532-6278</b> 532-8536 (fax) <a href="mailto:jeanette.crosswhite@state.tn.us">jeanette.crosswhite@state.tn.us</a>	Governor/Education Commissioner June 30, 2006
<b>John D. Ferguson</b> (Carole) 124 Clarendon Avenue Nashville, TN 37205- 3302 386-3661	Corrections Corporation of America 10 Burton Hills Boulevard Nashville, TN 37215 <b>263-3001</b> 263-3010 (fax) <a href="mailto:john.ferguson@correctionscorp.com">john.ferguson@correctionscorp.com</a>	TAC June 30, 2007
<i>Sheila Daniels</i>	<a href="mailto:Sheila.daniels@correctionscorp.com">Sheila.daniels@correctionscorp.com</a>	

**Sandra F. Fulton**  
**(Richard)**  
124 Brighton Close  
Nashville, TN 37205  
**292-3355** 292-3355 (fax)  
[sandraff@comcast.net](mailto:sandraff@comcast.net)

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**Aubrey B. Harwell, Jr.**  
**(Carlana Moscheo)**  
1215 Carl Seyfert  
Memorial Dr.  
Brentwood, TN 37027  
297-2558

Neal & Harwell  
150 4<sup>th</sup> Avenue North  
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Nashville, TN 37219  
**244-1713** 726-0573 (fax)  
[aharwell@nealharwell.com](mailto:aharwell@nealharwell.com)

TPAF  
June 30, 2006

*Jenny Lewis*

[jlewis@nealharwell.com](mailto:jlewis@nealharwell.com)

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**Samuel H. Howard**  
**(Karan)**  
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373-5691

Phoenix Holdings  
216 Centerview Drive Ste. 300  
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**377-9480** 377-3746 (fax)  
974-5839 (cell)  
[showard@phoenixholdings.com](mailto:showard@phoenixholdings.com)

TAC  
June 30, 2006

[thausman@phoenixholdings.com](mailto:thausman@phoenixholdings.com)

*Tonya Hausman*

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**MaryAnne Howland**  
149 Tanasi Shores  
Gallatin, TN 37066  
826-0980

IBIS Communications, Inc.  
1024 17<sup>th</sup> Avenue South  
Nashville, TN 37212-2207  
**777-1900** 777-1906 (fax)  
400-4282 (cell)  
[mhowland@ibisflys.com](mailto:mhowland@ibisflys.com)

TPACMC  
June 30, 2007

*Betty Collins*

[bcollins@ibisflys.com](mailto:bcollins@ibisflys.com)

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**Martha R. Ingram**  
120 Hillwood Drive  
Nashville, TN 37205  
352-3236  
352-7691 (fax)

Ingram Industries Inc.  
4400 Harding Road  
Nashville, TN 37205  
**298-8204** 298-7579 (fax)  
[ingramm@ingramindustries.com](mailto:ingramm@ingramindustries.com)

TPAF  
June 30, 2007

*Nana Carl*

[nana.carl@ingram.com](mailto:nana.carl@ingram.com)



<b>William E. Knestrick (Mary)</b> 1040 Chancery Lane South Nashville, TN 37215 665-1255 665-1254 (fax)	Knestrick Contractor, Inc. P. O. Box 40547 Nashville, TN 37204 <b>346-0280</b> 256-4578 (fax) 969-3532 (cell) <a href="mailto:bknestrick@knestrick.com">bknestrick@knestrick.com</a>	TPACMC June 30, 2006
<i>Kathy Crissey</i>	346-0220 <a href="mailto:kcrissey@knestrick.com">kcrissey@knestrick.com</a>	
<b>Howard H. Lamar, III (Elizabeth)</b> 805 Westview Avenue Nashville, TN 37205 356-3876	Bass, Berry & Sims 315 Deaderick Street Ste. 2700 Nashville, TN 37238-0002 <b>742-6209</b> 742-2709 (fax) <a href="mailto:hlamar@bassberry.com">hlamar@bassberry.com</a>	TAC June 30, 2008
<i>Trudi Thacker</i>	259-6482 <a href="mailto:tthacker@bassberry.com">tthacker@bassberry.com</a>	
<b>Eilene D. Maupin (John)</b> 2 Morningside Court Nashville, TN 37215 <b>377-2307</b> 377-1961 (fax) 347-6110 (cell) <a href="mailto:maupin@comcast.net">maupin@comcast.net</a>		Governor June 30, 2008
<b>Priscilla Partridge de Garcia (Pedro)</b> 5012 High Valley Drive Brentwood, TN 37027 <b>373-9569</b> 830-6694 (cell) <a href="mailto:pgarcia125@bellsouth.net">pgarcia125@bellsouth.net</a>		TPACF June 30, 2006
<b>David A. Perdue (Bonnie)</b> <u>Current Address:</u> 314 Whitworth Way Nashville, TN 37205 <u>October 2005 Address:</u> 1206 Belle Meade Blvd. Nashville, TN 37205 269-0888	Dollar General Corporation 100 Mission Ridge Goodlettsville, TN 37072-2170 <b>855-5888</b> 855-5512 (fax) <a href="mailto:dperdue@dollargeneral.com">dperdue@dollargeneral.com</a>	TAC June 30, 2008
<i>Tammy Moseley</i>	855-5542 <a href="mailto:tmoseley@dollargeneral.com">tmoseley@dollargeneral.com</a>	

<b>Michael D. Shmerling (Lisa)</b> 2049 Fransworth Drive Nashville, TN 37205 352-8046 400-0729 (cell)	Xebec Management 618 Church Street Suite 200 Nashville, TN 37219 <b>301-3041</b> 250-8699 (fax) <a href="mailto:mikes@xebecmgt.com">mikes@xebecmgt.com</a>	TPACF June 30, 2008
<i>Teresa Kersey</i>	301-3042 <a href="mailto:teresak@xebecmgt.com">teresak@xebecmgt.com</a>	
<b>J. Stephen Turner (Judy)</b> 4415 Tyne Blvd. Nashville, TN 37215 742-8191	Butler's Run 138 2 <sup>nd</sup> Avenue North Suite 500 Nashville, TN 37201 <b>742-3656</b> 742-7423 (fax) <a href="mailto:sturner@marketequities.com">sturner@marketequities.com</a>	TPAF June 30, 2007
<i>Grace Goostree</i>	<a href="mailto:gracesmith@comcast.net">gracesmith@comcast.net</a>	
<b>Alan R. Yuspeh (Janet)</b> 126 Third Avenue North Franklin, TN 37064 599-1315	HCA The Healthcare Corporation One Park Plaza Nashville, TN 37203-1505 <b>344-1005</b> 344-1045 (fax) 888-930-8423 (pager) <a href="mailto:alan.yuspeh@hcahealthcare.com">alan.yuspeh@hcahealthcare.com</a>	TPAF June 30, 2007
<i>Peggy Paul</i>	344-1311 <a href="mailto:peggy.paul@hcahealthcare.com">peggy.paul@hcahealthcare.com</a>	

Young Leaders Council Intern:

**James A. Crumlin, Jr.** Bone McAllester Norton PLLC  
511 Union Street  
Suite 1600  
Nashville City Center  
Nashville, TN 37219  
**238-6313** 238-6302 (fax)  
[jcrumlin@bonelaw.com](mailto:jcrumlin@bonelaw.com)

Center for Nonprofit Management Intern:

**Marissa Benchea** Center for Nonprofit Management  
44 Vantage Way, Suite 230  
Nashville, TN 37228  
**259-3911 (14)** 259-0400 (fax)  
[Marissa@cnm.org](mailto:Marissa@cnm.org)

# 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](http://www.irs.gov/efile).

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

**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, 2007** 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, 2005**, and ending **JUN 30, 2006**.
- 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)