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Form **990-T**

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

OMB No 1545-0687

2016

For calendar year 2016 or other tax year beginning 08/01, 2016, and ending 07/31, 2017.

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions) NASHVILLE SYMPHONY ASSOCIATION	D Employer identification number (Employees' trust, see instructions) 62-0550979
		Number, street, and room or suite no. If a P.O. box, see instructions 1 SYMPHONY PLACE	
		City or town, state or province, country, and ZIP or foreign postal code NASHVILLE, TN 37201	

C Book value of all assets at end of year: 105,480,944

F Group exemption number (See instructions) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶ (SEE STATEMENT)

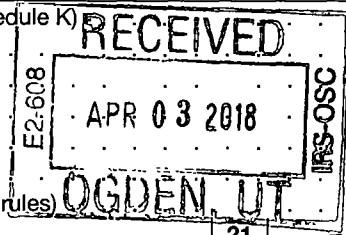
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ MARYE LEWIS Telephone number ▶ (615) 687-6515

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	0		
b	Less returns and allowances	0		
	c Balance ▶	1c	0	
2	Cost of goods sold (Schedule A, line 7)	0		
3	Gross profit. Subtract line 2 from line 1c	0		0
4a	Capital gain net income (attach Schedule D)	0		0
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	0		0
c	Capital loss deduction for trusts	0		0
5	Income (loss) from partnerships and S corporations (attach statement)	0		0
6	Rent income (Schedule C)	1,659,927	1,821,664	(161,737)
7	Unrelated debt-financed income (Schedule E)	0	0	0
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	0	0	0
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	0	0	0
10	Exploited exempt activity income (Schedule I)	0	0	0
11	Advertising income (Schedule J)	0	0	0
12	Other income (See instructions; attach schedule)	0		0
13	Total. Combine lines 3 through 12	1,659,927	1,821,664	(161,737)

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	0
15	Salaries and wages			15	0
16	Repairs and maintenance			16	0
17	Bad debts			17	0
18	Interest (attach schedule)			18	0
19	Taxes and licenses			19	0
20	Charitable contributions (See instructions for limitation rules)			20	0
21	Depreciation (attach Form 4562)	21	0		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	0	22b	0
23	Depletion			23	0
24	Contributions to deferred compensation plans			24	0
25	Employee benefit programs			25	0
26	Excess exempt expenses (Schedule I)			26	0
27	Excess readership costs (Schedule J)			27	0
28	Other deductions (attach schedule)			28	0
29	Total deductions. Add lines 14 through 28			29	0
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	(161,737)
31	Net operating loss deduction (limited to the amount on line 30)			31	0
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32	(161,737)
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			33	0
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.			34	(161,737)



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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34	35c	0
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Tax on Non-Compliant Facility Income. See instructions	39	0
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	0	
b Other credits (see instructions)	41b	0	
c General business credit. Attach Form 3800 (see instructions)	41c	0	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	0	
e Total credits. Add lines 41a through 41d	41e	0	
42 Subtract line 41e from line 40	42	0	
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8897 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	0	
44 Total tax. Add lines 42 and 43	44	0	
45a Payments: A 2015 overpayment credited to 2016	45a	0	
b 2016 estimated tax payments	45b	0	
c Tax deposited with Form 8868	45c	0	
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d	0	
e Backup withholding (see instructions)	45e	0	
f Credit for small employer health insurance premiums (Attach Form 8941)	45f	0	
g Other credits and payments: <input type="checkbox"/> Form 2439 _____ 0 <input type="checkbox"/> Form 4136 _____ 0 <input type="checkbox"/> Other _____ 0 Total	45g	0	
46 Total payments. Add lines 45a through 45g	46	0	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	0	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	0	
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	0	
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax <input type="checkbox"/> 0 Refunded <input type="checkbox"/>	50	0	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		✓
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		✓
53 Enter the amount of tax-exempt interest received or accrued during the tax year		\$

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: *M.W. Lewis* Date: *3/29/18* Title: *CFO*

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

Paid Preparer Use Only	Print/Type preparer's name JACKIE COBURN	Preparer's signature <i>Jackie A. Coburn</i>	Date 3/28/2018	Check <input type="checkbox"/> if self-employed	PTIN P00244301
	Firm's name CROWE HORWATH LLP	Firm's EIN 35-0921680		Phone no. (615) 360-5500	
	Firm's address 720 COOL SPRINGS BLVD., SUITE 600, FRANKLIN, TN 37067-7260				

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1	0	6 Inventory at end of year	6	0	
2 Purchases	2	0	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	0	
3 Cost of labor	3	0				
4a Additional section 263A costs (attach schedule)	4a	0	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No
b Other costs (attach schedule)	4b	0				
5 Total. Add lines 1 through 4b	5	0				

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) EVENT SPACE RENTAL OF CONCERT HALL, BOARD ROOM, EDUCATION ROOM, COURTYARD, AND BALCONY LOBBY, CONCESSIONS

(2) _____
 (3) _____
 (4) _____

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)		(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)	1,659,927			
(2)				
(3)				
(4)				
Total	1,659,927	Total	0	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **1,659,927** **(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **1,821,664**

Schedule E—Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0	Enter here and on page 1, Part I, line 7, column (B). 0
Total dividends-received deductions included in column 8				0

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals			0	0

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				

		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
Totals		0		0

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)		Enter here and on page 1, Part II, line 26
Totals		0	0		0

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5))		0	0	0	0	0
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Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0	0				0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0	0				0

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)

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

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2007	359,822	0	0	359,822	2027
2008	706,694	0	0	706,694	2028
2009	596,122	0	0	596,122	2029
2010	698,206	0	0	698,206	2030
2011	160,492	0	0	160,492	2031
2012	472,341	0	0	472,341	2032
2013	912,613	0	0	912,613	2033
2014	544,553	0	0	544,553	2034
2015	461,478	0	0	461,478	2035
2016	30,000	0	0	30,000	2036
2017	161,737	0	0	161,737	2037
Totals	5,104,058	0	0	5,104,058	

The taxpayer incurred a net operating loss in the current tax year and is entitled to a two-year carryback of the loss under IRC Sec 172(b)(1)(A)(i). Pursuant to IRC Sec 172(b)(3), the taxpayer hereby elects to relinquish the entire carryback period with respect to any regular tax and AMT net operating losses.

Schedule C, Line 3(a)

Deductions directly connected with the income in columns 2(a) and 2(b)

RENTAL ACTIVITY	
(1) Event Space Rental of Concert Hall, Board Room, Education Room, Courtyard, and Balcony Lobby, Concessions	
Description	Amount
DEPRECIATION	590,516
FACILITY OPERATIONS	720,644
PAYROLL	171,867
COST OF GOODS SOLD	116,658
BENEFITS	31,220
DIRECT EXPENSES	31,771
ADMIN COSTS	148,988
WEBSITE/IT	10,000
Total	1,821,664
Total for Schedule C, Line 3(a), Deductions directly connected with the income in columns 2(a) and 2(b)	1,821,664