

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493088010172

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

2010

Open to Public Inspection

A For	the	2010 ca	alendar year, or tax yea	r beginning 07-01-2010 and ending 06	5-30-2011				
3 Che	ck ıf a	pplicable	C Name of organization NASHVILLE CONVENTION	& VISITORS BUREAU			D Emplo	yer i	identification number
- Addr	ess ch	hange	Doing Business As				02-0	700	616
Nam	ie cha	inge	Doing Business As				E Teleph	one	number
Initia	al retu	ırn		O box if mail is not delivered to street address)		Room/suite	(615)	259	9-4708
Tem	nınate	ed	150 4th Avenue North G	250					
- Ame	nded	return	City or town, state or co	untry, and ZIP + 4			<b>G</b> Gross	receip	ots \$ 13,830,457
– Appl	ıcatıor	n pending	Nashville, TN 37219						
			<b>F</b> Name and addre	ess of principal officer		H(a) Is this a	group return f	or affili	lates? Yes Vo
			Christopher Spyrid 150 4th Avenue No						
			Suite G250			H(b) Are all			
			Nashville,TN 372				p exempti		t (see instructions) umber <b>Þ</b>
Тах	-exen	npt status	「 501(c)(3) <b>「</b> 501(	c) ( 6 ) <b>4</b> (insert no )	527	11(0)	p =p =		
We	bsit e	e: 🕨 ww	w visitmusiccity com						
<b>(</b> Form	of or	ganızatıon	Corporation Trust	Association Other ►		<b>L</b> Year of for	rmation 200	3	M State of legal domicile TN
Par	tΙ	Sum	ımary						-
			_	n's mission or most significant activities ution of the convention & tourism indust		nville, TN			
Acuviues & Governance									
<u> </u>									
Ž			,	zation discontinued its operations or di		more than 2	5% of its		1
ő			_	ne governing body (Part VI, line 1a)			-	3	18
<u>8</u>				nembers of the governing body (Part VI)			'	<u>4</u> 5	16
<b>∄</b>			·	oloyed in calendar year 2010 (Part V , lir imate if necessary)	ne Za) .		-	6	160
₹				ue from Part VIII, column (C), line 12				7a	-10,434
				income from Form 990-T, line 34				7b	10,101
				· ·		Prio	r Year	Ī	Current Year
	8	Contri		0	0				
울	9	Progra	rt VIII, line 2g)		14,604,2	10	13,689,479		
Revenue	10	Inves	tment income (Part VII	I, column (A), lines 3, 4, and 7d) .			4,785		1,035
#	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						- 55,8	-10,826	
	12			rough 11 (must equal Part VIII, columr			14,553,0	99	13,679,688
	13	Grants	s and similar amounts p	aid (Part IX, column (A), lines 1-3).	· .		1,588,4	$\rightarrow$	1,683,130
	14			rs (Part IX, column (A), line 4)			, ,	0	0
	15	Saları	es, other compensation	, employee benefits (Part IX, column (A	), lines 5–				
Expenses		10)					4,960,3	_	5,241,346
<u>₹</u>	16a			(Part IX, column (A), line 11e)		0			0
	b		ındraısıng expenses (Part IX,	• • • • • • • • • • • • • • • • • • • •					
	17			umn (A), lines 11a-11d, 11f-24f) .			7,954,6	$\rightarrow$	7,220,367
	18 19			-17 (must equal Part IX, column (A), li ract line 18 from line 12			14,503,4 49,6	$\rightarrow$	14,144,843
	19	Keven	ide iess expelises Subt	nace fine 10 from fine 12		Beginning	of Curren و	-	
net Assets or Fund Bafances							ear		End of Year
3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20	Total	assets (Part X, line 16)		•		4,953,9	25	4,174,239
1 g	21			6)			3,778,8	-	3,464,303
	22			Subtract line 21 from line 20			1,175,0	91	709,936
Par			nature Block				<b></b>		4. Ab. b 4 - 4
	edge :	and belie		ve examined this return, including accomp complete. Declaration of preparer (other th					
		<b>\</b> _				20	12-03-28		
Sign		Signa	ature of officer				ite		
Here			Mefford CFO						
	1	<u>                                      </u>	e or print name and title	T <sub>2</sub> : .	<del></del>	1.	Charle of 'C		T
		Print/Type preparer's	s name	Preparer's signature	Date		Check if self employed 🕨		PTIN
Paid		Fırm's naı	me 🕨	·	•				Firm's EIN
<sup>o</sup> repa Jse O		Fırm's add	dress 🕨						Phone re
se O	nıy								Phone no 🕨

May the IRS discuss this return with the preparer shown above? (see instructions)  $\ \ .$ 

┌Yes ┌No

						•
Par		t of Program Service and a contains a response				୮
1	Briefly describe the	e organization's mission				
		c contribution of the conven mestic and international des		dustries to the t	otal community by develo	pping and marketing
2	_	n undertake any significant p or 990-EZ?	=	ng the year which		Yes 🔽 No
	If "Yes," describe th	nese new services on Schedi	ule O			
3		n cease conducting, or make	significant changes	n how it conduct	s, any program	Yes ✓ No
	If "Yes," describe th	nese changes on Schedule O	l			
4	Section 501(c)(3) a	ot purpose achievements for and 501(c)(4) organizations s, the total expenses, and re	and section 4947(a)	(1) trusts are req	juired to report the amour	•
4a	(Code	) (Expenses \$	0 including gr	ants of \$	0 ) (Revenue \$	0)
	meeting-related and le	egional media, the NCVB impleme eisure travel The NCVB also worke ur advertising efforts, numerous ra experience the city	d through regional AAA ou	tlets and other tours	sm organizations to promote th	e community To further
4b	(Code	) (Expenses \$	0 including gr	ants of \$	0 ) (Revenue \$	0)
		forts, the NCVB marketed the city ovention and leisure travel destinat vents				
4c	(Code	) (Expenses \$	0 including gr	ants of \$	0 ) (Revenue \$	0)
	Eve holiday periods In	sic City, Inc , the NCVB produced r n addition, the organization produce acts that attract visitors to the city				
4d	Other program ser	vices (Describe in Schedul	e O ) <b>See also Addit i</b> d	nal Data for Des	cription	
	(Expenses \$	•	g grants of \$		(Revenue \$	0)
4e	Total program serv	rice expenses <b>⊧</b> \$	0			

Part IV	Checklist	of Red	uired	Schedu	les

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νo
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," complete Schedule D, Part IX.	11d		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV	15		Νo
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2010)

Part V	Statements	Regarding	Other	TRS Filings	and Tax	Compliance

Form	990 (2010)			Page <b>5</b>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	• •		<b>-</b>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 119	5		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
_		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
Ju	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	36		
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes	
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
الد	file Form 8282?	7c		
u	If fes, indicate the number of Forms 8282 filed during the year	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_		
e	contract?	7e 7f		
	If the organization, during the year, pay premiums, directly of manectly, on a personal benefit contract.			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	<u> </u>		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
_		8		
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		
		9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	year  Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	Is the organization licensed to issue qualified health plans in more than one state?			
a	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	In which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand	-		
С	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule $O$	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	. 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	100		
17	List the States with which a copy of this Form 990 is required to be filed►TN			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for nublic inspection. Indicate how you make these available. Check all that apply			

(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website Upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 Nashville Convention Visitors Bureau

150 4th Ave North G-250

Nashville, TN 37219 (615) 259-4708

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

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0 - in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per	Posi	((	C <b>)</b> (che	ck a			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
(1) Bob Patterson Chairman	5	х						0	0	0
(2) Ed Hardy Chair Elect	5	х						0	0	0
(3) Peter Weien Board Member	1	х						0	0	0
(4) Keith Herron Board Member	1	х						0	0	0
(5) Steve Turner Board Member	1	х						0	0	0
(6) John Fleming Board Member	1	х						0	0	0
(7) Mıke Kelly Board Member	1	х						0	0	0
(8) Pam Wright Board Member	1	х						0	0	0
(9) Ray Dayal Board Member	1	х						0	0	0
(10) Ed Lang Board Member	1	х						0	0	0
(11) Ken Levitan Board Member	1	х						0	0	0
(12) Shannon Bowles Board Member	1	х						0	0	0
(13) Mike Dungan Board Member	1	х						0	0	0
(14) Marcus Robertson Board Member	1	х						0	0	0
(15) Beth Fortune Board Member	1	х						0	0	0
(16) Tom Negri Board Member	1	х						0	0	0

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

(A) Name and Title	(B) A verage hours		tion (			II		(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(17) David Davoudpour Board Member	1	х						0	0	0
(18) Ellen Leifeld Immediate Past Chairman	1	х						0	0	0
(19) Christopher Spyridon President	60			х				380,904	0	29,623
(20) Jeff Mefford CFO	50			х				142,950	0	23,260
(21) Kay W Wallen Sr Vice President	50				х			188,332	0	12,863
(22) Deana Ivey Sr Vice President	50				х			183,001	0	20,408
(23) Charles Creasy Vice President	45					х		108,727	0	15,190
(24) Mary Arnold Sr Vice President	50					х		106,796	0	10,641
(25) William Wright Sales Director	45					х		107,759	0	14,512
(26) Brenda Dempsey Regional Sales Director	45					х		104,592	0	8,591
(27) Pride Haggerty Regional Sales Director	45					х		104,274	0	17,003
1b Sub-Total			_				<b>&gt;</b>			
c Total from continuation sheets	to Part VII, Sec	tion A				<b> -</b>				
d Total (add lines 1b and 1c) .							Þ	1,427,335	0	152,091
2 Total number of individuals (inclu	ıdıng but not lın	nited to	thos	e lıs	ted a	above)	) who	received more tha	n	

\$100,000 in reportable compensation from the organization -9

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		Νο
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	( <b>B</b> ) Description of services	(C) Compensation
Stewart Transportation Solutions Inc 2814 Columbine Place Suite 100 Nashville, TN 37204	Shuttle transportation	1,216,831
Mercatus Communications 500 Interstate Blvd South Nashville, TN 37210	Advertising and communications	289,700
2. Takal mumban afandan andank asakusakan (maluduna buk sak lumukad ka khasa luakad abasa		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >2

Form 9		2010) Statement of Revenue				Pa	ge <b>9</b>
Part	ATIT	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
							512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) 1e  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f \$		0			
nue	2a		Business Code			0	0
Program Serwce Revenue	_	Government marketing services	541900		12,092,104		
Se F	b c	Membership dues  Marketing program participation	541900 541900	520,498 224,672		0	_
er E	d	Visitor services revenue	561500	847,891		0	_
S (	e	Publication/Online advertising	541800	4,314	·	4,314	0
Š Š	f	All other program service revenue		0	0	0	0
Š	g	Total. Add lines 2a-2f		13,689,479			
	3	Investment income (including dividends, interest					
	4	and other similar amounts)		1,035 0 2,265	0	0	0
		(ı) Real	(II) Personal				
	С	Less rental expenses  Rental income or (loss)  Net rental income or (loss)  (i) Securities	(ii) O ther				
	ь	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)  (7)  (1)  (7)  (7)  (7)  (7)  (7)  (7	0				
	d	Net gain or (loss)					
Other Revenue		Gross income from fundraising events (not including  \$ of contributions reported on line 1c) See Part IV, line 18					
<u>-</u>		a					
¥	ь	Less direct expenses <b>b</b>					
•	С	Net income or (loss) from fundraising events 🕨					
		Gross income from gaming activities See Part IV, line 19 . a					
		Less direct expenses					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns and allowances .  a	136,021				
		Less cost of goods sold <b>b</b>	150,769	-14,748	0	-14,748	0
		Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code	14,740		14,740	
	11a	Miscellaneous receipts	900099	1,657	1,657	0	0
	ь	<u> </u>		,	,		
		<del></del>					
		All other revenue		0	0	0	0
		Total. Add lines 11a-11d	L	1,657	_		
	12	Total revenue. See Instructions		13,679,688	13,689,087	-10,434	1,035

	990 (2010)				Page <b>10</b>	
Part IX Statement of Functional Expenses						
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).						
Do no	other organizations must complete column (A) but are not required to co ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses	
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,683,130		β		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0				
4	Benefits paid to or for members	0				
5	Compensation of current officers, directors, trustees, and key employees	982,148				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0				
7	Other salaries and wages	3,499,295				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	85,988				
9	Other employee benefits	359,709				
10	Payroll taxes	314,206				
a	Fees for services (non-employees) Management	36,022				
Ь	Legal	3,558				
c	Accounting	15,770				
d	Lobbying	61,150				
e	Professional fundraising services See Part IV, line 17	01,130				
f	Investment management fees	0				
g g	Other	87,065				
12	Advertising and promotion	1,477,647				
13	Office expenses	499,527				
14	Information technology	227,141				
15	Royalties	0				
16	Occupancy	386,913				
17	Travel	351,153				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	331,133				
19	Conferences, conventions, and meetings	3,162,572				
20	Interest	6,091				
21	Payments to affiliates	0,031				
22	Depreciation, depletion, and amortization	172,240				
23	Insurance	12,695				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	12,033				
а	Visitor fulfillment costs	645,476				
Ь	Industry organization dues	33,722				
С	Research activities	32,622				
d	Miscellaneous expenses	9,003				
e						
f	All other expenses	0				
25	Total functional expenses. Add lines 1 through 24f	14,144,843	0	0	0	
26	Joint costs. Check here ► ☐ If following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				·	
	Julian and an analysis and randralong policication		1			

Part X Balance Sheet (A) (B) Beginning of year End of year 950 2,150 1 1.199.940 2 1.007.969 2 Savings and temporary cash investments . . . . . . . ol 0 3 3 3,109,793 4 2,385,125 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 0 5 Schedule L . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 0 0 0 0 7 8 35,000 34,225 Prepaid expenses and deferred charges . . . . 79,330 280,556 10a Land, buildings, and equipment cost or other basis Complete 1.732.899 10a Part VI of Schedule D 10b 1.445.011 ь Less accumulated depreciation . . . . 410,105 **10c** 287,888 117.517 11 11 175.151 ol 0 12 Investments—other securities See Part IV, line 11 . . . . . . 12 ol 0 13 13 Investments—program-related See Part IV, line 11 . . ol 0 14 14 1,290 15 1,175 15 16 4,953,925 16 4,174,239 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 1.908,240 17 2,617,353 17 Accounts payable and accrued expenses . ol 18 18 0 207,370 347.019 19 19 20 0 0 20 Liabilities 21 177,192 21 597,308 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified ol 0 22 ol 0 23 23 Secured mortgages and notes payable to unrelated third parties . . 500.000 300.000 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 276.919 25 311,736 Other liabilities Complete Part X of Schedule D . . . . . 26 3.778.834 26 3.464.303 **Total liabilities.** Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 1,175,091 709,936 Temporarily restricted net assets . . . . . 28 28 0 Fund ol 0 Permanently restricted net assets . . . . . 29 29 Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 1,175,091 33 709,936 33 Total net assets or fund balances . . . . 34 Total liabilities and net assets/fund balances . . . . . 4.953.925 4,174,239

Ра	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		13.6	579,68
2	Total expenses (must equal Part IX, column (A), line 25)	2		· ·	L44,84
3	Revenue less expenses Subtract line 2 from line 1	3		, , , , , , , , , , , , , , , , , , ,	465,15
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,1	175,09
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		7	709,93
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	•
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νο
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın		V	
			2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	issued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	пе	3a		Νo
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

## **Additional Data**

**Software ID:** 10000077

Software Version: v1.00

**EIN:** 02-0700616

Name: NASHVILLE CONVENTION & VISITORS BUREAU

## Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

	tors to make their travel ai	rrangements			
and attraction reservation	ns for the visitors over the	ırıes, make phone, or t	suggestions about what to do which has been supported by the NCVB	while visitors are in the city, and bhas also created a joint marketi from among the 15 - 20 participa	make hotel ng program
(Code	) (Expenses \$	0	ıncludıng grants of \$	0) (Revenue \$	0)

DLN: 93493088010172

OMB No 1545-0047

# **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Political Campaign and Lobbying Activities** For Organizations Exempt From Income Tax Under section 501(c) and section 527

> ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

	ne of the organization HVILLE CONVENTION & VISITORS BURI	EAU		02-070		itification number
art	I-A Complete if the or	ganization is exempt und	er section 501(			organization.
	Provide a description of the or	ganızatıon's dırect and ındırect po	olitical campaign act	ivities in Part IV		
	Political expenditures				<b>►</b>	\$
	V olunteer hours					
art	Complete if the or	ganization is exempt und	er section 501(	c)(3).		
	<u> </u>	e tax incurred by the organization			▶	\$
	·	e tax incurred by organization ma			►	\$
	•	section 4955 tax, did it file Form	_			⊤ Yes
	Was a correction made?	,	·			☐ Yes ☐ No
	If "Yes," describe in Part IV					,
		ganization is exempt und	er section 501(	c) except section	n 501	l(c)(3).
		ended by the filing organization fo	_			\$
	Enter the amount of the filing of exempt funtion activities	organization's funds contributed t	o other organizations	s for section 527	<b>F</b>	\$
	Total exempt function expendi	tures Add lines 1 and 2 Enter h	ere and on Form 112	0-POL, line 17b	►	r.
	Did the filing organization file I Enter the names, addresses a	Form 1120-POL for this year? nd employer identification numbe	r (EIN) of all section	527 political organi		_
	Did the filing organization file I Enter the names, addresses a organization made payments i amount of political contribution	Form 1120-POL for this year?	r (EIN) of all section ir the amount paid fro nd directly delivered	527 political organi om the filing organiza to a separate politic	ation's f al orga	s to which the filing funds Also enter the inization, such as a
	Did the filing organization file I Enter the names, addresses a organization made payments i amount of political contribution	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly ai	r (EIN) of all section ir the amount paid fro nd directly delivered	527 political organi om the filing organiza to a separate politic	ation's f al orga nforma from on's	to which the filing funds Also enter the inization, such as a tion in Part IV  (e) Amount of political contributions receive and promptly and directly delivered to a separate political
	Did the filing organization file I Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification numbe  For each organization listed, ente  Instruction series of the s	r (EIN) of all section or the amount paid fro nd directly delivered ) If additional space	527 political organization the filing organization a separate politic is needed, provide i	ation's f al orga nforma from on's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
	Did the filing organization file I Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification numbe  For each organization listed, ente  Instruction series of the s	r (EIN) of all section or the amount paid fro nd directly delivered ) If additional space	527 political organization the filing organization a separate politic is needed, provide i	ation's f al orga nforma from on's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
	Did the filing organization file I Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification numbe  For each organization listed, ente  Instruction series of the s	r (EIN) of all section or the amount paid fro nd directly delivered ) If additional space	527 political organization the filing organization a separate politic is needed, provide i	ation's f al orga nforma from on's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
	Did the filing organization file I Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification numbe  For each organization listed, ente  Instruction series of the s	r (EIN) of all section or the amount paid fro nd directly delivered ) If additional space	527 political organization the filing organization a separate politic is needed, provide i	ation's f al orga nforma from on's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
	Did the filing organization file I Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification numbe  For each organization listed, ente  Instruction series of the s	r (EIN) of all section or the amount paid fro nd directly delivered ) If additional space	527 political organization the filing organization a separate politic is needed, provide i	ation's f al orga nforma from on's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
	Did the filing organization file I Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification numbe  For each organization listed, ente  Instruction series of the s	r (EIN) of all section or the amount paid fro nd directly delivered ) If additional space	527 political organization the filing organization a separate politic is needed, provide i	ation's f al orga nforma from on's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
	Did the filing organization file I Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification numbe  For each organization listed, ente  Instruction series of the s	r (EIN) of all section or the amount paid fro nd directly delivered ) If additional space	527 political organization the filing organization a separate politic is needed, provide i	ation's f al orga nforma from on's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.

Sc	hedule C (Form 990 or 990-EZ) 2010						Page <b>2</b>
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c	)(3) and fi	led Form 5768	
A B	Check   If the filing organization belongs to a Check   If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a			)		<b>(a)</b> Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

E20 400

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT filed Fo	rm 5768
	(election under section 501(h)).		

	(crossian unuar section sez(n/)).	(a	1)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	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 similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
Ь	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ļ	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Ī	

# Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		Νo

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

Dues, assessments and similar amounts from members		520,4	90
Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
Current year	2a	56,8	68
Carryover from last year	2b		0
Total	2c	56,8	68
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	65,5	51
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4		0
	5	-86	83
	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  4	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  4

### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

4

DLN: 93493088010172

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** NASHVILLE CONVENTION & VISITORS BUREAU

				0700616
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 9		Funds	or Accounts. Complete if the
	organización answered tes to form 9	(a) Donor advised funds		( <b>b)</b> Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		onor adv	sed Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the beconferring impermissible private benefit	5 5	•	
Pa	rt II Conservation Easements. Complete	ıf the organızatıon answered "Yes'	' to Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat  Preservation of open space	tion or pleasure) Preservation of Preservation of	a certifie	ically importantly land area d historic structure
2	Complete lines 2a-2d if the organization held a qua easement on the last day of the tax year	lified conservation contribution in the fo	rm or a co	onservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements	S	2b	
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c	
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d	
3	Number of conservation easements modified, transf	erred, released, extinguished, or termina	ated by th	ie organization during
	the taxable year 🗠			
4	Number of states where property subject to conserv	vation easement is located 🕨		
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds	ng the periodic monitoring, inspection, ha		violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation eas	ements d	uring the year 🕨
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easeme	nts durin	g the year ► \$
8	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of s	ection	┌ Yes
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financ		
Par	t IIII Organizations Maintaining Collection Complete of the organization answered		s, or Ot	her Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or rese	arch ın fu	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research		·
	(i) Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X			<b>►</b> \$
2	If the organization received or held works of art, his following amounts required to be reported under SFA		for finan	
а	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	easu	res, or O	the	r Similar Ass	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing t	hat are	a significa	nt us	se of its collection	on	
а	Public exhibition		d	Γ	Loan	orexch	ange progra	ams			
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w the	y furthe	r the o	rganızatıon	's ex	empt purpose ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,						Yes	∏ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered	Y" t	es" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	edıary	for c	ontribu	tıons o	r other ass	ets n		Yes	✓ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng ta	able		Г		A mo	unt	
с	Beginning balance							1c			
d	Additions during the year							1d			
e	Distributions during the year						一	1e			
f	Ending balance						<u> </u>	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X. lin	e 21?				<u>L</u>			Yes	┌ No
	If "Yes," explain the arrangement in Part XIV		<b>-</b>						•		
	rt V Endowment Funds. Complete		n ans	were	ed "Yes	s" to F	orm 990.	Part	t IV, line 10.		
		(a)Current Year		Prior `			Years Back			<b>e)</b> Four \	ears Back
1a	Beginning of year balance										
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
С	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	l and a	dmınıstered	fort	the		
	organization by									Yes	No
	(i) unrelated organizations			•				٠	3a(i)	+	<del>                                     </del>
	(ii) related organizations								3a(ii	<u> </u>	<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second secon	•						•	Зь		
	t VI Investments—Land, Buildings					90 Pa	rt X line	1 በ			
гeн	t vi investments—Land, bundings	s, and Equipme			) Cost o	•	(b)Cost or o		(c) Accumulated		
	Description of investment				sis (inves		basis (othe		depreciation	(d) E	Book value
	Land		•			0		0			0
1a											
	Buildings					0		0	(		0
b	Buildings					0	803	0 ,980	625,120	+	0 178,860
b c	· ·		· ·							)	
b c d	Leasehold improvements	· · · · · · · · · · · · · · · · · · ·				0	928	,980	625,120 819,899	)	

Part VII Investments—Other Securities. See  (a) Description of security or category			d of valuation
(including name of security)	(b)Book value	Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	e Form 990, Part X, line T		4 .6
(a) Description of investment type	(b) Book value		d of valuation f-year market value
			•
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	<b>-</b>	
(a) Descrip	tion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability			
1 (a) Description of Liability Federal Income Taxes	( <b>b)</b> A mount		
Deferred lease incentive	111,301		
Restricted deposits	185,050		
Due to Music City, Inc - related party	15,385		
	13,333		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	311,736		
	511,730		

Pal	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ıs	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_	
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
SchD_P04_S00_L02b		The US Dept of Labor - Mine Safety and Health Administration conducts a bi-annual mine safety competition. As the Dept of Labor staff does not have the proper facilities with which to receive and disburse the registration fees from the participants in the event, the NCVB assists by serving as the fiscal agent to receive and hold the registration fees until needed to defray the expenses of the event

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Part I General Information on Grants and Assistance

DLN: 93493088010172

OMB No 1545-0047

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

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

Department of the Treasury Internal Revenue Service Name of the organization

NASHVILLE CONVENTION & VISITORS BUREAU

**Schedule I** 

(Form 990)

Employer identification number

02-0700616

Form 990, Part I	ner Assistance to	O Governments and recipient that received eded.	Organizations in d more than \$5,000	the United States . Check this box if n	o one recipient rece	ived more than \$5,0	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
(1) Country Music AssociationOne Music Circle South Nashville,TN 37203	62-0606066	501(c)(6)	750,000	0			To assist in the production of the CM/Music Festival, which brings thousands of visitors to Nashville each June
(2) Music City Bowl Inc414 Union Street Suite 800 Nashville, TN 37219	62-1720086	501(c)(3)	750,000	0			To assist with the production of the Music City Bowl college football bowl game which takes place each December and brings thousands of visitors to Nashville
(3) Competitor Group Inc 9477 Waples Street Suite 150 San Diego, CA 92121	26-1399945	n/a	113,350	0			To assist with the production of the Country Music Marathon event which brings thousands of visitors to Nashville each spring
(4) African American History Foundation1900 Church St Nashville, TN 37203	62-1867910	501(c)(3)	29,280	0			To assist with the development of the Museum of African American Music, which if successful, will become a major attraction to bring visitors to Nashville
(5) Nashville Local Organizing Committee414 Union Street Suite 800 Nashville,TN 37219	27-3917015	501(c)(3)	25,000	0			To assist with the production of the 2014 NCAA Womens Final Four basketball tournament which will be held in Nashville, and which will bring thousands of visitors to the city
(6) Greater Nashville Hospitality Association475 Craighead Street Nashville,TN 37204	62-1862311	501(c)(6)	15,500	0			To support the recipient organization in their mission, whic mirrors that of the reporting organization

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

<b>Ident if ier</b>	Return Reference	Explanation
SchI_P01_S00_L02		Grants are primarily made to local non-profit organizations that carry out programs that further the exempt purposes of the reporting organization, in that they are engaged in activities designed to generate visitor travel to Nashville. The NCVB is an active partner in promoting and/or producing these large scale programs, and as such, is able to monitor the use of the funds in a very tangible way. Those grants that result from amounts approved by the Metro Gov't Event and Marketing Fund. Committee involve an independent application and interview process, and are ultimately approved by the Finance Director of the city of Nashville.

**Compensation Information** 

DLN: 93493088010172

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization NASHVILLE CONVENTION & VISITORS BUREAU						mployer identification number					
IVAL	STIVILLE CONVENTION & VISITORS BOREAU			02-0700616							
Pa	rt I Questions Regarding Compensation										
						Yes	Νo				
1a	Check the appropriate box(es) if the organization provi 990, Part VII, Section A, line 1a Complete Part III t										
	First-class or charter travel	Γ	Housing allowance or residence for	personal use							
	▼ Travel for companions	$\sqcap$	Payments for business use of pers	onal residence							
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiat	ion fees							
	Discretionary spending account	Γ	Personal services (e g , maid, chau	ffeur, chef)							
b	If any of the boxes in line 1a are checked, did the orga reimbursement orprovision of all the expenses describ			•	1b	Yes					
2	Did the organization require substantiation prior to rei officers, directors, trustees, and the CEO/Executive D		= -		2	Yes					
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee  Independent compensation consultant Form 990 of other organizations		ly Written employment contract								
4	During the year, did any person listed in Form 990, Pa or a related organization	art V I	I, Section A, line 1a with respect to	the filing organization							
а	Receive a severance payment or change-of-control pa	aymer	nt from the organization or a related o	organization?	4a		No				
ь	Participate in, or receive payment from, a supplement	al nor	nqualified retirement plan?		4b		Νo				
С	Participate in, or receive payment from, an equity-bas	ed co	ompensation arrangement?		4c		Νο				
	If "Yes" to any of lines 4a-c, list the persons and prov			ın Part III							
5	Only 501(c)(3) and 501(c)(4) organizations only must For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of			nny							
а	The organization?				5a						
b	Any related organization?				5b						
6	If "Yes," to line 5a or 5b, describe in Part III  For persons listed in form 990, Part VII, Section A, lii  compensation contingent on the net earnings of	ne 1a	, dıd the organizatıon pay or accrue a	iny							
а	The organization?				6a						
b	Any related organization?				6b						
	If "Yes," to line 6a or 6b, describe in Part III										
7	For persons listed in Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," de			n-fixed	7						
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in F in Part III				8						
9	If "Yes" to line 8, did the organization also follow the r section 53 4958-6(c)?	ebutt	able presumption procedure describ	ed in Regulations	9						

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

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Christopher Spyridon	(1) (11)	288,979 0	83,277 0	8,648 0	16,251 0	13,372 0	410,527 0	0 0
(2) Kay W Wallen	(ı) (ıı)	154,204 0	30,742 0	3,386 0	7,989 0	4,874 0	201,195 0	o 0
(3) Deana Ivey	(I) (II)	149,307 0	30,447 0	3,246 0	7,837 0	12,572 0	203,409	0
(4) Jeff Mefford	(I) (II)	127,886 0	13,500	1,564 0	6,464 0	16,796 0	166,210 0	0
(5)								
(6)								
(7)								
(8)								
(9)								
( 10 )								
(11)								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

## Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
	Part I, Line 1a	The board authorizes the President's spouse to travel and attend a limited number of business related events each year (max of 4), usually where spouse participation at an event is expected. If there is not a bona fide benefit to the organization, such travel expenses are treated as compensation. The organization also pays health club dues for the President and another staff member, which are also reported as compensation.
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	See the process discussed in the explanation provided for Part VI, Line 15a

Schedule J (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493088010172

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. 2010

Open to Public Inspection

Name of the organization NASHVILLE CONVENTION & VISITORS BUR	FAU						E	mployer i	dentifica	tion numbe	r
							o	2-07006	16		
Part I Excess Benefit Tra											
Complete if the organizat	ion ans	wered "	Yes" on Fori	m 990, F T	Part IV, line 25a	or 25b,	or Form	990-EZ,	Part V , I		
<b>1</b> (a) Name of disq	ualıfıed	person			<b>(b)</b> Desc	ription	of trans	action			rrected?
										Yes	No
											+
											+
2 Enter the amount of tax impos	ed on t	he organ	nization man	agers or	disqualified pers	ons dui	ing the	year unde	r		
section 4958								•	• \$		
3 Enter the amount of tax, If any	, on line	e 2, abo	ve, reimburs	ed by th	e organization .			•	· \$		
Part II Loans to and/or	From	Intere	sted Dere	sons							
Complete if the organization					), Part IV, line 26	, or For	m 990-	EZ, Part V	', line 38	a	
	(b)	oan to						(f)			
(a) Name of interested person and	1	m the	(c)0 rig	ınal	( 1) 5	(e) defa		Approv		(g)Writte	
purpose	organı	zation?	principal a		(d)Balance due	ueiai	מוני	by board or committee?		agreemen	11.7
	То	From				Yes	No	Yes	No	Yes	No
Total				<b>P</b> \$							
Part III Grants or Assistan Complete if the orga						/ line	27				
· ·					een interested per						
(a) Name of Interested pers	on	`			ganızatıon .		( <b>c)</b> A r	nount of g	rant or ty	pe of assist	tance ———

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization	il diiswered Tes Oil	TOTHI 330, Fait IV, III	16 20a, 20b, 01 20c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	organi	aring of zation's nues?
(1) Nashville Predators Ltd	Represented on board of directors	,	Sponsorships and reimbursement of marketing expenses		N o
(2) Gaylord Entertainment	Represented on board of directors	· · · · · · · · · · · · · · · · · · ·	Remit customer purchases processed through call center		No
					+

#### Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493088010172

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010

Open to Public Inspection

Name of the organization
NASHVILLE CONVENTION & VISITORS BUREAU

**Employer identification number** 

02-0700616

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11a	Form 990, Part VI, Section B, Line 11a	After completion of our external audit, the Form 990 is prepared internally by the professional accounting staff of the organization, utilizing current reference resources. Prior to its filing, the form is made available for review by the President and any board members that wish to see it. The methodology used in this process has been reviewed by our external CPA firm and other qualified consultants for completeness and reasonableness.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12a	Form 990, Part VI, Section B, Line 12a	The board has confirmed our policy of avoiding all conflicts of interest in our business practices, and is in the final stages of adopting a written conflict of interest policy that will be distributed and reviewed annually

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The Board of Directors of the organization hires the President. This person is then review ed annually by the Compensation Committee of the Board. In addition to performance against established measures, this review includes an analysis of compensation. In making this analysis, the committee obtains comparable compensation data from multiple sources, including national surveys performed by industry associations, local HR consultants, and industry executive placement sources. Based then on performance and comparable industry data, the committee sets the President's compensation for the coming year. The compensation of other key employees is then established by the President, within guidelines established by the Board-approved budget, utilizing industry comparison data as well.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	In general, other than as required by IRS regulation, the organization does not routinely make its governing documents and internal policies available to the public. The organization does sumit a copy of its annual audited financial statements to the Metropolitan Government of Nashville as required by contract

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

DLN: 93493088010172

2010

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2010

# SCHEDULE R (Form 990)

# Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** NASHVILLE CONVENTION & VISITORS BUREAU 02-0700616 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Part I (b) (d) (c) Direct controlling Name, address, and EIN of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (d) Section 512(b)(13) Name, address, and EIN of related organization Legal domicile (state Direct controlling Exempt Code section Public charity status Primary activity controlled (if section 501(c)(3)) or foreign country) organization Yes No (1) Music City Inc Produces music related 150 4th Avenue North Suite G-250 TN events for the general 501(c)(3) Line 7 N/A No public Nashville, TN 37219 34-2064764

Cat No 50135Y

<b>(a)</b> ame, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(g) end-of-year sssets	(h Disprop allocat	ortionate	(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	(j) General or managing partner?		( <b>k)</b> Percentage ownership
								Yes	No			Yes	No	
				ble as a Corpora zations treated as a						nswered "Y	es" on	Form	990,	Part IV,
Name, address, ar	(a) nd EIN of related organiz	zation	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct cor enti	ntrolling	(e) Type of e (C corp, S or trust	corp,	Share of	<b>(f)</b> f total income	Shai end-o	y) re of f-year sets		<b>(h)</b> Percentage ownership
					1	I								

chedule R (Form 990) 2010					Page	3
Part V Transactions With Related Organizations (Complete if the organization answered "Ye	es" on Form 990, Pai	rt IV, line 34, 35, 3	35A, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV				Ye	es l	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related orga	nızatıons lısted ın Part	s II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1:	9	ı	No
<b>b</b> Gift, grant, or capital contribution to other organization(s)			11	,	1	No
<b>c</b> Gift, grant, or capital contribution from other organization(s)			10	=		No
<b>d</b> Loans or loan guarantees to or for other organization(s)			10	: I		No
e Loans or loan guarantees by other organization(s)			10	•		No
f Sale of assets to other organization(s)			11	:	+,	No
g Purchase of assets from other organization(s)			19	3	ı	No
h Exchange of assets			11	1	1	No
i Lease of facilities, equipment, or other assets to other organization(s)			1	i	ľ	No
j Lease of facilities, equipment, or other assets from other organization(s)			1;	i	+	No
k Performance of services or membership or fundraising solicitations for other organization(s)			1	<b>‹</b>		No
I Performance of services or membership or fundraising solicitations by other organization(s)			1			No
m Sharing of facilities, equipment, mailing lists, or other assets			1	n Ye	es	
n Sharing of paid employees			11	ו		No
Reimbursement paid to other organization for expenses			10	) Ye	es	
p Reimbursement paid by other organization for expenses			1	•		No
<b>q</b> Other transfer of cash or property to other organization(s)			10	+	+,	No
r Other transfer of cash or property from other organization(s)			1	r	ı	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, i	including covered relat	ionships and transact	tion throsholds			
(a)	(b)	(c)	(d)		2 m o/ · ·	
Name of other organization	Transaction type(a-r)	Amount involved	Method of detern involv		amour	. IL
1) Music City Inc	m	0	The reporting organic office space and min administrative functions controlled entity who	ımal ons for	r the	

(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1) Music City Inc	m	0	The reporting organization provides office space and minimal administrative functions for the controlled entity which has no staff of its own
(2) Music City Inc	0	404,589	The controlled organization produces several major music related events for the general public in connection with the reporting organization. The reporting organization provides cash sponsorships to the controlled entity to the extent necessary to cover the production expenses of these events.
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	<b>(e)</b> Share of end-of-year assets		rtionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
										+
										-
										t
										+
										$\dagger$
										╀
										+
										L
										+
										t
										ı

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Ident if ier	Return Reference	Explanation	
SchR_P05_S00_L02	Schedule R, Part V, Line 2	The reporting organization controls the related organization through control of the board nominations	

Schedule R (Form 990) 2010