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DLN: 93493047008216

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at www.IRS.gov/form990

2014

Open to Public Inspection

A Fo	r the	2014 ca	lendar year, or tax year beginning	07-01-2014 , and ending 06-30-20	15			
_		pplicable	C Name of organization NASHVILLE CONVENTION & VISITORS	BUREAU		D Empl	oyer ide	ntification number
	dress ch	-				02-0	70061	6
	me cha	_	Doing business as					
•	tıal retu	m	Number and street (or P.O. hov if ma	nil is not delivered to street address) Room/	suite	E Telepl	none num	nber
⊢ Fir		mınated	150 4th Avenue North G-250	in is not delivered to street address) Room,	saite	(615) 259-4	1708
┌ Am	nended	return	City or town, state or province, count	ry, and ZIP or foreign postal code				
Гар	plication	n pending	Nashville, TN 37219			G Gross	receipts	\$ 28,508,948
			F Name and address of princ	cipal officer	H(a)	Is this a grou	p return	for
			Christopher Spyridon 150 4th Ave N Ste G250		I	subordinates		┌ Yes ┌ No
			Nashville,TN 37219		Н(Ь)	Are all subord	linates	┌ Yes ┌ No
						ıncluded?		
I Ta	ıx-exem	npt status	501(c)(3) 501(c) (6) 4 (II	nsert no) 4947(a)(1) or 527		If "No," attac	h a lıst	(see instructions)
J W	ebsite	e: 🕨 ww	w visitmusiccity com		H(c)	Group exemp	tion nu	mber ►
K For	m of or	ganızatıor	Corporation Trust Association	Other ►	L Yea	r of formation 2	003 M	State of legal domicile TN
Pa	rt I	Sum	nmary					
Governance		The mis industry brings \$	to Nashville, TN, which is the cit 5 billion into the local economy ea	or most significant activities Note of the visit of visit of the visi	ustry prov communi	ides jobs to a ty	lmost 6	50,000 people and
ු >ර			, -	·				1
<u>⊕</u>	1			ng body (Part VI, line 1a)			3	20
Activities &	1			f the governing body (Part VI, line 1			4	19
ू र				alendar year 2014 (Part V, line 2a)			6	212
	1		•	rt VIII, column (C), line 12			7a	-34,315
				om Form 990-T, line 34			7b	0
						Prior Year		Current Year
а.	8	Contr	ibutions and grants (Part VIII, lin	e 1 h)		596	,347	0
Rayenue	9			e 2g)		21,810	' 	28,188,429
學	10 11		tment income (Part VIII, column revenue (Part VIII, column (A), l	(A), lines 3, 4, and 7d)	•		,495 ,270	1,539 -43,653
	12			(must equal Part VIII, column (A), li	ne 🗀		,270	-+3,055
		12) .	<u> </u>	 		22,413		28,146,315
	13			X, column (A), lines 1-3)		2,234		1,837,500
	14			(, column (A), line 4) e benefits (Part IX, column (A), lines			0	0
\$	15	5-10		benefits (Fart 1x, column (x), mes		7,279	,607	8,276,308
Expenses	16a	Profes	ssional fundraising fees (Part IX, o	column (A), line 11e)			0	0
ਡੌ	Ь	Total fu	undraising expenses (Part IX, column (D),	line 25) ▶0				
	17	Other	expenses (Part IX, column (A), lı	nes 11a-11d, 11f-24e)		12,666	,392	17,130,330
	18			t equal Part IX, column (A), line 25)		22,179		27,244,138
. 02	19	Rever	nue less expenses Subtract line 1	8 from line 12			,144	902,177
8 0 2 0 2 0					Begi	nning of Curr Year	ent	End of Year
SS-el	20	Total	assets (Part X, line 16)			6,714	,708	9,608,915
Not Assets or Fund Balances	21	Total	liabilities (Part X, line 26)			4,858	,617	6,850,647
	22			ine 21 from line 20		1,856	,091	2,758,268
Unde my k	nowled arer ha	alties of dge and as any k		mined this return, including accompa plete Declaration of preparer (other				
	-		e or print name and title					
		''	Print/Type preparer's name	Preparer's signature	Date	Check I If	PTIN	
Pai			Firm's name 🕨	<u> </u>		self-employed		
	pare	er						
Use	On:	ly ˈ	Firm's address 🟲			Phone no		

art IV	Check	dist of	Required	Schedules

			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 for which 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? <i>If "Yes," complete Schedule D, Part II</i>	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		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		No
	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 "Yes," complete Schedule D, Part IX</i>	11d		No
е	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? If "Yes," complete Schedule D, Parts XI and XII	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 and XII 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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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 $11e^{\gamma}$ If "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? <i>If "Yes," complete Schedule G, Part II</i>	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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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, line 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 through 24d and complete Schedule K. If "No," go to line 25a	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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	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			1
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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 "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		.]
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 197		Yes	N
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
_	gaming (gambling) winnings to prize winners?	1c	Yes	
a	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?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
la	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
la	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		Ν
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
- _	(FBAR)	-		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		N
		5b		IN
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
Ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a	Yes	
	organization solicit any contributions that were not tax deductible as charitable contributions?			
b	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	7a		
_	services provided to the payor?	<u> </u>		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	D. J. bl			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
.	required?	7g		
п	Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds.			
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
)-	Did the sponsoring organization make any taxable distributions under section 4966?	8 9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
L				
	Gross income from members or shareholders	_		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
		1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
ע	year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O 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			
E	Enter the amount of reserves on hand]		
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
h	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.

Check if Schedule C	contains a	response	or note t	o anv I	ine in this	Part VI							.▽

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	1a	20			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management con	d by d	or under the direct	3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the or	ganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval or persons other than the governing body?			7b		No
8	Did the organization contemporaneously document the meetings held or written action year by the following	ns ur	ndertaken during the			
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, vorganization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		Νo
Se	ection B. Policies (This Section B requests information about policies not i	requi	ired by the Internal R	evenu	ıe Cod	e.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its the form?			11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Fe	orm 9	90			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .	•		12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?			12b	Yes	
C		•		12c	Yes	
13	Did the organization have a written whistleblower policy?			13	Yes	
14	Did 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 revi independent persons, comparability data, and contemporaneous substantiation of the	e deli	beration and decision?			
	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization	•		15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					1
	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?			16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	step	s to safeguard the	16b		
Se	ection C. Disclosure			'		
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 public inspection Indicate how you made these available. Check all that apply
 - Own website Another's website V Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►Nashville Convention Visitors Bureau

150 4th Ave North G-250 Nashville,TN 37219 (615) 259-4708

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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 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, or 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 week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n is	ne l both	box, an d	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
c	Total from continuation sheets to Part VII, Section A	r			
d	Total (add lines 1b and 1c)	►	2,031,017	0	228,439

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶20

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No	
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				
	ındıvıdual	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? <i>If "Yes," complete Schedule J for such person</i>	5		No	

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 Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Dude Inc PO Box 340020 Nashville, TN 37203	Artist performance fee	190,000
Lady A'D Productions Inc PO Box 340020 Nashville, TN 37203	Artist performance fee	160,500
VML Inc 250 Richards Road Kansas City, MO 64116	Video and website design services	129,704
Sharon's Rose Inc 3310 West End Ave Ste 400 Nashville, TN 37203	Artist performance fee	127,025
Lofthouse Enterprises Woodlands Park Street Hitchen, Herts SG4 9AH UK	Tourism marketing services	103,239
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

\$100,000 of compensation from the organization \blacktriangleright 6

		Check if Schedule O contains a re		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ	1a	Federated campaigns	1a				
Contributions, Giffs, Grants and Other Similar Amounts	Ь	Membership dues	1b				
್ರ⊄	С	Fundraising events	1c				
<u>₹</u> <u>=</u>	d	Related organizations	1d				
 ⊒. ‰	e	Government grants (contributions)	1e				
T S	f	All other contributions, gifts, grants, and similar amounts not included above	1f		į		
<u>a</u> ₩	g	Noncash contributions included in lines			ł		
<u> </u>		1a-1f \$		0			
<u>ة د</u>	h	Total. Add lines 1a-1f		o o			
e E			Business Code				_
ven	2a	Government marketing services	541900	24,410,620	24,410,620	0	0
<u>ኞ</u>	b	Membership dues Marketing program participation	541900	869,019	869,019	0	0
Program Serwce Revenue	C d	Marketing program participation Visitor services revenue	541900	1,075,640 1,822,968	1,075,640 1,822,968	0	(
<u>~</u>	e e	Publication/Online advertising	541800	1,822,968	1,822,968	10,182	0
<u> </u>	f	All other program service revenue	•	10,102	U V	10,132	0
္တို		· -					
	g 3	Total. Add lines 2a-2f Investment income (including divi		28,188,429			
		and other similar amounts)	🟲	1,539	0	0	1,539
	4	Income from investment of tax-exempt b		0	0	0	0
	5	Royalties		0	0	0	· ·
	6a	(1) Real	(II) Personal				
	ь	Less rental					
	c) 0				
	d	or (loss) Net rental income or (loss)					
		(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory					
	ь	Less cost or other basis and sales expenses					
	С		0				
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1 See Part IV, line 18	c)				
ľ		220. 2.227 1110 20 1 1	a				
e E	ь	Less direct expenses					
)	C	Net income or (loss) from fundrais					
	9a	Gross income from gaming activit See Part IV, line 19	a a				
	ь	Less direct expenses					
		Net income or (loss) from gaming Gross sales of inventory, less returns and allowances .	activities				
			a 318,136				
	b	Less cost of goods sold	b 362,633	44 407	0	44 407	,
	- <u>c</u>	Net income or (loss) from sales of Miscellaneous Revenue	Business Code	-44,497	U I	-44,497	U
	11a	Miscellaneous receipts	900099	844	844	0	(
	b		·				
	С						
	d	All other revenue		0	0	0	0
	e	Total. Add lines 11a-11d		844			
	12	Total revenue. See Instructions	•				

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete all columns All Check if Schedule O contains a response or note to any line in this				
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,837,500			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	1,511,639			
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	5,493,533			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	248,807			
9	Other employee benefits	574,241			
10	Payroll taxes	448,088			
11	Fees for services (non-employees)				
а	Management	36,000			
b	Legal	20,967			
c	Accounting	21,637			
d	Lobbying	80,990			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	225,552			
12	Advertising and promotion	1,959,971			
13	Office expenses	908,909			
14	Information technology	221,560			
15	Royalties	0			
16	Occupancy	627,921			
17	Travel	1,006,397			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	10,193,069			
20	Interest	1,067			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	225,253			
23	Insurance	16,000			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Visitor serrvices fulfillment costs	1,334,644			
b	Industry organization dues	46,223			
c	Industry research activities	191,652			
d	Miscellaneous expenses	12,518			
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	27,244,138	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	T X	Check if Schedule O contains a response or note to any line in t	hıs Part	:x			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		_	1,950		2,350
	2	Savings and temporary cash investments			2,424,715		1,488,546
	3	Pledges and grants receivable, net			0		0
	4	Accounts receivable, net			2,969,414		6,534,617
Assets	1 -				2,303,414	-	0,354,617
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	rt II of		0	5	0
	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and cand sponsoring organizations of section $501(c)(9)$ voluntary erorganizations (see instructions) Complete Part II of Schedule L	0		0		
	7	Notes and loans receivable, net			0		0
₹	8	Inventories for sale or use			92,396		126,232
	-				207.983		432,507
	9	Prepaid expenses and deferred charges			201,983	9	432,307
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 10b	2,655,270 2,064,379		ı	
	b	·	636,605	10 c	590,891		
	11	Investments—publicly traded securities	381,645	11	433,772		
	12	Investments—other securities See Part IV, line 11	0	12	0		
	13	Investments—program-related See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11		•	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			6,714,708	16	9,608,915
	17	Accounts payable and accrued expenses			3,740,949	17	5,441,341
	18	Grants payable			0	18	0
	19	Deferred revenue			551,957	19	942,299
	20	Tax-exempt bond liabilities		-	0	20	0
S.	21	Escrow or custodial account liability Complete Part IV of Sche			0	21	0
<u>a</u>	22	Loans and other payables to current and former officers, directors, employees, highest compensated employees, and disqualif	ors, trus				
Liabilit		persons Complete Part II of Schedule L			0	22	0
Ï	23	Secured mortgages and notes payable to unrelated third parties	0	23	0		
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pai	ed third	parties,			
		D			565,711	25	467,007
	26	Total liabilities. Add lines 17 through 25			4,858,617	26	6,850,647
ěs		Organizations that follow SFAS 117 (ASC 958), check here ► 5 lines 27 through 29, and lines 33 and 34.	✓ and c	omplete			
ä	27	Unrestricted net assets			1,856,091	27	2,758,268
<u> </u>	28	Temporarily restricted net assets		0	28	0	
=	29	Permanently restricted net assets			0	29	0
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he				_	
5		complete lines 30 through 34.					
Assets	30	Capital stock or trust principal, or current funds				30	
Š	31	Paid-in or capital surplus, or land, building or equipment fund				31	
đ	32	Retained earnings, endowment, accumulated income, or other for				32	
Ř	33	Total net assets or fund balances			1,856,091	33	2,758,268
	34	Total liabilities and net assets/fund balances		•	6,714,708	34	9,608,915

Par	rt XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	• •	• •		-1
	T. I. (A) I. (A) I. (A)				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		28,1	146,315
2	Total expenses (must equal Part IX, column (A), line 25)				
_		2		27,2	244,138
3	Revenue less expenses Subtract line 2 from line 1	3		9	02,177
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
		4		1,8	356,091
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities				
		6			0
7	Investment expenses	7			0
8	Prior period adjustments				
		8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		2,7	758,268
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. Г</u>
				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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	ne 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Additional Data

Software ID: 14000267

Software Version: v1.00

EIN: 02-0700616

Name: NASHVILLE CONVENTION & VISITORS BUREAU

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	including grants of \$) (Revenue \$)					
To make it easier for visitors to make their travel arrangements when coming to Nashville, the NCVB operates a state-of-the-art website and a fully staffed call center to answer visitor inquiries, make suggestions about what to do while visitors are in the city, and make hotel and attraction reservations for the visitors over the phone, or through our website. The NCVB has also created a joint marketing program called Total Access where for one discounted price, visitors can select 4 attractions to visit from among the 15 - 20 participating venues.									
(Code) (Expenses \$	including grants of \$) (Revenue \$)					
	, , , , , , ,	the Nashville brand to provide a consis s and other items for use by the hospita							

(A) Name and Title A verage hours per week (list any hours for related		Posit more th perso and a	ion (d nan o n is b	ne bo	ox, u an of	ınless fficer	5	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or director		2/1099-MISC)	2/1099-MISC)	organization and related organizations			
(1) Ken Levitan	4	l x						0	0	0
Board Chairman	0									
(1) Beth Courtney	4	×						0	0	0
Chair Elect (2) Ed Hardy	0 1									
		x						0	0	0
Past Chairman (3) Bob Patterson	0 1									
		×						0	0	0
Board Member (4) Ronnie Smith	0 1									
Board Member	0	×						0	0	0
(5) Peter Weien	1									
Board Member		×						0	0	0
(6) John Fleming	1									
Board Member	0	×						0	0	0
(7) Pam Wright	1									
Board Member	0	×						0	0	0
(8) Beth Fortune	1									
Board Member	0	×						0	0	0
(9) Rick Schwartz	1									_
Board Member	0	X						0	0	0
(10) Kevın Lavender	1	,,								
Board Member	0	X						0	0	0
(11) Don MacLachlan	1	V						0	0	0
Board Member	0	Х						0	0	0
(12) Deb MdDermott	1	x						0	0	0
Board Member	0									
(13) Waverly Crenshaw	1	l x						0	0	0
Board Member	0							-	-	
(14) John Esposito	1	×						0	0	0
Board Member	0									
(15) Mignon Francois	1	×						0	0	0
Board Member	0 1									
(16) Max Goldberg		×						0	0	0
Board Member (17) Tony Phillips	0 1						-			
		×						0	0	0
Board Member (18) Hank Adam Locklin	0 1									
		x						0	0	0
Board Member (19) Christopher Spyridon	60									
		×		Х				647,248	0	48,121
President/CEO (20) Jeff Mefford	50		1							
CFO				Х				182,307	0	27,745
(21) Kay W Wallen	50									_
Chief Sales Officer					Х			252,443	0	24,015
(22) Deana Ivey	50									
Chief Marketing Officer	0				X			250,533	0	29,344
(23) Stephanie Spallino	50					Ų,		451.000		10 100
Vice President	0		L	L	L	X	L	154,206	0	19,433
(24) William Wright	50					х		150,271	0	20,983
Vice President	0							130,271		20,703

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th persor and a	ion (d nan o n is b	ne bo	ox, u an of	ınless fficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(26) Mary Arnold Sr Vice President	50					x		141,649	0	25,462
(1) Charles Creasy Vice President	50					х		128,677	0	18,844
(2) Brenda Dempsey	50					х		123,683	0	14,492

TY 2014 Reasonable Cause Explanation

Name: NASHVILLE CONVENTION & VISITORS BUREAU

EIN: 02-0700616

Software ID: 14000267

Software Version: v1.00

Explanation: The organization filed a Form 8868 Automatic Extension Application

which was approved by the IRS.

DLN: 93493047008216

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Political Campaign and Lobbying Activities

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V,

line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** NASHVILLE CONVENTION & VISITORS BUREAU Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2					
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768						
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,					
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals					
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)								
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)								
c	Total lobbying expenditures (add lines 1a and 1b	o)									
d	Other exempt purpose expenditures										
e	Total exempt purpose expenditures (add lines 1	c and 1d)									
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both								
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax									
	Not over \$500,000	20% of the amount on lir	ne 1e								
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00							
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000							
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00							
	Over \$17,000,000	\$1,000,000									
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)									
h	Subtract line 1g from line 1a If zero or less, ente	er-0-									
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -									
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No					
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five					
	Lobbying Expe	enditures During	4-Year Avera	ging Period							
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total					
2a	Lobbying nontaxable amount										
ь	Lobbying ceiling amount (150% of line 2a, column(e))										
c	Total lobbying expenditures										
d	Grassroots nontaxable amount										
e	Grassroots ceiling amount (150% of line 2d, column (e))										

Grassroots lobbying expenditures

	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).				
or e	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	a)	(b)
	vity.	Yes	No	Amo	unt
1 a	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 Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 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 i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? O ther activities?				
j	Total Add lines 1c through 1i				
2a	d the activities in line 1 cause the organization to be not described in section 501(c)(3)? "Yes," enter the amount of any tax incurred under section 4912				
b					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		•		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	rt III-A Complete if the organization is exempt under section $501(c)(4)$, section	1 501(c)(5), o	r sect	ion
	501(c)(6).			Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	No
ar	rt III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" C)R (b)	Part I	Ί-Α,
1	line 3, is answered "Yes." Dues, assessments and similar amounts from members	1			369,01
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				,,,,,,,
а	Current year	2a			86,74
b	Carryover from last year	2b			-
C	Total	2c			86,74
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3		2	202,37
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5		_ 1	15,63
	art IV Supplemental Information			<u>-</u>	,
Pro	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gi (see instructions), and Part II-B, line 1 Also, complete this part for any additional information	oup list),	Part II	-A, lines	1 and
	Return Reference Explanation				
_					
	<u> </u>				

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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

DLN: 93493047008216

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Supplemental Financial Statements

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

mal Revenue Servi	Information about Schedule D (Forn	n 990) and its instructions is at <u>www.i</u>	rs.gov/	<u>form990</u> .	Inspect	ion
lame of the	organization VENTION & VISITORS BUREAU		Emp	oloyer identifica	tion numbe	r
ASTIVILLE CON	VENTION & VISITORS BOREAG		02-	0700616		
	rganizations Maintaining Donor Ad		unds	or Accounts	. Complete	e ıf th
10	rganization answered "Yes" to Form 990	·		(1) = 1		
Total nun	phor at and af year	(a) Donor advised funds		(b) Funds and	otner accou	nts
	nber at end of year e value of contributions to (during year)					
	e value of contributions to (during year)					
	e value at end of year					
	rganization inform all donors and donor advis-	ore in writing that the accets held in do	nor advi	ısad		
funds are	e the organization's property, subject to the oi	ganization's exclusive legal control?			☐ Yes	┌ N
used only	rganization inform all grantees, donors, and d y for charitable purposes and not for the bene g impermissible private benefit?				┌ Yes	┌ No
	onservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part I\	/, line 7.	
☐ Prese☐ Prote☐ Prese	(s) of conservation easements held by the orgervation of land for public use (e g , recreation ection of natural habitat ervation of open space elines 2a through 2d if the organization held a	or education) Preservation of a	certifie	d historic struc	ture	
	it on the last day of the tax year	a qualified conservation contribution in	the form	11 01 4 201132144	cion	
				Held at the	End of the	Year
	mber of conservation easements		2a			
Total acr	reage restricted by conservation easements		2b			
Number	of conservation easements on a certified histo	oric structure included in (a)	2c			
	of conservation easements included in (c) acc structure listed in the National Register	quired after 8/17/06, and not on a	2d			
Number	of conservation easements modified, transferi	red, released, extinguished, or termina	ted by th	ne organization	during	
the tax y	ear 🗠					
Number	of states where property subject to conservat	ion easement is located ►				
	e organization have a written policy regarding nent of the conservation easements it holds?	the periodic monitoring, inspection, ha	ndling of	f violations, and	┌ Yes	┌ N
Staff and ►	volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ements o	during the year		
	of expenses incurred in monitoring, inspecting	g, and enforcing conservation easemen	ts durin	g the year		
Does ead	ch conservation easement reported on line 2(ion 170(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ection 17	70(h)(4)(B)(ı)	☐ Yes	
balance s	IIII, describe how the organization reports co sheet, and include, if applicable, the text of th nization's accounting for conservation easeme	e footnote to the organization's financia				
	rganizations Maintaining Collection omplete if the organization answered "Y		, or Ot	her Similar	Assets.	
works of	panization elected, as permitted under SFAS 1 art, historical treasures, or other similar asse provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education	, or rese	earch in further		
If the org works of	ganization elected, as permitted under SFAS 1 art, historical treasures, or other similar asse provide the following amounts relating to thes	.16 (ASC 958), to report in its revenue its held for public exhibition, education	e statem	nent and balanc		с
(i) Reve	nue included in Form 990, Part VIII, line 1			► \$		
	ts included in Form 990, Part X					
If the org	panization received or held works of art, histor amounts required to be reported under SFAS					
_	included in Form 990, Part VIII, line 1	, , <u>,</u>		b- ¢		
Assets II	ncluded in Form 990, Part X			- \$		

Part	III Organizations Maintaining Colle	ctions of Art, I	Histor	ical T	reasu	res, or Oth	er Similar Ass	ets (continued)
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other records	, check	•		_	-	of its
а	Public exhibition		d Γ	Loan	orexch	nange program	s	
b	Scholarly research		е Г	Othe	er.			
c	Preservation for future generations							
4	Provide a description of the organization's colle Part XIII	ctions and explain	how the	y furth	er the o	rganızatıon's e	exempt purpose in	
5	During the year, did the organization solicit or r							- v
Par	assets to be sold to raise funds rather than to be IV Escrow and Custodial Arrangen						<u> </u>	Yes No
P G I	Part IV, line 9, or reported an amou					i aliswered	163 (0101111 93	
1a	Is the organization an agent, trustee, custodian included on Form 990, Part X?	or other intermedi	ary for	contrib	utions c	or other assets	not [Yes No
b	If "Yes," explain the arrangement in Part XIII a	ind complete the fo	llowing	table				
_						-	Amo	ount
c C	Beginning balance					1c	+	
d	Additions during the year					1d 1e		
e f	Distributions during the year					1e	1	
	Ending balance	. 000 Dawt V line 1	01 for -	c c rc···	or aust-		I I I I I I I I I I I I I I I I I I I	Yes No
2a L	Did the organization include an amount on Form							res No
	If "Yes," explain the arrangement in Part XIII							<u> '</u>
Par	t V Endowment Funds. Complete if the	(a)Current year	(b)Prior					e) Four years back
1a	Beginning of year balance							
b	Contributions							
c	Net investment earnings, gains, and 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 curren	t year end balance	(line 1g	ı, colur	nn (a)) h	neld as		
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment ►							
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should	equal 100%						
За	Are there endowment funds not in the possession	on of the organizati	on that	are he	ld and a	dmınıstered fo	r the	
	organization by (i) unrelated organizations					_	3a(i)	Yes No
	(ii) related organizations						3a(ii	
b	If "Yes" to 3a(II), are the related organizations			dule R	·	·	3b	
4	Describe in Part XIII the intended uses of the c							
Par	Land, Buildings, and Equipment 11a. See Form 990, Part X, line 10.		e orga	nızatıd	n answ	vered 'Yes' to	o Form 990, Par	t IV, line
	Description of property			a) Cost o	or other estment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
	and		-		0		0	0
	Buildings				0			0 0
	3		, j		U			٧ .
	easehold improvements		. -		0	1,144,43	933,11	-
c L			·			1,144,43 1,510,83		9 211,320
c L d E e (easehold improvements				0 0	1,510,83	31 1,131,26	9 211,320

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b)Book value	(c) Method of va	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			000 Pa 1 TV 1 a 11 a
Part VIII Investments—Program Related. Con See Form 990, Part X, line 13.	mpiete if the organization	n answered 'Yes' to Fo	orm 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of va	aluation
		Cost or end-of-year	market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization), Part IV, line 11d See I	
(a) Descrip	otion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15			
Part X Other Liabilities. Complete if the organ	nization answered 'Yes' t	o Form 990, Part IV, l	ine 11e or 11f. See
Form 990, Part X, line 25. (a) Description of liability	(b) Book value		
	0		
Federal income taxes Accounts Payable - related entity	133,472		
Restricted deposits	174,872		
Deferred lease incentive	158,663		
	130,003		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	467.00		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	467,007		

Par		evenue per Audited Financial Stat vered 'Yes' to Form 990, Part IV, line 1		is with Revenue	рег к	eturn Complete i
L		er support per audited financial statements			1	
	Amounts included on line 1 bu	ıt not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a			
b	Donated services and use of f	acılıtıes	2b			
С	Recoveries of prior year grant	s	2c			
t	Other (Describe in Part XIII)		2d			
•	Add lines 2a through 2d .				2e	
	Subtract line ${f 2e}$ from line ${f 1}$.				3	
	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
3	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b			
2	Add lines 4a and 4b				4c	
	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	12).		5	
art		xpenses per Audited Financial Sta		nts With Expense	s per	Return. Comple
		swered 'Yes' to Form 990, Part IV, line				T
	·	raudited financial statements			1	
		it not on Form 990, Part IX, line 25	1 -	I		
1		acılıtıes	2a			
)	· -		2b			
0			2c			
d	Other (Describe in Part XIII)		2d			
9	<u>-</u>				2e	
					3	
		0, Part IX, line 25, but not on line 1:		ı		
3	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a			
)	Other (Describe in Part XIII)		4b			
2					4c	
		nd 4c. (This must equal Form 990, Part I, lin	e 18)		5	
	Supplemental Inf					
art		Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and				de any addıtıonal
	Return Reference	Explanation				

Jenedale 2 (1 31111 33 3) 23 13		i age 💆
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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NASHVILLE CONVENTION & VISITORS BUREAU

As Filed Data -

DLN: 93493047008216

SCHEDULE F Statemen

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990.

2014

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

					02-0700616	
Pa	rt I General Information "Yes" to Form 990, Pai			ne United States. C	omplete if the organiza	ation answered
1	For grantmakers. Does the cand other assistance, the grants or a used to award the grants or a	intees' eligibili	ty for the grar	nts or assistance, and	the selection criteria	┌ Yes ┌ No
2	For grantmakers. Describe in assistance outside the United		ganızatıon's p	rocedures for monitor	ng the use of its grant	s and other
3	Activites per Region (The follow	ing Part I, line 3	table can be du	uplicated if additional sp	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1	Europe (including Iceland and Greenland)	0	1	Program Services	Tourism marketing	357,522
(2	North America (including Canada and Mexico, but not the United States)	0	0	Program Services	Convention marketing	5,522
(3)					
(4)					
(5)					
Ī	a Sub-total b Total from continuation sheets to Part I					
	c Totals (add lines 3a and 3b)	0	1			363,044

Schedule F (Form 990) 2014

Pa						ited States. Comp duplicated if additioi	9		to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
2						es by the foreign co (c)(3) equivalency l			
3	Enter total num	nber of other or	ganizations or ent	ities					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	ional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	1			l .			

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	[~	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	ি	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	~	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	V	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	্ন	Νo

Schedule F (Form 990) 2014

Additional Data

Software ID: 14000267

Software Version: v1.00

EIN: 02-0700616

Name: NASHVILLE CONVENTION & VISITORS BUREAU

Schedule F (Form 990) 2014

Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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Schedule I (Form 990)

Department of the Treasury

NASHVILLE CONVENTION & VISITORS BUREAU

Internal Revenue Service
Name of the organization

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.

► Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

Employer identification number

02-0700616

2014

DLN: 93493047008216

Open to Public Inspection

Part I General Inforn	nation on Grants	and Assistance					
Does the organization main the selection criteria usedDescribe in Part IV the or	l to award the grants o	rassistance?					▼ Yes 「
		Domestic Organiz ecipient that receive					"Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 grant or assistance
(1) Music City Bowl Inc 414 Union St Ste 800 Nashville,TN 37219	62-1720086	501(c)(3)	1,000,000	0			To assist with the production of the Music City Bowl college football game which takes place in December each year, and brings thousands of visitors to Nashville
(2) Country Music Association One Music Circle South Nashville, TN 37203	62-0606066	501(c)(3)	750,000	0			To assist in the production of the CMA Music Festival which brings thousands of visitors to Nashville each June
(3) Competitor Group Inc 9477 Waples Street Ste 150 San Diego, CA 92121	26-1399945	n/a	47,500	0			To assist in the production of the annual Country Music Marathon which brings thousands of visitors to Nashville each April
(4) Greater Nashville Hospitality Association 475 Craighead St Nashville, TN 37204	62-1862311	501(c)(6)	25,000	0			To support the recipient organization in their mission, which mirrors that of the reporting organization
(5) The Artspiration Group 1501 Jefferson St Nashville, TN 37208	62-1654125	501(c)(3)	10,000	0			To assist in the production of the CultureFest arts program

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3
3	Enter total number of other organizations listed in the line 1 table	2

Schedule I	(Form 990) 2014
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated 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

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						
Return Reference	Explanation					
, ,	Grants are primarily made to local non-profit organizations that carry out programs which 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 these large scale events, 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.					

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DLN: 93493047008216

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

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

► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

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

02-0700616

	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees		Yes	No
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	<u>_</u>			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	✓ Compensation committee ✓ Written employment contract ✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	p Approval by the board of compensation committee			
	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
ь	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	8		
	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
Christopher Spyridon, President/CEO	(i) (ii)	394,250	220,000	32,998 0	29,190	18,931 0	695,369 0	0
2 Kay W Wallen, Chief Sales Officer	(i) (ii)	188,934 0	60,000	3,509 0	12,255 0	11,760 0	276,458 0	 0
3 Deana Ivey, Chief Marketing Officer	(i) (ii)	186,933	60,000	3,600	12,255 0	17,089 0	279,877	0
4 Jeff Mefford, CFO	(i) (ii)	157,124 0	23,250	1,932 0	11,145 0	16,600	210,051	0 0
5 Stephanie Spallino, Vice President	(i) (ii)	118,012	36,000	194 0	9,540	9,893	173,639 0	0
6 William Wright, Vice President	(i) (ii)	115,476 0	34,500 0	294	7,545 0	13,438	171,253 0	0
7 Mary Arnold, Sr Vice President	(i) (ii)	113,427 0	27,600 0	623	7,378	18,083	167,111	0

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

rise complete ems pare for any dadicion	iai internacion
Return Reference	Explanation
, ,	On rare occasion, when travelling with a group including entertainers to represent the city before an industry function or major client, it is more cost effective to utilize the services of a private charter flight that to purchase commercial airline tickets for a large group. Also, the board of directors has authorized the President's spouse to travel and attend a limited number of business-related events each year, 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 provides health and social club memberships for the CEO, which is also reported as taxable compensation.
Schedule J, Part I, Line 3	See the process discussed in the explanation provided for Part VI, Line 15a
Schedule J, Part I, Line 4	The CEO participates in a non-governmental 457b deferred compensation plan - \$13,590

Schedule J (Form 990) 2014

DLN: 93493047008216

OMB No 1545-0047

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, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958	artI Exce	VIION & VISITORS BORE	=						Employ	er ident/	ificatio	n numbe	er	
Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization person and organization 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958	Compl		_AO						02-07	00616				
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (d) Corre Yes 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958	Compl	ss Benefit Trai	nsactions	(section	501(c)(3), s	ection 501(c)(4), and 501				s only)			
person and organization 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958	1 (a) Name											40b		
2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958		of disqualified per	son (b) F	Relationsh	ııp between d	ısqualıfıed								
4958				person	and organızat	ion					Γ	Yes	No	
4958														
4958			•			-								
### ### ### ### ### ### #### ### ######														
### ### ### ### ### ### #### ### #### ####														
4958	3 Enterthe s	mount of tax incurr	ad by argan	ization ma	annagers or dis	auglified per	conc during t	ha wasi	rundo	rcaction	_			
Enter the amount of tax, if any, on line 2, above, reimbursed by the organization		mount of tax incurr	ed by organ		inagers or dis	quaimed per	sons during t	ne year	r unde 	r Section	1			
oans to and/or From Interested Persons. omplete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization exported an amount on Form 990, Part X, line 5, 6, or 22 a) Name of nterested with organization person (b) Relationship with organization or from the principal amount (c) Purpose of loan or from the organization? (d) Loan to principal due default? Approved by board or or from the by board or from the principal amount or from the by board or from the formula for the organization or from the principal amount or from the by board or from the formula for the organization or formula for the organization or for from the formula for for formula for for		mount of tax if any	on line 2	ahove reu	mhursed by t	he organizati	on							
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization eported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of Interested With organization Purpose of loan organization? (b) Relationship With organization Purpose of loan organization? (c) (d) Loan to principal due default? Approved by board or loan organization?		mount or tury it unly	,			o.ga <u>_</u> a			•	. 4				
	complete if the	organization answ	ered "Yes"	on Form 9	90-EZ, Part	V, line 38a, d	or Form 990,	Part IV	, line	26, or ıf	the ora	anızatını	n	
To From Yes No Yes No Yes	interested		Purpose of	or from t	ı to :he	principal				A ppro by boar) ved rd or	(i)Wr	ıtten	
	interested		Purpose of	or from t organizati	to the ion?	principal		defa	ult?	Appro by boai commit	ved rd or	(i)Wri agreen	ıtten	
and the desired states and the desired states are the desired states and the desired states are the desired states	interested person		Purpose of	or from t organizati	to the ion?	principal		defa	ult?	Appro by boai commit	ved rd or	(i)Wri agreen	itten nent?	
tal P \$	interested person		Purpose of	or from t organizati	to the ion?	principal		defa	ult?	Appro by boai commit	ved rd or	(i)Wri agreen	itten nent?	
art IIII Grants or Assistance Benefiting Interested Persons.	nterested person	with organization	Purpose of loan **State	or from to organization	From	principal amount	due	Yes	ult?	Appro by boai commit	ved rd or	(i)Wri agreen	itten nent?	
	tal	with organization	Purpose of loan **State	or from to organization	From	principal amount	due	Yes	ult?	Appro by boai commit	ved rd or	(i)Wri agreen	itten nent?	
art IIII Grants or Assistance Benefiting Interested Persons.	tal Con (a) Name of Int	ints or Assistar inplete if the orga	Purpose of loan State	To fiting In nswered petween and the	From terested F "Yes" on Fo	principal amount Persons. orm 990, Pa	due art IV, line 2	Yes	No	A pproby boar commit	ved rd or ttee?	(i)Wri	No	

Complete if the organizatio			e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	f zatıon's
				Yes	No
(1) Gaylord Opryland Resort & Convention Ctr	Board member	· ·	Convention cancellation fee, room nights for vacation packages		No
(2) Tennessee Titans	Board member	•	Tickets for inclusion in vacation packages		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
Schedule L, Part IV	All transactions with interested persons were in the ordinary course of business at terms available to
	the general public

Schedule L (Form 990 or 990-EZ) 2014

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2014

Open to Public Inspection

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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
NASHVILLE CONVENTION & VISITORS BUREAU

Employer identification number
02-0700616

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	
Form 990, Part VI, Section B, Line 12c	The board-adopted Conflict of Interest Policy is reviewed annually with all board members and key staff. Each of these individuals completes a survey annually on which they are to disclose any situation that might give rise to an actual or perceived conflict as defined in the policy. These surveys are reviewed by the leadership and key staff of the organization who are involved in reviewing all financial transactions of the organization.
Form 990, Part VI, Section B, Line 15	The Board of Directors of the organization hires the President/CEO. This person is then re viewed annually by the Compensation Committee of the Board. In addition to performance against established measurements, this review includes an analysis of compensation. In making this analysis, the committee obtains comparable compensation data from multiple sources, including national industry surveys, 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 utilizing industry comparison data as well, within guidelines established by the Board-approved operating budget.
Form 990, Part VI, Section C, Line 19	In general, other than as required by IRS regulations, the organization does not routinely make its governing documents and internal policies available to the public. The organizat ion does submit a copy of its annual audited financial statements to the Metropolitan Gove rnment of Nashville, as required by contract

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2014

OMB No 1545-0047

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization NASHVILLE CONVENTION & VISITORS BUREAU

Department of the Treasury

Internal Revenue Service

Employer identification number

02-0700616

Part I Identification of Disregarded Entities Complete	if the organization a	answered "Yes" on	Form 990, Pa	rt IV, line 33.		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	

Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(g) Section 512(b) (13) controlled entity?		
						Yes	No	
150 4th Avenue North Suite G-250	Produces music related events for the general public	TN	501(c)(3)	Line 7	N/A	Yes		

Yes No

Yes

No

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.											
	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	,	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	I	(k) Percentage ownership	
					,							

Part IV	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV,
	line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

Vas No

		_
Part V	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

- **b** Gift, grant, or capital contribution to related organization(s)
- **c** Gift, grant, or capital contribution from related organization(s)
- **d** Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- **f** Dividends from related organization(s)
- g Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- I Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- **p** Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- **s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1 c		No
1d		No
1e		No
1f		No
1 g		No
1h		No
1i		No
1j		No
1k		No
11		No
1m		No
1n	Yes	
10		No
1 p	Yes	
1q		No
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relation	isnips and transaction thresholds	
(a) (b) (c)	(d)	

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Music City Inc	n		The reporting organization provides office space and minimal administrative function support for the controlled entity, which has no staff of its own
(2) Music City Inc	p		The controlled organization produces several major music related events for the general public in partnership with the reporting organization. These events further the exempt purposes of the reporting organization by bringing visitors to Nashville. The reporting organization provides cash sponsorships to the controlled entity to the extent necessary to fund the production expenses of these events.

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

1 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No	
								<u>, </u>	\Box	1			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

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