Form	qqn
FOUL	JJU

** PUBLIC DISCLOSURE COPY ** **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.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service	Department of the Treasury	
	Internal Revenue Service	

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2021 calendar year, or tax year beginning and ending

B	Check applica	f C Name of organization		D Employer identified	ation number
	Add char	COUNTRY MUSIC FOUNDATION, INC.			
	Nam		AND M	62-07538	37
			loom/suite	E Telephone number	
	 Fina	222 DED TOUN LEWIS WAY S		615-416-2	
	term	in-		G Gross receipts \$	45,504,970.
	Ame retu			H(a) Is this a group re	turn
	App tion	F Name and address of principal officer: AIDE IOONG		for subordinates	? Yes X No
	pen	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		xempt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527	lf "No," attach a	list. See instructions
		site: ► WWW.COUNTRYMUSICHALLOFFAME.ORG		H(c) Group exemption	
		of organization: 🔀 Corporation 🔄 Trust 🦳 Association 📄 Other 🕨	L Year of	of formation: 1964 N	I State of legal domicile: \mathbf{TN}
Pa	art I				
ð	1	Briefly describe the organization's mission or most significant activities:			
Activities & Governance		HISTORY & TRADITIONS OF COUNTRY MUSIC & TO			
erná	2	Check this box 🕨 🛄 if the organization discontinued its operations or disposed	d of more		
Š	3				10
ن ه	4	Number of independent voting members of the governing body (Part VI, line 1b)			<u> 10</u> 365
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			162
tivit	6	Total number of volunteers (estimate if necessary)			7,882,596.
Ac		a Total unrelated business revenue from Part VIII, column (C), line 12			48,890.
		Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		3,756,608.	<u>14,409,144.</u>
anc	9	Program service revenue (Part VIII, line 2g)		7,743,512.	23,765,479.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		381,780.	83,703.
Å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,270,298.	3,984,856.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,152,198.	42,243,182.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		13,740,555.	13,508,306.
nse	16	a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	1	o Total fundraising expenses (Part IX, column (D), line 25) 1,496,399	9.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		12,597,564.	14,401,485.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		26,338,119.	27,909,791.
	19	Revenue less expenses. Subtract line 18 from line 12		12,185,921.	14,333,391.
S OF				ginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)		03,507,163.	117,612,886.
3t As	1 ~ '	Total liabilities (Part X, line 26)		<u>25,437,746.</u>	24,261,685.
Ĩ	22	Net assets or fund balances. Subtract line 21 from line 20		78,069,417.	93,351,201.
1 14	art I	I Signature Block			

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

Sign		Signature	of officer						Date	
Here			BURGHARD	SR.VP	OF FINANC	IAL	SVCS/0	PER		
		Type or p	rint name and title							
	Prin	nt/Type prep	arer's name		Preparer's sign	ature		Date	Check] PTIN
Paid	FR	ANCES	E. LEAHY		FRANCES	Ε.	LEAHY	11/1	5/22 self-employed	₽00713593
Preparer	Firm	n's name	▶ KRAFTCP	AS PLLC					Firm's EIN ▶ 62	2-0713250
Use Only	Firm	n's address	▶ 555 GRE2	AT CIRCL	E ROAD					
			NASHVILI	JE, TN 3	7228				Phone no. 615-	-242-7351
May the II	RS di	iscuss this	return with the pre	parer shown a	bove? See instruc	tions				X Yes No
132001 12-0	9-21	LHA F	or Paperwork Red	luction Act No	otice, see the sep	arate	instructions.			Form 990 (2021)

	t III Statement of Program Service Accomplishments
4	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF THE COUNTRY MUSIC FOUNDATION, INC. (CMF) IS TO IDENTIFY
	AND PRESERVE THE EVOLVING HISTORY AND TRADITIONS OF COUNTRY MUSIC AND
	TO EDUCATE ITS AUDIENCES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 23,966,279. including grants of \$) (Revenue \$ 20,049,169.
	FOUNDED IN 1967, THE COUNTRY MUSIC FOUNDATION, INC. (CMF), WHICH DOES
	BUSINESS AS COUNTRY MUSIC HALL OF FAME AND MUSEUM (THE MUSEUM) IS A
	NOT-FOR-PROFIT EDUCATIONAL INSTITUTION THAT PRESERVES AND INTERPRETS THE EVOLVING HISTORY AND TRADITIONS OF COUNTRY MUSIC. FUNCTIONING AS A
	NATIONAL HISTORY MUSEUM AND AS AN INTERNATIONAL ARTS ORGANIZATION THAT
	TRADITIONALLY WELCOMES 1.3 MILLION ANNUAL VISITORS AND SAFEGUARDS A
	DIVERSE ARTIFACT AND ARCHIVAL COLLECTION COMPRISED OF MOVING IMAGES ON
	FILM; VIDEO AND DIGITAL FORMATS; PHOTOGRAPHS; SOUND RECORDINGS; ORAL
	HISTORY INTERVIEWS; STAGE COSTUMES; MUSICAL INSTRUMENTS; POSTERS;
	PRINTED MATERIALS; OBJECTS ILLUSTRATING THE LIVES AND CAREERS OF
	MUSICIANS, INDUSTRY FIGURES AND THE CULTURE OF COUNTRY MUSIC. THROUGH
	AT LEAST TEN ANNUAL EXHIBITS, THE MUSEUM INTERPRETS ITS COLLECTION WITH
4c	(Code:) (Expenses \$ including grants of \$) (Bevenue \$
4c	
4c	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	<pre></pre>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	<pre></pre>
4c	<pre></pre>
4d	Other program services (Describe on Schedule O.)
4c 4d 4e	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

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Form 990 (2021) COUNTRY MUSIC FOUNDATION, INC.
Part IV Checklist 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		<u> </u>
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? If "Yes," complete Schedule C, Part II	4		_X_
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		v	
•	Schedule D, Part III	8	X	
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?			х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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,			
2	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
Ь	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 11	
D		11b		х
с	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	1.10		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		х
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	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
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		X
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		_X
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? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X (2021)
132003	12-09-21	⊢orm	330 (2021)

132003 12-09-21

3 2021.05000 COUNTRY MUSIC FOUNDATION, 12100-11

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			Yes	No
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		X
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		37	
	Schedule J	23	Х	
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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
Ы	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		х	
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	~	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	<u>_</u>	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	3 0a		- 23
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		x
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		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 169			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
132004	¥ 12-09-21	Form	990	(2021)

⁴ 2021.05000 COUNTRY MUSIC FOUNDATION, 12100-11

Form 990 (2021) COUNTRY MUSIC FOUNDATION, INC.	62-0753887
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)	

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 365		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e - <i>file</i> . See instructions.		v	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a oh	X X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	_A	
hđ	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		x
h	If "Yes," enter the name of the foreign country	40		- 23
Ď	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	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		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			
а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			1 77
		16		
	If "Yes," see the instructions and file Form 4720, Schedule N.	16		
	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16 17		X

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Form 990 (2021)

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 Form 990 (2021)
 COUNTRY
 MUSIC
 FOUNDATION,
 INC.
 62-0753887
 Page 6

 Part VI
 Governance,
 Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

ation A. Coverning Body and Management
Check if Schedule O contains a response or note to any line in this Part VI

[Х

12	Enter the number of voting members of the governing body at the end of the tax year	1a		10		Yes	No
Ia	If there are material differences in voting rights among members of the governing body at the end of the tax year			<u> </u>			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
h	Enter the number of voting members included on line 1a, above, who are independent	1b		10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	· · · · ·	/ other				
-	officer, director, trustee, or key employee?				2	х	
3	Did the organization delegate control over management duties customarily performed by or under the						
-	of officers, directors, trustees, or key employees to a management company or other person?				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		x
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			····· F			
	more members of the governing body?	-			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si			Γ			
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			····· [
а	The governing body?				8a	Х	
	Each committee with authority to act on behalf of the governing body?				8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			Γ			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
			,			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			[10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			Γ			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			L	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod				11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," desc	cribe				
	on Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?			L	14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by indep	pendent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with	а				
	taxable entity during the year?			L	16a	Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	icipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	exempt status with respect to such arrangements?		<u></u>	<u></u>	16b	Х	
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright { m TN}$						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (section 50	i1(c)(3)s (only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of ir	iterest poli	cy, and	financ	cial	
	statements available to the public during the tax year.						
	State the name, address, and telephone number of the person who possesses the organization's boo	oks and re	ecords 🕨 🕨	•			
20							
20	NINA BURGHARD - $615-416-2043$ 222 REP JOHN LEWIS WAY S, NASHVILLE, TN 37203						

Form 990 (2021)	COUNTRY MUSIC FOUNDATION, INC.	62-0753887	Page 7						
Part VII Compens	ation of Officers, Directors, Trustees, Key Employees, Highes	st Compensated							
Employees, and Independent Contractors									
Check if Sch	edule O contains a response or note to any line in this Part VII								
Section A. Officers, Di	rectors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete this table for	or all persons required to be listed. Report compensation for the calendar year er	nding with or within the organization's	s tax year.						
 List all of the organ 	ization's current officers, directors, trustees (whether individuals or organization	s), regardless of amount of compens	ation.						

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

Name and title Average hours per below Description below Description below Description below Perotable compensation below Reportable compensation from the organization Estimated and organization (1) KYLE YOUNG 55.00 X 676,562. 0. 12,547. (1) KYLE YOUNG 55.00 X 676,562. 0. 12,547. (2) MARTINA BURGHARD 55.00 X 193,878. 0. 8,776. (3) Lisa DAVIS 55.00 X 193,878. 0. 8,776. (4) MARK DE LELYS 40.000 X 193,147. 0. 9,466. (5) DISCO OF EVENTS & C X 127,080. 0. 7,264. (6) JORNY OF THE BOARD X 0. 0. 0. (1) MARK DE LELYS 40.000 X 124,559. 0. 6,447. (3) DISCO OF EVENTS & C 0. 0. 0. 0. 0. 0. (3) DISCO OF THE BOARD X<	(A)	(B)	(C)					(D)	(E)	(F)		
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(17) J. WILLIAMS DENNY 1.00 X 0.		1.00								•	<u>^</u>	
TRUSTEE X 0. 0. 0.		1 00	Х						0.	0.	0.	
		1.00								•	<u>^</u>	
			Х						0.	0.		

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Form 990 (2021)

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Form 990 (2021) COUNTRY N									62-0	7538	387	Pa	age 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	compensated Employee (D)	s (continued)				
(A)	A Desition								(E)			(F)	
Name and title	Name and title Average hours per week POsition (do not check more than one officer and a director/trustee							Reportable	Reportable			timate	
								compensation	compensatio	I		ount o	DŤ
	(list any	tor						- from the	from related organization			other censa	tion
	hours for	direc				e.		organization	(W-2/1099-MIS			om the	
	related	ee or	Istee			insate		(W-2/1099-MISC/	1099-NEC)		orga	anizati	on
	organizations	l trus	nal tru		oyee	om pe		1099-NEC)			and	l relate	ed
	below	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				orga	nizatio	ons
(10) DOD DOGTO	line)	Indi	Inst	Offi	Key	Hig emi	For						
(18) ROD ESSIG TRUSTEE	1.00	x						0.		0.			0.
								0.		••			0.
		1											
		1											
1b Subtotal								1,892,825.		0.	69	9,13	38.
c Total from continuation sheets to Part VI								0.		0.		,	0.
d Total (add lines 1b and 1c)								1,892,825.		0.	69	9,13	38.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	e			
compensation from the organization													8
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	key e	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s											3		<u> </u>
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,										4	X	
5 Did any person listed on line 1a receive or a													
rendered to the organization? <i>If</i> "Yes." <i>corr</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	ıch r	bers	on .					5		Х
1 Complete this table for your five highest co	moonsated ind	lono	ndor	at co	ontre	octor	o th	ant received more than [¢]	100 000 of com	oncat	ion fro	m	
the organization. Report compensation for	-									Jensal		111	
(A)				. <u>g</u>				(B)			(C	;)	
Name and business	address							Description of s	ervices	С	omper		<u>ו</u>
LIFEBLUE, INC., 5830 GRAN	IITE PAR	KW	AY	S	UI	ΤE		WEBSITE DESI	GN AND				
200, PLANO, TX 75024							_	SUPPORT SERV	ICES		460),12	23.
ALLIED UNIVERSAL SECURITY					~							/	
P.O. BOX 828854, PHILADEL	-	SECURITY SER	VICES		43	7,52	28.						
FRANTZ BUILDING SERVICES,		<u>م</u> م									101		12
P.O. BOX 2001, OWENSBORO,					17		_	CLEANING SER			426	5,34	±٥.
GUPTA MEDIA HOLDINGS, LLC	-	ĽК	ĸЕ.	ьĽ	ĭ			DIGITAL ADVE			260		50
ST. SUITE B-7, BOSTON, MA BEDROC INC.	UZII0						_	AND SOCIAL M INFORMATION			201),66	
P.O. BOX 415000, NASHVILL	ר אידי ד	72	41					TECHNOLOGY S			222	2,42	25
2 Total number of independent contractors (ii				tot	thos	e lie					~ ~ ~	.,	1.7.
\$100,000 of compensation from the organiz	-				27	_							
												000	

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Form **990** (2021)

		Check if Schedule O	conta	ins a res	ponse	or note to any line	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts Is	1 a	Federated campaigns		18	1					
Contributions, Gifts, Grants and Other Similar Amounts	b				b					
Ū, G	с				;	559,397.				
ifts Ir A	d				4					
i, G nila	e	Government grants (contr				11,517,869.				
Sir	f	All other contributions, gifts,								
her	•	similar amounts not included				2,331,878.				
trib Otl	a	Noncash contributions included in			1\$	7,398.				
Con	9 h					·	14,409,144.			
0.0						Business Code				
•	2 a	ADMISSION FEES				900099	16,216,825.	16216825.		
Program Service Revenue	z a b	RESTAURANT AND CATE	RING	REVENI	IE	722100	4,190,578.		3791287.	
èer∖ ue	d o	EVENT REVENUE	NINO			900099	3,358,076.	502,826.	2855250	
m S ven	C L					500055	5,550,070.	502,020.	2033230.	
grai Be	d									
roć	e									
ц	f	All other program service					00 76E 470			
	g	Total. Add lines 2a-2f					23,765,479.			
	3	Investment income (includ	0		·	,	04.440			
		other similar amounts)					94,143.			94,143.
	4	Income from investment of		•	•	· · · ·				
	5	Royalties	·····							
				(i) R	eal	(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	c Rental income or (loss) 6c									
	d	(;)		<u></u>	►				
	7 a	Gross amount from sales of		(i) Secu		(ii) Other				
		assets other than inventory	7a	170	,783.					
	b	Less: cost or other basis								
iue		and sales expenses			,223.					
ven	С	Gain or (loss)	7c	-10	,440.					
ther Revenue	d	Net gain or (loss)			·····	🕨	-10,440.			-10,440.
Jer	8 a	Gross income from fundraisi								
oŧ		including \$	559,	397. of	:					
		contributions reported on	line 1	Ic). See						
		Part IV, line 18			. 8a	58,733.				
	b	Less: direct expenses			. 8b	240,163.				
	с	Net income or (loss) from	fundr	aising ev	ents	►	-181,430.			-181,430.
	9 a	Gross income from gamin	ng act	ivities. S	ee					
		Part IV, line 19			. 9a					
	b	Less: direct expenses			. 9b					
	с	Net income or (loss) from	gamiı	ng activi	ties	►				
	10 a	Gross sales of inventory, I	less re	eturns						
		and allowances			. 10 a	6,375,553.				
	b	Less: cost of goods sold				2,840,402.				
	с	Net income or (loss) from	sales	of inven	tory		3,535,151.	2,299,092.	1236059.	
						Business Code				
sno	11 a	OTHER REVENUE				900099	631,135.	631,135.		
ane	b									
ellé eve	с									
Miscellaneous Revenue	d	All other revenue								
2	е	Total. Add lines 11a-11d				►	631,135.			
	12	Total revenue. See instruction					42,243,182.	20049169.	7882596.	-97,727.
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COUNTRY MUSIC FOUNDATION, INC.

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Form 990 (2021) COUNTRY
Part VIII Statement of Revenue

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COUNTRY MUSIC FOUNDATION, INC. Part IX Statement of Functional Expenses

ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
Grants and other assistance to domestic				
individuals. See Part IV, line 22				
Grants and other assistance to foreign				
individuals. See Part IV, lines 15 and 16				
ſ				
Compensation of current officers, directors,				
trustees, and key employees	1,544,097.	790,635.	386,024.	367,438
Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
	10,289,223.	9,007,966.	887,995.	393,262
	400 000			• - •
	133,393.			8,595
	736,264.		97,788.	59,643
Payroll taxes	805,329.	629,928.	109,364.	66,037
Fees for services (nonemployees):				
Management				
Legal				3,022
Accounting	45,191.	40,260.	3,615.	1,316
, .				
Professional fundraising services. See Part IV, line 17				
	28,091.		28,091.	
Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch 0.)		392,029.		<u>12,814</u> 29,953
Advertising and promotion		916,354.	82,271.	29,953
Office expenses				29,327
Information technology	305,033.	271,754.	24,403.	8,876
Royalties				
Occupancy				69,877
Travel	9,088.	7,108.	1,234.	746
Payments of travel or entertainment expenses				
for any federal, state, or local public officials \dots				
Conferences, conventions, and meetings				
	345,381.	307,700.	27,630.	10,051
Depreciation, depletion, and amortization	4,694,116.	4,181,988.	375,529.	136,599
amount, list line 24e expenses on Schedule O.)	0.01.0.00			
				4 - 4
			41,565.	15,120
GRANT & OTHER FUNDRAISI				265,141
All other expenses				18,582
Total functional expenses. Add lines 1 through 24e	27,909,791.	23,966,279.	2,447,113.	1,496,399
Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses on Sch 0.) EVENTI EXPENSE EXHIBITS OTHER SG&A GRANT & OTHER FUNDRAISI All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complet this line only if the organization reported in column (B) joint costs from a combined	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	Grants and other assistance to domestic and domestic governments, See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of included above to disquilifed persons described in section 4958(r)(11)) and persons described in section 4958(r)(2)(8) Other salaries and wages Pension plan acruals and contributions (include section 401(k) and 403(k) employee contributions) Other employee benefits Payrolit taxes Fees for services (nonemployees): Management Legal Accounting Unber: (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Interest Payments of travel or entertainment expenses for any tederal, state, or local public officials Conterences, conventions, and meetings Interest Payments of travel or entertainment expenses for any tederal, state, or local public officials Conterences, conventions, and meetings Interest Payments of travel or entertainment expenses for any tederal, state, or local public officials Conterences, conventions, and meetings Interest Payments of travel or entertainment expenses for any tederal, state, or local public officials Conterences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Conterpreses, Itemize expenses on Schedule 0.) EVENT EXPENSE EXHITBIT'S OTHER SG&A Grant & 6 OTHER FUNDRAIST All other expenses Conterpreses. Add lines 1 through 24e Joint costs. Complete this line only if the organization Insurance Other expenses Conterpreses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	Grants and other assistance to domestic organizations and donestic governments. See Part V, line 22 Grants and other assistance to domestic individuals. See Part V, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, line 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Presons described and associated 4580(f(1)) and persons described and association and association

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Form 990 (2021)

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га		Check if Schedule O contains a response or note	e to an	/ line in this Part X			
				,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			10,009,079.	1	46,806,705.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			2,077,867.	3	1,818,632.
	4	Accounts receivable, net			492,215.	4	724,817.
	5	Loans and other receivables from any current or				_	
	_	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
~	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1,672,550.	8	1,245,615
Ass	9				360,046.	9	353,605
		Land, buildings, and equipment: cost or other			500,0100	-	
	104	basis. Complete Part VI of Schedule D	102	115 531 452.			
	h	Less: accumulated depreciation	100	115,531,452. 53,771,330.	65,373,077.	10c	61,760,122
		• • • • • • • • • • • • • • • • • • • •			23,522,329.	11	4,840,581
	11	Investments - publicly traded securities Investments - other securities. See Part IV, line 1			23, 322, 323.	12	62,809
	12						02,009
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			103,507,163.	15	117,612,886
	16	Total assets. Add lines 1 through 15 (must equa			2,894,763.	16	3,005,565
	17	Accounts payable and accrued expenses			2,094,703.	17	3,003,303
	18	Grants payable			1,532,810.	18	2 022 220
	19	Deferred revenue			500,000.	19	2,033,220
	20				500,000.	20	50,000
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
ij.		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes			400 715	22	450.000
	23	Secured mortgages and notes payable to unrela			492,715.	23	450,000
	24	Unsecured notes and loans payable to unrelated			3,271,900.	24	2,000,000.
	25	Other liabilities (including federal income tax, page					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			1 6 7 2 2 0 0 0
		of Schedule D			16,745,558.		16,722,900.
	26				25,437,746.	26	24,261,685.
6		Organizations that follow FASB ASC 958, che	ck here				
čě		and complete lines 27, 28, 32, and 33.					
Ilan	27	Net assets without donor restrictions	72,141,722.	27	87,494,862.		
Ba	28	Net assets with donor restrictions	5,927,695.	28	5,856,339.		
pun		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🔛			
Ē		and complete lines 29 through 33.					
0	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
t As	31	Retained earnings, endowment, accumulated inc	come, o	or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			78,069,417.	32	93,351,201.
_	33				103,507,163.	33	117,612,886.

Form **990** (2021)

Form 990 (2021) Part X Balance Sheet

Form	990 (2021) COUNTRY MUSIC FOUNDATION, INC.	62-0	7538	<u>387</u>	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,243</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,909</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>, 333</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	78	<u>,069</u>		
5	Net unrealized gains (losses) on investments	5		948	8,3	93.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	93	<u>,351</u>	1,2	01.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	·····		X
			r		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	•				
	Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	<u> </u>
				F a	JULI	(0004)

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Name	ame of the organization Employer identification number									
	COUNTRY MUSIC FOUNDATION, INC. 62-0						2-0753887			
Par	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.		
The o	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)				
1 [A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).			
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).			
4 [A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
_		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in	
_		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).			
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	e general i	oublic described in	
_		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8 [A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or	
г	_	university:								
10 [An organization that norma	•					-	•	
		activities related to its exem		•	• •				0	
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.	
г		See section 509(a)(2). (Cor	• •							
11 L		An organization organized a	-	•	•					
12 [An organization organized a	-	-				•		
		more publicly supported or	-						Sheck the box on	
-		lines 12a through 12d that						-		
а		Type I. A supporting orga	-	-	• • • •	-				
		the supported organization			majonty o	i the direc		es or the st	ipporting	
b		organization. You must c Type II. A supporting org			ion with it	supporto	d organizatio	a(c) by bay	<i>vina</i>	
U		control or management o	-				•		•	
		organization(s). You mus			ane perso	ns that co	ntiol of manag	je ine supp	Joned	
c		Type III functionally inte	-		in connect	ion with a	and functional	lv integrate	ed with	
Ŭ	L	its supported organization						ly integrate	, with,	
d		Type III non-functionally		-				ted organiz	zation(s)	
		that is not functionally int	• •					•		
		requirement (see instructi	0	e ,			•			
е		Check this box if the orga		-				I. Type III		
		functionally integrated, or					JI - , JI -	, ,,		
f	Ente	r the number of supported c		, , , , , , , , , , , , , , , , , , , ,	0 0					
g	Prov	vide the following information								
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	,	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)	
Total									1	

COUNTRY MUSIC FOUNDATION, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	3148337.	3164719.	1790541.	2626085.	14409144.	25138826.
2	Tax revenues levied for the organ-		0101/100	1,000110	20200001		
-	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3148337.	3164719.	1790541.	2626085.	14409144.	25138826.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						351,689.
6	Public support. Subtract line 5 from line 4.						24787137.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	3148337.	3164719.	1790541.	2626085.	<u>14409144.</u>	25138826.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	216,843.	323,226.	695,558.	366,991.	94,143.	1696761.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	438,469.	292,517.	186,636.		48,890.	966,512.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	938,541.	1259548.	1305081.	1229164.		5363469.
11	Total support. Add lines 7 through 10						33165568.
	Gross receipts from related activities,		,				,764,873.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section /	01(c)(3)	
0	organization, check this box and stop						
	ction C. Computation of Publi						
	Public support percentage for 2021 (I		•	())		14	74.74 %
	Public support percentage from 2020					15	59.04 %
16a	33 1/3% support test - 2021. If the o						N 37
	stop here. The organization qualifies		-				
D	33 1/3% support test - 2020. If the c						
170	and stop here. The organization qual		•••		12 160 or 16b		
178	10% -facts-and-circumstances test and if the organization meets the fact						
	meets the facts-and-circumstances te			-		-	
Ь	10% -facts-and-circumstances test	6	•		•	17a and line 15 is	
L.	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization						
				., ,			(Form 990) 2021
							,

132022 01-04-22

Schedule A	(Form	990	202
		000	1202

COUNTRY MUSIC FOUNDATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	L					
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	ļ					
	Total. Add lines 1 through 5	ļ					
7a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						_
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regulate activities activities activities and the second sec						
12	Other income. Do not include gain or loss from the sale of capital						
12	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	L Ne organization's fi	I rst second third	I fourth or fifth tax s	L	1 (01(c)(3) organi	zation
14	check this box and stop here	-			•		
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Invest					•	
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2021. If the					3 1/3%, and lii	ne 17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2020. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3	%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organizat	ion ►
20	Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	>
13202	23 01-04-22		15			Sched	ule A (Form 990) 2021

^{2021.05000} COUNTRY MUSIC FOUNDATION, 12100-11

COUNTRY MUSIC FOUNDATION, INC.

1

Yes No

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

132024 01-04-21

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

16

COUNTRY MUSIC FOUNDATION, INC. Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued)

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No " describe in Part VI how the supported organization()			

	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.

supervised	1. or controlled the supporting organization.	
Section C. Ty	ype II Supporting Organizations	

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1

Section D	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

see instructions).
see

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Yes No

07241115 781331 12100-12100

2021.05000 COUNTRY MUSIC FOUNDATION, 12100-11

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1	Check here if the organization satisfied the Integral Part Test as a qualifyin All other Type III non-functionally integrated supporting organizations must		•	Part VI). See instructions.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

132026 01-04-22

 Schedule A (Form 990) 2021
 COUNTRY MUSIC FOUNDATION, INC.

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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07241115 781331 12100-12100

Schedule A (Form 990) 2021

62-0753887 Page 7

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	5	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	COUNTRY	MUSIC	FOUNDATIO	N, INC.	62-0753887 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines line 1; Part IV, Section D	r mation. Prov 1, 2, 3b, 3c, 4b, 4 , lines 2 and 3; P	ride the explai 4c, 5a, 6, 9a, Part IV, Sectio	nations required by 9b, 9c, 11a, 11b, ar n E, lines 1c, 2a, 2b	Part II, line 10; Par nd 11c; Part IV, Sec , 3a, and 3b; Part V	t II, line 17a or 17b; Part III, line 12; tion B, lines 1 and 2; Part IV, Section C, /, line 1; Part V, Section B, line 1e; Part V, or any additional information.
132028 01-04-2	2			• •		Schedule A (Form 990) 202 ⁻
				20		

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

62-0753887

2021

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
LARKE FAMILY FOUNDATION	1,015,000.	351,689
otal Excess Contributions to Schedule A, Part II, Line 5		351,689

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

Name of the organizati		
	COUNTRY MUSIC FOUNDATION, INC.	62-0753887
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	

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

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

07241115 781331 12100-12100

Part I

COUNTRY MUSIC FOUNDATION, INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions**

1		\$ <u>11,271,900.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>696,499.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll ON Noncash ON Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-11-		\$	Person Payroll Occupient Payroll Occupient Part II for noncash contributions.) Schedule B (Form 990) (2021)

Employer identification number

(d)

Type of contribution

62 - 0753887

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

24

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Schedule B (Form 990) (2021)

07241115 781331 12100-12100

2021.05000 COUNTRY MUSIC FOUNDATION, 12100-11

62-0753887

Page 3

Schedule B (Form 990) (2021)

COUNTRY MUSIC FOUNDATION, INC.

Name of organization

Part II

(a)

Schedule I	B (Form 990) (2021)		Page			
Name of o	organization		Employer identification number			
COUNTI	RY MUSIC FOUNDATION, IN	ïC.	62-0753887			
Part III	Exclusively religious, charitable, etc., contribu	tions to organizations described in s	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
	from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.) *			
(a) No.	Use duplicate copies of Part III if additiona	l space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
			[
	(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
-						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
-		(e) Transfer of git	ift			
			-			
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
·		e) Transfer of git	iff			
·	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of git				
		π				
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
123454 11-11	1-21	0.7	Schedule B (Form 990) (202			

25 2021.05000 COUNTRY MUSIC FOUNDATION, 12100-11

SCHEDULE I	D
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(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

_	COUNTRY MUSIC FOUND			62-0753887
Pa	t I Organizations Maintaining Donor Advised		or Acc	ounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			
	_	(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes 🔄 I
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferrin	g
a	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, li	ne 7.
1	Purpose(s) of conservation easements held by the organizatio	on (check all that apply).		
	Preservation of land for public use (for example, recreat		of a histori	cally important land area
	Protection of natural habitat			ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a cons	servation easement on the last
	day of the tax year.		Г	Held at the End of the Tax Ye
а	Total number of conservation easements		Г	2a
b				2b
с	Number of conservation easements on a certified historic stru		····· ⊢	2c
d	Number of conservation easements included in (c) acquired a	. ,	····· ⊢	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organiza	ation during the tax
3	Number of conservation easements modified, transferred, relevent	eased, extinguished, or terminated by th	e organiza	ation during the tax
_	year ►		e organiza	ation during the tax
4	year ▶ Number of states where property subject to conservation ease	ement is located		ition during the tax
4	year ► Number of states where property subject to conservation ease Does the organization have a written policy regarding the peri	ement is located odic monitoring, inspection, handling of	-	
4 5	year ► Number of states where property subject to conservation ease Does the organization have a written policy regarding the peri violations, and enforcement of the conservation easements it	ement is located odic monitoring, inspection, handling of holds?	-	Yes I
4 5	year ► Number of states where property subject to conservation ease Does the organization have a written policy regarding the peri	ement is located odic monitoring, inspection, handling of holds?	-	Yes I
4 5 6	year ► Number of states where property subject to conservation ease Does the organization have a written policy regarding the peri violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, h	ement is located codic monitoring, inspection, handling of holds? codic nondling of violations, and enforcing cor	aservation	easements during the year
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1 5 7 3 9	year ► Number of states where property subject to conservation ease Does the organization have a written policy regarding the peri- violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, h Amount of expenses incurred in monitoring, inspecting, handl ► \$	ement is located odic monitoring, inspection, handling of holds? handling of violations, and enforcing con- ling of violations, and enforcing conserva- e satisfy the requirements of section 170 on easements in its revenue and expense ote to the organization's financial statem Art, Historical Treasures, or O 990, Part IV, line 8. 3, not to report in its revenue statement lic exhibition, education, or research in ficial statements that describes these iter 8, to report in its revenue statement and exhibition, education, or research in further monitorial statements that describes these iter	ation ease ation ease 0(h)(4)(B)(i) e statements that ther Sir and balan furtherance ms. balance s therance of	easements during the year ments during the year ments during the year ments during the year Yes Yes Yes Tilar Assets. Ce sheet works e of public cheet works of of public service,
4 5 7 3 9 2a 1a b	year ► Number of states where property subject to conservation ease Does the organization have a written policy regarding the peri- violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, h Amount of expenses incurred in monitoring, inspecting, handl ► \$	ement is located odic monitoring, inspection, handling of holds? handling of violations, and enforcing con- ling of violations, and enforcing conserva- e satisfy the requirements of section 170 on easements in its revenue and expense ote to the organization's financial statem Art, Historical Treasures, or O 990, Part IV, line 8. 3, not to report in its revenue statement lic exhibition, education, or research in fi cial statements that describes these iter 3, to report in its revenue statement and exhibition, education, or research in furt	ation ease ation ease 0(h)(4)(B)(i) e statements that ther Sir and balan furtherance ms. balance s therance c	easements during the year ments during the year ments during the year Yes Yes t and describes the nilar Assets. ce sheet works e of public wheet works of of public service, \$\$
4 5 7 8 9 Da 1a b	year ► Number of states where property subject to conservation ease Does the organization have a written policy regarding the peri- violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, here Amount of expenses incurred in monitoring, inspecting, handle ► \$	ement is located odic monitoring, inspection, handling of holds? handling of violations, and enforcing con- ling of violations, and enforcing conserva- e satisfy the requirements of section 170 on easements in its revenue and expense ote to the organization's financial statem Art, Historical Treasures, or O 990, Part IV, line 8. 3, not to report in its revenue statement lic exhibition, education, or research in f cial statements that describes these iter 3, to report in its revenue statement and exhibition, education, or research in fur- sures, or other similar assets for financial asures, or other similar assets for financial	ation ease ation ease 0(h)(4)(B)(i) e statements that ther Sir and balan furtherance ms. balance s therance c	Yes I and describes the milar Assets. ce sheet works of public service, \$
4 5 7 8 9 Da 1a b	year ▶ Number of states where property subject to conservation ease Does the organization have a written policy regarding the periviolations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, handl ▶ Amount of expenses incurred in monitoring, inspecting, handl ▶ \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements. t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finant if the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part XIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures	ement is located odic monitoring, inspection, handling of holds? handling of violations, and enforcing con- ling of violations, and enforcing conserva- e satisfy the requirements of section 170 on easements in its revenue and expense ote to the organization's financial statem Art, Historical Treasures, or O 990, Part IV, line 8. B, not to report in its revenue statement lic exhibition, education, or research in f cial statements that describes these iter B, to report in its revenue statement and exhibition, education, or research in fur- sures, or other similar assets for financi SC 958 relating to these items:	ation ease ation ease 0(h)(4)(B)(i) e statements that ther Sir and balan furtherance ms. balance s therance c al gain, pro-	easements during the year ments during the year ments during the year Measeribes the milar Assets. ce sheet works e of public cheet works of of public service, \$\$
1a b 2 a	year ► Number of states where property subject to conservation ease Does the organization have a written policy regarding the peri- violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, h Amount of expenses incurred in monitoring, inspecting, handl ► \$ Amount of expenses incurred in monitoring, inspecting, handl ► \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footner organization's accounting for conservation easements. TIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finan- If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part XIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea- the following amounts required to be reported under FASB ASC	ement is located odic monitoring, inspection, handling of holds? nandling of violations, and enforcing con- ling of violations, and enforcing conserva- e satisfy the requirements of section 170 on easements in its revenue and expense ote to the organization's financial statem Art, Historical Treasures, or O 990, Part IV, line 8. 3, not to report in its revenue statement lic exhibition, education, or research in f cial statements that describes these iter 3, to report in its revenue statement and exhibition, education, or research in furf asures, or other similar assets for financi SC 958 relating to these items:	ation ease (h)(4)(B)(i) e statements that ther Sir and balan furtherance ms. balance s therance c	



Sche		MUSIC FOUN								75388		Page 2
Pa	t III Organizations Maintaining Co	ollections of Art	, Historio	al Tre	easures, o	r Othe	r Sir	nilar	Asse	ts _{(cont}	inued)
3	Using the organization's acquisition, accessio	n, and other records	, check any	of the	following that	t make si	ignific	cant us	se of its	5		
	collection items (check all that apply):											
а	X Public exhibition	d	Loa	n or exc	hange progra	am						
b	X Scholarly research	е	Oth	er								
С	X Preservation for future generations											
4	Provide a description of the organization's col	lections and explain	how they f	urther th	ne organizatio	on's exer	mpt p	urpose	e in Pa	rt XIII.		
5	During the year, did the organization solicit or	receive donations o	f art, histori	cal trea	sures, or othe	er similar	rasse	ets	_		_	
	to be sold to raise funds rather than to be mai		<u>u</u>							Yes		X No
Pa	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		te if the org	anizatio	on answered	"Yes" on	n Forn	n 990,	Part IV	/, line 9, c	r	
10			on for cont	ribution	o or other as	noto not	inclu	dod				
Ia	Is the organization an agent, trustee, custodia		2						Г	Yes	Г	No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a								L	res	L	
b			owing table	•			Г			Amou	nt	
~	Beginning balance							1c				
	Additions during the year							1d				
	Distributions during the year							1e				
f	Ending balance						" F	1f				
2a	Did the organization include an amount on Fo						lity?	I		Yes		No
	If "Yes," explain the arrangement in Part XIII.						·				. [
Pa	t V Endowment Funds. Complete if	the organization and	swered "Ye	s" on Fo	orm 990, Part	IV, line ⁻	10.					
		(a) Current year	(b) Prior	year	(c) Two yea	rs back	(d)⊺	hree ye	ears bac	k (e) Fo	ur year	's back
1a	Beginning of year balance	4,015,693.	3,73	4,879.	3,12	2,145.		3,37	2,722	. :	3,048	8,679.
b	Contributions		2	0,000.							30	,000.
с	Net investment earnings, gains, and losses	1,025,674.	45	1,017.	79	8,026.		- 9	5,848		460	,006.
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs	167,241.		6,901.		2,333.			1,756	_		,085.
f	Administrative expenses	28,100.		3,302.		2,959.			2,973			.,878.
g	End of year balance	4,846,026.		5,693.		4,879.		3,12	2,145		3,372	2,722.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, co	lumn (a)) held as:							
	Board designated or quasi-endowment		_%									
	Permanent endowment $\blacktriangleright \frac{47.0000}{52.0000}$	%										
С	Term endowment ► 53.0000 %	-										
•	The percentages on lines 2a, 2b, and 2c shou	-										
3a	Are there endowment funds not in the posses	sion of the organizat	tion that are	e neid ai	nd administer	rea for th	ne org	janizat	lion		Yes	No
	by:									3a(i)		
	(i) Unrelated organizations											x
h	If "Yes" on line 3a(ii), are the related organizat										, 	+
4	Describe in Part XIII the intended uses of the											
_	t VI Land, Buildings, and Equipme			5.								
	Complete if the organization answered	"Yes" on Form 990,	Part IV, lin	e 11a. S	See Form 990), Part X,	line ⁻	10.				
	Description of property	(a) Cost or ot			t or other			nulated	k l	(d) Bo	ok val	ue
		basis (investm		• •	(other)		preci			(,		
1a	Land			3,92	6,300.					3,92	6,3	300.
	Buildings				2,048.	35,	197	,85	4.	49,00		
	Leasehold improvements											
	Equipment		1	2,87	6,287.			,49		3,40	8,7	788.
	Other				6,817.	9,	105	,97	7.	5,42	0,8	340.
Tota	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990. Part >	(, column (E	3). <i>line</i> 1	0c.)					61,76	0,1	L22.
								S	Schedu	le D (For	m 990	0) 2021

Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 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 valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.	n Farm 000 Dart N/ line	11a Cas Farm 000 Dart V line 10	
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	i-oi-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of (a) [on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
	Description		
(1) (2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
	15)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	(15.)		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CAPITAL LEASE OBLIGATION			16,722,900.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8) (9)			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... 🗴

Schedule D (Form 990) 2021

132053 10-28-21

07241115 781331 12100-12100

Schedule D (Form 990) 2021 COUNTRY MUSIC FOUNDATION, INC

62-0753887 Page 3

Sche	dule D (Form 990) 2021 COUNTRY MUSIC FOUNDATION,	INC.		62-	0753887	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Staten	nents Wit	h Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	45,111	<u>,406.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	948,393.			
b	Donated services and use of facilities	2b	139,257.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	2,240,163.			
е	Add lines 2a through 2d			2e	3,327	<u>,813.</u>
3	Subtract line 2e from line 1			3	41,783	<u>,593.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	28,091.			
b	Other (Describe in Part XIII.)	4b	431,498.			
с	Add lines 4a and 4b			4c		<u>,589.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	42,243	<u>,182.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments Wi	th Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total expenses and losses per audited financial statements			1	31,101	<u>,522.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	139,257.			
b	Prior year adjustments	2 b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	240,163.			
е	Add lines 2a through 2d			2e	379	<u>,420.</u>
3	Subtract line 2e from line 1			3	30,722	<u>,102.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b	-2,840,402.			
с	Add lines 4a and 4b			4c	-2,812	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	27,909	,791.
Pa	t XIII Supplemental Information.					

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

PART III, LINE 1A:

THE FOUNDATION'S COLLECTIONS ARE MADE UP OF REFERENCE AND ARCHIVAL
MATERIALS AND THREE-DIMENSIONAL OBJECTS. THE ARCHIVAL AND REFERENCE
MATERIALS INCLUDE COMMERCIAL AUDIO AND VIDEO RECORDINGS, FILMS,
PHOTOGRAPHS, POSTERS, DOCUMENTS, BOOKS, AND PERIODICALS THAT ARE HELD FOR
EDUCATIONAL AND CURATORIAL PURPOSES. IN ADDITION, THE MUSEUM RECORDS AND
PRESERVES ITS OWN PROGRAMMING, INCLUDING PODCASTS, INTERVIEWS, AND
PERFORMANCES. THE OBJECT COLLECTION COMPRISES INSTRUMENTS, STAGE WEAR, AND
PERSONAL OBJECTS RELATED TO THE MUSIC AND CAREERS OF COUNTRY MUSIC
PERFORMERS, SONGWRITERS, AND INDUSTRY PROFESSIONALS. THESE ITEMS ARE
CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR
EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. IN
132054 10-28-21 Schedule D (Form 990) 2021 29
07241115 781331 12100-12100 2021.05000 COUNTRY MUSIC FOUNDATION, 12100-

PRINCIPLES), THE FOUNDATION DOES NOT CAPITALIZE DONATED ARTIFACTS OR

RECOGNIZE THEM AS REVENUES OR GAINS.

GAAP PROVIDES THAT SUCH DONATIONS NEED NOT BE RECOGNIZED IF THEY ARE ADDED TO COLLECTIONS THAT ARE HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FINANCIAL GAIN; ARE PROTECTED, KEPT UNENCUMBERED, CARED FOR, AND PRESERVED; AND ARE SUBJECT TO A POLICY THAT REQUIRES THE PROCEEDS FROM SALES OF COLLECTION ITEMS TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS. THE ESTIMATED FAIR VALUE OF THE ARTIFACTS DONATED IN 2021 IS \$138,690 (\$41,592 IN 2020).

PART III, LINE 4:

THE FOUNDATION'S COLLECTIONS ARE MADE UP OF REFERENCE AND ARCHIVAL MATERIALS AND THREE-DIMENSIONAL OBJECTS. THE ARCHIVAL AND REFERENCE MATERIALS INCLUDE COMMERCIAL AUDIO AND VIDEO RECORDINGS, FILMS, PHOTOGRAPHS, POSTERS, DOCUMENTS, BOOKS, AND PERIODICALS THAT ARE HELD FOR EDUCATIONAL AND CURATORIAL PURPOSES. IN ADDITION, THE MUSEUM RECORDS AND PRESERVES ITS OWN PROGRAMMING, INCLUDING PODCASTS, INTERVIEWS, AND PERFORMANCES. THE OBJECT COLLECTION COMPRISES INSTRUMENTS, STAGE WEAR, AND PERFORMANCES. THE OBJECT COLLECTION COMPRISES INSTRUMENTS, STAGE WEAR, AND PERFORMERS, SONGWRITERS, AND INDUSTRY PROFESSIONALS. THESE ITEMS ARE CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. THESE ITEMS FURTHER THE FOUNDATION'S MISSION OF IDENTIFYING AND PRESERVING THE EVOLVING HISTORY AND TRADITIONS OF COUNTRY MUSIC AND TO EDUCATE ITS AUDIENCES.

Schedule D (Form 990) 2021

132055 10-28-21

PART V, LINE 4:

THE ORGANIZATION HAS AN ENDOWMENT POLICY AND INVESTMENT POLICY. THE CORPUS IS HELD AND THE EARNINGS OF A ROLLING 3 YEAR AVERAGE UP TO 5% ARE DISTRIBUTED TO OPERATIONS. ANY RESTRICTED FUNDING IS USED AS DESIGNATED. THE ENDOWMENT FUNDS ARE FUNDS THAT GROW IN VALUE AND PROVIDE A SOURCE OF INCOME PRIMARILY FOR THE SUPPORT OF OPERATING COSTS.

PART X, LINE 2:

MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE FOUNDATION'S INCOME TAX RETURNS TO DETERMINE WHETHER THE INCOME TAX POSITIONS MEET A "MORE LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS PERFORMED ITS EVALUATION OF ALL INCOME TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX RETURNS AND HAS DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE LIKELY THAN NOT" STANDARD. ACCORDINGLY, THERE ARE NO PROVISIONS FOR INCOME TAXES, PENALTIES OR INTEREST RECEIVABLE OR PAYABLE RELATING TO UNCERTAIN INCOME TAX POSITIONS IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:SPECIAL EVENT - DIRECT COST240,163.SECOND PPP LOAN NOT YET FORGIVEN2,000,000.TOTAL TO SCHEDULE D, PART XI, LINE 2D2,240,163.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOOD SOLD RECLASS

FIRST PPP LOAN FORGIVEN IN 2021

-2,840,402.

3,271,900.

Schedule D (Form 990) 2021

132055 10-28-21

Schedule D (Form 990) 2021 COUNTRY MUSIC FOUNDATION, INC. Part XIII Supplemental Information (continued)	62-0753887 Page 5
TOTAL TO SCHEDULE D, PART XI, LINE 4B	431,498.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES RELATED TO SPECIAL EVENTS	240,163.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD RECLASS	-2,840,402.
	Schedule D (Form 990) 2021
132055 10-28-21	

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047						
(Form 990)	Complete if the	or if the	2021						
Department of the Treasury			Open to Public						
Internal Revenue Service		to www.irs.g	ov/Form990 for instru	uction	s and	the latest informati	on.		Inspection
Name of the organization	COUNTRY		FOUNDATION,					62-0753	
	complete this part		he organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
 Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	e organization rais tions email solicitations itations blicitations on have a written o ted in Form 990, Pa) highest paid indiv	ed funds throu r oral agreeme art VII) or entit riduals or entit	e Solicita f Solicita g Special	tion of tion of fundra (incluc	non-g gover lising d ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
(i) Name and addres or entity (fund		(i	ii) Activity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
Total 3 List all states in whor licensing.	ich the organizatio			ontrib	▶ utions	or has been notified	it is	exempt from r	egistration
LHA For Paperwork R	eduction Act Noti	ce, see the In	structions for Form 9	90 or	990-E	Z.		Schedu	le G (Form 990) 2021

COUNTRY MUSIC FOUNDATION, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990 FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

Gross receipts Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes	<u></u> <u>559,397.</u> <u>58,733.</u>		(total number)	(add col. (a) through col. (c)) 618,130 559,397
Less: Contributions	<u>618,130.</u> <u>559,397.</u> 58,733.			
Less: Contributions	<u></u> <u>559,397.</u> <u>58,733.</u>			
Gross income (line 1 minus line 2)				559,397
Cash prizes				1
				58,733
Noncash prizes				
Rent/facility costs				77,542
Food and beverages	76,012.			76,012
Entertainment	40,667.			40,667
	1			45,942
			•	240,163
				-181,430
Gross revenue		bingo/progressive bingo		col. (a) through col. (c
Rent/facility costs				
Other direct expenses				
Volunteer labor		Yes %	Yes % No	
Direct expense summary. Add lines 2 thro	ough 5 in column (d)			
Net gaming income summary. Subtract lin	ne 7 from line 1, column (d)			
nter the state(s) in which the organization co	nducts gaming activities:			
		states?		YesN
"No," explain:				
ere any of the organization's gaming license	es revoked, suspended, or te	rminated during the tax y	ear?	Yes N
"Yes," explain:				
	Entertainment	Entertainment 40,667. Other direct expenses 45,942. Direct expense summary. Add lines 4 through 9 in column (d) Image: Complete if the organization answered "Yes" on Form \$15,000 on Form 990-EZ, line 6a. Image: Complete if the organization answered "Yes" on Form \$15,000 on Form 990-EZ, line 6a. (a) Bingo Gross revenue (a) Bingo Cash prizes (a) Bingo Noncash prizes (b) Prizes Noncash prizes (c) Yes Other direct expenses (c) Yes Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) (c) Prizes Net gaming income summary. Subtract line 7 from line 1, column (d) (c) Prizes The organization licensed to conduct gaming activities in each of these s (c) Prizes "No," explain: (c) Prizes (c) Prizes "Yes," explain: (c) Prizes (c) Prizes	Entertainment 40,667. Other direct expenses 45,942. Direct expense summary. Add lines 4 through 9 in column (d) Met income summary. Subtract line 10 from line 3, column (d) III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or r\$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo Gross revenue (a) Bingo Cash prizes (a) Bingo Noncash prizes (b) Pull tabs/instant Noncash prizes (c) Yes% Other direct expenses (c) Yes% Direct expense summary. Add lines 2 through 5 in column (d) (c) Net gaming income summary. Subtract line 7 from line 1, column (d) Net respense to conduct gaming activities: (c) The organization licensed to conduct gaming activities in each of these states? "No," explain: (c) The organization's gaming licenses revoked, suspended, or terminated during the tax y "Yes," explain:	Entertainment 40,667. Other direct expenses 45,942. Direct expense summary. Add lines 4 through 9 in column (d) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingu/progressive bingo (c) Other gaming Gross revenue (a) Bingo (b) Pull tabs/instant bingu/progressive bingo (c) Other gaming Gross revenue (a) Bingo (b) Pull tabs/instant bingu/progressive bingo (c) Other gaming Gross revenue (c) Other gaming (c) Other gaming (c) Other gaming Gross revenue (c) Other gaming (c) Other gaming (c) Other gaming Cash prizes (c) Other gaming (c) Other gaming (c) Other gaming Noncash prizes (c) Other gaming (c) Other gaming (c) Other gaming Other direct expenses (c) Yes_ % (c) Yes_ % % (c) Yes_ % % Volunteer labor Yes_ % (c) Yes_ % % No Direct expense summary. Add lines 2 through 5 in column (d) (c) Net the organization conducts gaming activities: (c) Net erganization licensed to conduct gaming activities: the organization licensed to conduct gaming activities in each of these states?

Schedule G (Form 990) 20	021 COUNTRY MUSIC FOUNDATION, INC. 62-0	753887 Page 3
11 Does the organizatio	on conduct gaming activities with nonmembers?	Yes No
	grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charita	able gaming?	Yes No
13 Indicate the percenta	age of gaming activity conducted in:	
	acility	13a %
		13b %
14 Enter the name and a	address of the person who prepares the organization's gaming/special events books and records:	
Name		
Address 🕨		
15a Does the organizatio	on have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the an	mount of gaming revenue received by the organization 🕨 \$ and the amount	
	etained by the third party \$	
	and address of the third party:	
Name 🕨		
Address 🕨		
16 Coming monogor inf	formation	
16 Gaming manager info	ornation.	
Name 🕨		
Gaming manager co	ompensation \$	
Description of service	ces provided	
Dive at a v / affi a v		
Director/office	er Employee Independent contractor	
17 Mandatory distribution	ions.	
	equired under state law to make charitable distributions from the gaming proceeds to	
retain the state gami		Yes No
-	distributions required under state law to be distributed to other exempt organizations or spent in the	
	exempt activities during the tax year 🕨 💲	
	ental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	: III, lines 9, 9b, 10b,
15b, 15c, 16	6, and 17b, as applicable. Also provide any additional information. See instructions.	
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	G (Form 990)
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Part IV	Supplemental Information	tion (continued)		
				Schedule G (Form 990
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SC	HEDULE J	Compensation Information	I	OMB No.	1545-004	47
(Fo	rm 990)		000			
•		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		20	Z	
-		 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	e of the organizatio	n		identificatio		mber
		COUNTRY MUSIC FOUNDATION, INC.	62-	075388	7	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on 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 person	onal use			
	Travel for con	panions Payments for business use of personal re	esidence			
	Tax indemnifie	cation and gross-up payments Health or social club dues or initiation fee				
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
		provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	
-						
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
	· · · ·	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensatio					
	·	compensation consultant				
		ther organizations X Approval by the board or compensation of	committee			
4	During the year di	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
4	organization or a re					
а	-	e payment or change-of-control payment?		4a		x
b						X
	-					x
U		hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501/	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
-	contingent on the					
а	-			5a		X
		ation?				X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the					
а	The organization?	-		6a		X
		ation?				X
		pr 6b, describe in Part III.				
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	6			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
	initial contract exce	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, o	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sche	dule J (Forr	n 990)) 2021

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Schedule J (Form 990) 2021

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 on 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 aren't 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 of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KYLE YOUNG	(i)	647,716.	28,846.	0.	8,700.	3,847.	689,109.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARTINA BURGHARD	(i)	233,713.	10,192.	0.	7,278.	3,847.	255,030.	0.
SR. VP FINANCIAL SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LISA DAVIS	(i)	185,416.	8,462.	0.	4,929.	3,847.	202,654.	0.
SR. VP EXTERNAL AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARK DE LELYS	(i)	185,736.	7,411.	0.	5,619.	3,847.	202,613.	0.
VP REVENUE	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) HERNANDO RODRIGUEZ	(i)	178,523.	6,932.	0.	5,389.	3,847.	194,691.	0.
SR. DIRECTOR OF EVENTS & C	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOHNNY CUNNINGHAM	(i)	142,693.	5,546.	0.	4,277.	0.	152,516.	0.
S. DIRECTOR OF INFORMATION & TECHNOL	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

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.

Schedule J (Form 990) 2021