

PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**2020****Open to Public Inspection**

A For the 2020 calendar year, or tax year beginning <u>08/01</u> , 2020, and ending <u>07/31</u> , 20 <u>21</u>	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>NASHVILLE SYMPHONY ASSOCIATION</u> Doing business as <u>THE NASHVILLE SYMPHONY</u> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>1 SYMPHONY PLACE</u> City or town, state or province, country, and ZIP or foreign postal code <u>NASHVILLE, TN 37201</u>
	D Employer identification number <u>62-0550979</u>
	E Telephone number <u>(615) 687-6515</u>
	G Gross receipts \$ <u>15,482,674</u>
	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ <u>NASHVILLESYMPHONY.ORG</u>	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: <u>1946</u> M State of legal domicile: <u>TN</u>	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>THE NASHVILLE SYMPHONY INSPIRES, ENTERTAINS, EDUCATES AND SERVES THROUGH MUSICAL PERFORMANCE, INNOVATION, COLLABORATION, AND INCLUSION.</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 <u>53</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 <u>45</u>
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 <u>379</u>
	6	Total number of volunteers (estimate if necessary)	6 <u>250</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a <u>(1,085,045)</u>
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b <u>0</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <u>9,367,661</u> Current Year <u>10,262,146</u>
	9	Program service revenue (Part VIII, line 2g)	<u>6,214,666</u> <u>15,000</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>104,848</u> <u>653,959</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>259,847</u> <u>1,435,573</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>15,947,022</u> <u>12,366,678</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>4,000</u> <u>0</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>14,373,795</u> <u>5,284,235</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>229,511</u> <u>210,164</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>850,251</u>	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>9,003,600</u> <u>4,846,719</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>23,610,906</u> <u>10,341,118</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>(7,663,884)</u> <u>2,025,560</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year <u>92,523,857</u> End of Year <u>100,031,908</u>
	21	Total liabilities (Part X, line 26)	<u>29,345,428</u> <u>32,935,024</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>63,178,429</u> <u>67,096,884</u>

Part II 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 Here	Signature of officer		Date		
	<u>ALAN VALENTINE, PRESIDENT & CEO</u>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>AMY BELLANCA</u>	<u>AMY BELLANCA</u>	<u>6/13/2022</u>		<u>P01572961</u>
	Firm's name ▶ <u>CROWE LLP</u>	Firm's EIN ▶ <u>35-0921680</u>			
	Firm's address ▶ <u>750 N ST PAUL, SUITE 850, DALLAS, TX 75201-3246</u>	Phone no. <u>(214) 777-5200</u>			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2020)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No

- 1** Briefly describe the organization's mission:
 THE NASHVILLE SYMPHONY INSPIRES, ENTERTAINS, EDUCATES AND SERVES THROUGH MUSICAL PERFORMANCE, INNOVATION, COLLABORATION, AND INCLUSION.
 VISION: AS MIDDLE TENNESSEE CONTINUES TO GROW AND TRANSFORM, THE NASHVILLE SYMPHONY WILL BE A
 (CONTINUED ON SCHEDULE O)
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 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? ☐ Yes ☒ No
 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 \$ 6,631,009 including grants of \$ 0) (Revenue \$ 30,541)
 ARTISTIC PROGRAMMING :

LIKE COUNTLESS PERFORMING ARTS ORGANIZATIONS, THE NASHVILLE SYMPHONY WAS DRAMATICALLY IMPACTED BY THE PANDEMIC, WHICH FORCED THE CANCELLATION OR POSTPONEMENT OF MORE THAN 65 CONCERTS FROM MARCH 2020 THROUGH JULY 2021, ALONG WITH THE FURLOUGH OF 79 MUSICIANS AND 49 STAFF MEMBERS. WHILE COVID-19 CAUSED TREMENDOUS DISRUPTION TO OPERATIONS, IT ALSO PROVIDED THE ORGANIZATION WITH AN OPPORTUNITY TO REASSESS ITS PRIORITIES AND BEGIN REALIGNING ITS VISION WITH THE NEEDS OF THE COMMUNITY. STRATEGIC EFFORTS AT ALL LEVELS OF THE ORGANIZATION HAVE ENSURED THAT THE NASHVILLE SYMPHONY IS HERE TO HELP THE COMMUNITY HEAL, TO SERVE FUTURE GENERATIONS, AND TO PRESERVE THE ARTISTIC LEGACY OF OUR 75-YEAR OLD INSTITUTION, EVEN AFTER ONE OF THE MOST DIFFICULT YEARS IN ITS HISTORY.

(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 576,609 including grants of \$ 0) (Revenue \$ 0)
 EDUCATION & COMMUNITY ENGAGEMENT PROGRAMS:

THE NASHVILLE SYMPHONY SERVES THOUSANDS OF CHILDREN AND FAMILIES EACH YEAR FROM THE 41-COUNTY MIDDLE TENNESSEE REGION, AT SCHERMERHORN SYMPHONY CENTER, ON VIRTUAL PLATFORMS, AND IN LOCAL SCHOOLS AND COMMUNITY GATHERING SPACES ACROSS THE REGION. DESPITE THE TREMENDOUS DISRUPTION CAUSED BY THE COVID-19 PANDEMIC, THE NASHVILLE SYMPHONY KEPT EDUCATION AND COMMUNITY PROGRAMMING AT THE CENTER OF ITS PLANNING AND PROGRAMMING DURING THE 2020/21 SEASON, UTILIZING A VARIETY OF VIRTUAL EDUCATIONAL ACTIVITIES TO INSPIRE, ENTERTAIN, EDUCATE, AND SERVE MIDDLE TENNESSEE AUDIENCES, WHILE ALSO REALIGNING OUR VISION WITH THE NEEDS OF THE COMMUNITY. PROGRAMMING HIGHLIGHTS INCLUDE THE FOLLOWING:

(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 7,207,618

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 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2 ✓	
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	✓
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	✓
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	✓
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10 ✓	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a ✓	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	✓
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	✓
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓
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 ✓	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a ✓	
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	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
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	✓
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	✓
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	✓
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 ✓	
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 ✓	
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	✓
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b 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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓

Part IV Checklist of Required Schedules (continued)

	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	✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓
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	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	✓
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 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	✓
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	✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	✓
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	✓
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 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 Part V, line 1	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	✓

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	100
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓

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 379		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	✓	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 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		
9 Sponsoring organizations maintaining donor advised funds.			
a 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		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a 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	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 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? If "Yes," see instructions and file Form 4720, Schedule N.	15		✓
16 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		✓

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. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b Enter the number of voting members included on line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<input checked="" type="checkbox"/>
b Describe in 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	<input checked="" type="checkbox"/>	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13 Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14 Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► TN

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☒ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
KAREN WARREN, 1 SYMPHONY PLACE, NASHVILLE, TN 37201, (615) 687-6516

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, 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 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALAN D. VALENTINE PRESIDENT & CEO	40.0 0.0	✓		✓				307,240	0	15,907
(2) GIANCARLO GUERERRO MUSIC DIRECTOR	40.0 0.0				✓			272,917	0	14,892
(3) MARYE WALKER LEWIS CFO CONSULTANT	40.0 0.0			✓				168,902	0	6,616
(4) DANIEL B. GROSSMAN VP OF MARKETING	40.0 0.0					✓		157,487	0	0
(5) JONATHAN NORRIS VP OF DEVELOPMENT	40.0 0.0					✓		140,244	0	5,000
(6) JUN IWASAKI CONCERTMASTER	40.0 0.0					✓		109,666	0	7,124
(7) STEVEN BROSVIK COO (UNTIL 8/7/2020)	40.0 0.0			✓				100,970	0	12,240
(8) JONATHAN MARX INTERIM COO/VP OF COMMUNICATIONS	40.0 0.0			✓				100,420	0	10,899
(9) ERIC SWARTZ VP OF VENUE MANAGEMENT	40.0 0.0					✓		102,123	0	5,470
(10) DEREK HAWKES DIRECTOR (SEE SCHEDULE O)	40.0 0.0	✓						45,057	0	7,776
(11) CHRISTOPHER FARRELL DIRECTOR (SEE SCHEDULE O)	40.0 0.0	✓						41,351	0	6,757
(12) STEVEN BROWN DIRECTOR (SEE SCHEDULE O)	40.0 0.0	✓						40,992	0	6,479
(13) CLARE YANG DIRECTOR (SEE SCHEDULE O)	40.0 0.0	✓						38,845	0	6,603
(14) MICHELLE COLLINS DIRECTOR (SEE SCHEDULE O)	40.0 0.0	✓						37,310	0	6,940

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DR. MARK D. PEACOCK DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(16) DR. PAMELA L. CARTER BOARD CHAIR	1.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(17) ORRIN HENRY INGRAM SECRETARY	1.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(18) REV. DEXTER S. BREWER BOARD VICE-CHAIR	1.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(19) ROBERT DUNCAN OLSEN TREASURER	1.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(20) AMANDA KATHLEEN KANE DIRECTOR/ASSOCIATE BOARD PRESIDENT	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) ANDREW GIACOBONE DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) ANDY MILLER DIRECTOR/ CHORUS PRESIDENT	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) ANTHONY GIARRATANA DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) AUSTIN THOMAS HATLEY DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								1,663,524	0	112,703
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								1,663,524	0	112,703

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** ☒
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4** ☒
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5** ☒

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
COUNTER PRODUCTIONS, INC., C/O PRAGER & FENTON, FOREIGNER, NEW YORK, NY 10017	ARTIST MANAGEMENT SERVICES	236,026
BENNETT DIRECT, P.O. BOX 0015, MILWAUKEE, WI 53201-0015	PROFESSIONAL TELEFUNDING	223,887
TAILLIGHT, INC, 30 MIDDLETON STREET, NASHVILLE, TN 37210	BROADCAST PRODUCTION SERVICES	163,961
OPUS 3 ARTISTS, 470 PARK AVENUE SOUTH, 9TH FL NORTH, NEW YORK, NY 10016	ARTIST AGENCY	117,000
ALLIED UNIVERSAL SECURITY SERVICES, P.O. BOX 828854, PHILADELPHIA, PA 19182	SECURITY SERVICE	107,706

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line 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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	2,100			
	c	Fundraising events	1c	1,204,951			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,052,987			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,002,108			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f ▶			10,262,146		
Program Service Revenue				Business Code			
	2a	ORCHESTRA FEES		711190	15,000	15,000	
	b						
	c						
	d						
	e						
	f	All other program service revenue			0	0	0
	g	Total. Add lines 2a-2f ▶			15,000		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		220,299			220,299
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	Gross rents	(i) Real	151,722			
	b	Less: rental expenses	(ii) Personal	1,236,767			
	c	Rental income or (loss)		(1,085,045)	0		
	d	Net rental income or (loss) ▶		(1,085,045)		(1,085,045)	0
	7a	Gross amount from sales of assets other than inventory	(i) Securities	1,902,733	1,350		
	b	Less: cost or other basis and sales expenses	(ii) Other	1,469,472	951		
	c	Gain or (loss)		433,261	399		
	d	Net gain or (loss) ▶		433,660			433,660
	8a	Gross income from fundraising events (not including \$ 1,204,951 of contributions reported on line 1c). See Part IV, line 18		32,425			
	b	Less: direct expenses		407,868			
	c	Net income or (loss) from fundraising events ▶		(375,443)			(375,443)
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities ▶					
	10a	Gross sales of inventory, less returns and allowances		4,370			
	b	Less: cost of goods sold		938			
	c	Net income or (loss) from sales of inventory ▶		3,432	3,432		
Miscellaneous Revenue				Business Code			
	11a	TICKET HANDLING CHARGES/FACILITY FEES		711190	12,109	12,109	
	b	GAIN ON EXTINGUISHMENT OF DEBT		900099	2,880,520		2,880,520
	c						
	d	All other revenue			0	0	0
e	Total. Add lines 11a-11d ▶			2,892,629			
12	Total revenue. See instructions ▶			12,366,678	30,541	(1,085,045)	3,159,036

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	865,343	360,892	504,451	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,037,099	2,461,875	295,729	279,495
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	128,289	128,289		
9 Other employee benefits	891,789	754,990	108,207	28,592
10 Payroll taxes	361,715	304,913	36,224	20,578
11 Fees for services (nonemployees):				
a Management				
b Legal	158,162		158,162	
c Accounting	75,000		75,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	210,164			210,164
f Investment management fees	162,812		162,812	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	357,633	176,738	88,731	92,164
12 Advertising and promotion	37,071	37,071		
13 Office expenses	103,070	15,515	51,975	35,580
14 Information technology	208,854		208,854	
15 Royalties				
16 Occupancy	422,455	411,854	9,401	1,200
17 Travel	254	0		254
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,414	600	594	220
20 Interest	486,720	486,720	0	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,070,863	1,636,919	290,742	143,202
23 Insurance	230,186	111,979	118,207	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BANK CHARGES	78,923		78,923	0
b CONCERT PRODUCTION	11,903	11,903		
c DUES & SUBSCRIPTIONS	85,050	3,472	57,526	24,052
d REPAIRS & MAINTENANCE	35,780	35,780		
e All other expenses	320,569	268,108	37,711	14,750
25 Total functional expenses. Add lines 1 through 24e	10,341,118	7,207,618	2,283,249	850,251
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,662,953	1	8,307,961
	2 Savings and temporary cash investments	3,597,451	2	3,498,288
	3 Pledges and grants receivable, net	2,478,301	3	2,668,040
	4 Accounts receivable, net	128,065	4	626,083
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	
	8 Inventories for sale or use	117,802	8	112,640
	9 Prepaid expenses and deferred charges	395,237	9	437,093
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 147,867,470		
	b Less: accumulated depreciation	10b 77,941,643	72,387,534	10c 69,925,827
	11 Investments—publicly traded securities	11,756,514	11	14,455,976
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 33)	92,523,857	16	100,031,908	
Liabilities	17 Accounts payable and accrued expenses	1,889,214	17	2,018,405
	18 Grants payable	0	18	
	19 Deferred revenue	4,608,834	19	8,916,619
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	20,000,000	22	20,000,000
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	2,847,380	24	2,000,000
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	29,345,428	26	32,935,024
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	55,916,225	27	60,285,379
	28 Net assets with donor restrictions	7,262,204	28	6,811,505
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	63,178,429	32	67,096,884
33 Total liabilities and net assets/fund balances	92,523,857	33	100,031,908	

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,366,678
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,341,118
3	Revenue less expenses. Subtract line 2 from line 1	3	2,025,560
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	63,178,429
5	Net unrealized gains (losses) on investments	5	1,985,237
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	(92,342)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	67,096,884

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) BETSY WILLS ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(26) BRENDA P. GRIFFIN ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(27) CAROL DANIELS ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(28) CAROLYN W. SCHOTT ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(29) CYNTHIA CLARK MATTHEWS ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(30) DR. E. KELLEY SANFORD ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(31) DR. JANICE RILEY-BURT ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(32) EDMUND JACKSON, PHD ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(33) EDWARD A. GOODRICH ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(34) EMILY HUMPHREYS ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(35) GAIL CARR WILLIAMS ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(36) GEORGE R. LEE, III ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(37) JAMES TODD ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(38) JEREMIE PAPIN ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(39) KARL SPRULES ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(40) KEITH B. DAVIS ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(41) LAURA COVINGTON KIMBRELL ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(42) MARK TILLINGER ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(43) MARTHA R. INGRAM ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(44) MARY CAVARRA ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(45) MELINDA BALSER ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(46) MICHAEL SPOSATA ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(47) MICHAEL W. HAYES ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(48) PATRICK MURPHY ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(49) PERI WIDENER ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(50) PHYLANICE NASHE, J.D. ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(51) RICHARD L. MILLER ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(52) RODNEY ESSIG ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(53) SANDRA LIPMAN ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(54) SHIRLEY ZEITLIN ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(55) TERESA MOSLEY SEBASTIAN ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(56) TRAVIS VINCENT DUNN ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(57) VICKI HORNE ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(58) VICTORIA LAUGHLIN MCCLUGGAGE ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(59) VICTORIA PAO ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(60) W. BRANTLEY PHILLIPS, JR. ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(61) WILLIAM JONES, JR. ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2020

**Open to Public
Inspection**

Name of the organization

NASHVILLE SYMPHONY ASSOCIATION

Employer identification number

62-0550979

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 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 the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2020

Part II 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,798,807	8,289,589	9,667,688	9,367,661	10,262,146	45,385,891
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	13,613,168	14,544,736	13,733,711	7,800,993	30,541	49,723,149
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	21,411,975	22,834,325	23,401,399	17,168,654	10,292,687	95,109,040
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . .	596,707	657,138	608,142	806,113	536,707	3,204,807
b 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	0	0	0	0	0	0
c Add lines 7a and 7b	596,707	657,138	608,142	806,113	536,707	3,204,807
8 Public support. (Subtract line 7c from line 6.)						91,904,233

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	21,411,975	22,834,325	23,401,399	17,168,654	10,292,687	95,109,040
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .	1,877,398	1,846,299	1,860,293	1,535,966	372,021	7,491,977
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	1,877,398	1,846,299	1,860,293	1,535,966	372,021	7,491,977
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	117,884	129,965	143,785	72,330	2,912,945	3,376,909
13 Total support. (Add lines 9, 10c, 11, and 12.)	23,407,257	24,810,589	25,405,477	18,776,950	13,577,653	105,977,926
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	86.72 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	88.35 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	7.00 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	7.76 %
19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section 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(s) 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.		
1		
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, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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 in 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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> 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.			
2a			
b Did the activities described in 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.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
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 .			
3a			
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.			
3b			

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	
Section 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	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	
Section 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	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section 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 purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016 . . .			
b Excess from 2017 . . .			
c Excess from 2018 . . .			
d Excess from 2019 . . .			
e Excess from 2020 . . .			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation
SCHEDULE A, PART III - LINE 2 & LINE 12 RESTATEMENT	LINES 2 AND 12 OF SCHEDULE A, PART III HAVE BEEN RESTATED FOR ALL YEARS SHOWN TO REPORT INVENTORY SALES AMOUNTS CORRECTLY.

Return Reference - Identifier	Explanation						
SCHEDULE A, PART III, LINE 12 - OTHER INCOME	Other Income Type	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	(1)FUNDRAISING REVENUE	117,884	129,965	143,785	65,830	32,425	489,889
	(2)INSURANCE PROCEEDS	0	0	0	6,500	0	6,500
	(3)GAIN ON EXTINGUISHMENT OF DEBT	0	0	0	0	2,880,520	2,880,520

Schedule of Contributors

OMB No. 1545-0047

2020

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

NASHVILLE SYMPHONY ASSOCIATION

Employer identification number

62-0550979

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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 ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization

NASHVILLE SYMPHONY ASSOCIATION

Employer identification number

62-0550979

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,503,013	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 403,332	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 266,150	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 225,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 426,155	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

NASHVILLE SYMPHONY ASSOCIATION

Employer identification number

62-0550979

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

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

Name of organization

NASHVILLE SYMPHONY ASSOCIATION

Employer identification number

62-0550979

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$

Use duplicate copies of Part III if additional 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, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(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, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(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, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(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, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

NASHVILLE SYMPHONY ASSOCIATION

Employer identification number

62-0550979

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange program

e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,291,899	10,787,087	11,121,240	10,796,215	10,332,572
b Contributions	371,229	53,499	4,752	164,153	51,695
c Net investment earnings, gains, and losses	2,466,108	63,949	296,373	711,734	894,966
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	528,011	534,221	526,898	447,908	386,774
f Administrative expenses	144,554	78,415	108,380	102,954	96,244
g End of year balance	12,456,671	10,291,899	10,787,087	11,121,240	10,796,215

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☒ 89.49 %

b Permanent endowment ☒ 10.51 %

c Term endowment ☒ 0.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)	<input checked="" type="checkbox"/>	
3b	<input checked="" type="checkbox"/>	

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☒

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,500,000		3,500,000
b Buildings		132,691,673	71,351,448	61,340,225
c Leasehold improvements		0	0	0
d Equipment		8,505,942	6,590,195	1,915,747
e Other		3,169,855	0	3,169,855
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				69,925,827

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" 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-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" 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) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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 . ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	15,133,329
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,985,237
b	Donated services and use of facilities	2b	129,028
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	2,114,265
3	Subtract line 2e from line 1	3	13,019,064
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	162,812
b	Other (Describe in Part XIII.)	4b	(815,198)
c	Add lines 4a and 4b	4c	(652,386)
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	12,366,678

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	11,214,874
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	129,028
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	907,540
e	Add lines 2a through 2d	2e	1,036,568
3	Subtract line 2e from line 1	3	10,178,306
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	162,812
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	162,812
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,341,118

Part 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.

[SEE STATEMENT](#)

Part XIII

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.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	RENTAL EXPENSES	- 1,236,767
	COST OF GOODS SOLD	- 938
	GAIN ON SALE OF ASSETS	399
	INTEREST INCOME	1,006
	EMPLOYEE RETENTION TAX CREDIT	426,155
	SALES OF INVENTORY	- 5,053
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	RENTAL EXPENSES	1,236,767
	COST OF GOODS SOLD	938
	INTEREST INCOME	- 1,006
	UNCOLLECTIBLE PLEDGE ALLOWANCE	92,342
	GAIN ON SALE OF ASSETS	- 399
	EMPLOYEE RETENTION TAX CREDIT	- 426,155
	SALES OF INVENTORY	5,053

Part 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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE INVESTMENT FUNDS ARE USED FOR MISSION RELATED ACTIVITIES.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	<p>THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE; ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS.</p> <p>IN ACCORDANCE WITH APPLICABLE GUIDANCE, THE ASSOCIATION WILL RECOGNIZE A TAX BENEFIT ONLY IF IT IS MORE-LIKELY-THAN-NOT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED WILL BE THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT TEST, NO TAX BENEFIT WILL BE RECORDED. AS OF JULY 31, 2021 AND 2020, MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS. THE ASSOCIATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS. THE ASSOCIATION DID NOT RECOGNIZE OR ACCRUE ANY INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS AS OF JULY 31, 2021 AND 2020, AND FOR THE YEARS THEN ENDED.</p>

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

NASHVILLE SYMPHONY ASSOCIATION

Employer identification number

62-0550979

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 BENNETT DIRECT, P.O. BOX 0015, MILWAUKEE, WI 53201	TELEFUNDING		✓	660,013	210,164	449,849
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				660,013	210,164	449,849

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

TN

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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>SYMPHONY BALL</u> (event type)	(b) Event #2 <u>FASHION SHOW</u> (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	860,069	377,307		1,237,376
	2 Less: Contributions	840,359	364,592		1,204,951
	3 Gross income (line 1 minus line 2)	19,710	12,715	0	32,425
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	24,339	68,197		92,536
	7 Food and beverages	13,911	12,891		26,802
	8 Entertainment	190,762	35,582		226,344
	9 Other direct expenses	34,691	27,495		62,186
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				407,868
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				(375,443)

Part III Gaming. 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 bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- | | | | |
|-----------|--|------------------------------|-----------------------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |

Name

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If "Yes," enter name and address of the third party:

Name

Address ►

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ►

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **▶** \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Identifier	Explanation	
SCHEDULE G, PART I, LINE 2B	DESCRIBE THE CUSTODY OR CONTROL ARRANGEMENT	Name	Description
		BENNETT DIRECT	FUNDS RAISED BY TELEFUNDING COMPANY ARE PROCESSED BY THE REPORTING ORGANIZATION: DONATED FUNDS ARE NEVER IN POSSESSION OF THE TELEFUNDING FIRM. TELEFUNDING FIRM RECEIVES PAYMENT FOR ITS SERVICES VIA DIRECT INVOICE TO ORGANIZATION.
SCHEDULE G, PART I, LINE 2B	PAYMENT OF FEES OR PAYMENT OF EXPENSES	Name	Description
		BENNETT DIRECT	CONTRACT PROVIDES FOR AN ANNUAL FEE PLUS HOURLY WAGES. ADDITIONALLY, CERTAIN EXPENSES, SUCH AS PRINTING, SUPPLIES, AND POSTAGE ARE REIMBURSED. IN FISCAL YEAR 2021, FEES TOTALED \$210,164.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

NASHVILLE SYMPHONY ASSOCIATION

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

62-0550979

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate 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.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> First-class or charter travel </div> <div style="width: 50%;"> <input type="checkbox"/> Housing allowance or residence for personal use </div> <div style="width: 50%;"> <input type="checkbox"/> Travel for companions </div> <div style="width: 50%;"> <input type="checkbox"/> Payments for business use of personal residence </div> <div style="width: 50%;"> <input type="checkbox"/> Tax indemnification and gross-up payments </div> <div style="width: 50%;"> <input type="checkbox"/> Health or social club dues or initiation fees </div> <div style="width: 50%;"> <input type="checkbox"/> Discretionary spending account </div> <div style="width: 50%;"> <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </div> </div>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	2	
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> Compensation committee </div> <div style="width: 50%;"> <input type="checkbox"/> Written employment contract </div> <div style="width: 50%;"> <input type="checkbox"/> Independent compensation consultant </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Compensation survey or study </div> <div style="width: 50%;"> <input type="checkbox"/> Form 990 of other organizations </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p>	4c	✓
<p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p>	5b	✓
<p>If "Yes" on line 5a or 5b, describe in Part III.</p>		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p>	6b	✓
<p>If "Yes" on line 6a or 6b, describe in Part III.</p>		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</p>	7	✓
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

Cat. No. 50053T

Schedule J (Form 990) 2020

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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ALAN D. VALENTINE PRESIDENT & CEO	(i) 300,640	(ii) 0	(iii) 6,600	0	15,907	323,147	0
		0	0	0	0	0	0	0
2	GIANCARLO GUERERRO MUSIC DIRECTOR	(i) 222,917	(ii) 50,000	(iii) 0	0	14,892	287,809	0
		0	0	0	0	0	0	0
3	MARYE WALKER LEWIS CFO CONSULTANT	(i) 168,902	(ii) 0	(iii) 0	0	6,616	175,518	0
		0	0	0	0	0	0	0
4	DANIEL B. GROSSMAN VP OF MARKETING	(i) 150,608	(ii) 6,879	(iii) 0	0	0	157,487	0
		0	0	0	0	0	0	0
5		(i)	(ii)	(iii)				
6		(i)	(ii)	(iii)				
7		(i)	(ii)	(iii)				
8		(i)	(ii)	(iii)				
9		(i)	(ii)	(iii)				
10		(i)	(ii)	(iii)				
11		(i)	(ii)	(iii)				
12		(i)	(ii)	(iii)				
13		(i)	(ii)	(iii)				
14		(i)	(ii)	(iii)				
15		(i)	(ii)	(iii)				
16		(i)	(ii)	(iii)				

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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	THE VICE PRESIDENT OF MARKETING RECEIVES A BASE SALARY PLUS COMMISSION. THE COMMISSION IS BASED UPON MEETING & EXCEEDING TICKET SALES GOALS.
SCHEDULE J, PART I, LINE 3 - COMPENSATION OF TOP MANAGEMENT OFFICIALS	THE BOARD OF DIRECTORS DELEGATES RESPONSIBILITY TO THE EXECUTIVE COMMITTEE, WHICH ACTS AS THE COMPENSATION COMMITTEE, FOR THE REVIEW AND APPROVAL OF THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIALS.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open To Public Inspection

Name of the organization

NASHVILLE SYMPHONY ASSOCIATION

Employer identification number

62-0550979

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						▶ \$	20,000,000					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 50056A

Schedule L (Form 990 or 990-EZ) 2020

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Part II**Loans to and/or From Interested Persons** (continued)

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) SYMPLACE REALTY	DIRECTOR MARTHA INGRAM	MORTGAGE ON SYMPHONY FACILITY	✓		23,250,000	20,000,000		✓	✓		✓	

**SCHEDULE O
(Form 990 or 990-EZ)**Department of Treasury Internal
Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the Organization
NASHVILLE SYMPHONY ASSOCIATIONEmployer Identification Number
62-0550979

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	<p>FINANCIALLY ROBUST, WORLD-CLASS ORCHESTRA FULLY SUPPORTED AND EMBRACED BY THE COMMUNITY IT SERVES. KEY TO ACHIEVING THIS VISION, THE NASHVILLE SYMPHONY WILL:</p> <ul style="list-style-type: none">*BECOME THE LEADING ORCHESTRA FOR THE PERFORMANCE, RECORDING AND COMMISSIONING OF CONTEMPORARY AMERICAN MUSIC.*TRANSFORM INTO AN EQUITABLE AND INCLUSIVE INSTITUTION THAT IS REPRESENTATIVE OF THE DIVERSE COMMUNITY IT SERVES.*DELIVER VISIONARY ARTISTIC AND EDUCATIONAL PROGRAMMING THAT EXCITES THE PUBLIC, DRIVES INSTITUTIONAL GROWTH AND CONTRIBUTES TO THE GROWTH OF THE ART FORM.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>EVEN THOUGH THE ORCHESTRA WAS UNABLE TO PERFORM FOR ALMOST THE ENTIRETY OF THE 2020/21 CONCERT SEASON, THE NASHVILLE SYMPHONY SOUGHT OPPORTUNITIES TO CONTINUE REACHING AUDIENCES, INITIALLY THROUGH VIRTUAL CONTENT. IN JANUARY 2021, NASHVILLE SYMPHONY'S VIRTUAL LET FREEDOM SING! PROJECT CELEBRATED THE LIFE AND LEGACY OF DR. MARTIN LUTHER KING, JR. THROUGH ONLINE VIDEO PERFORMANCES OF MUSIC BY BLACK COMPOSERS AND MUSICIANS, AND DISCUSSIONS WITH MEMBERS OF THE BLACK COMMUNITY. THROUGHOUT THE PROJECT, THE SYMPHONY SHOWCASED CONTENT FROM 14 LOCAL BLACK ARTISTS, ENSEMBLES, AND COMMUNITY LEADERS. NASHVILLE SYMPHONY ALSO PROVIDED ADDITIONAL CURRICULUM AND MATERIALS, AVAILABLE ONLINE FOR FREE ALONGSIDE THE PUBLISHED VIDEOS.</p> <p>BETWEEN MAY 21 AND JUNE 26, NASHVILLE SYMPHONY MUSICIANS WELCOMED THE COMMUNITY BACK TO THE SCHERMERHORN SYMPHONY CENTER WITH SIX SUMMER CHAMBER MUSIC SERIES CONCERTS, ALL FREE AND OPEN TO THE PUBLIC. THE SERIES SHOWCASED SMALL ENSEMBLES OF NASHVILLE SYMPHONY MUSICIANS PERFORMING CLASSICAL WORKS INCLUDING FLORENCE PRICE'S STRING QUARTET NO. 2 IN A MINOR, CAROLINE SHAW'S DOLCE CANTAVI, AND CHAMBER WORKS BY BACH, DVOAK, MOZART, AND MORE.</p> <p>ON JULY 4, 2021, THE FULL NASHVILLE SYMPHONY PERFORMED FOR THE FIRST TIME SINCE MARCH 2020, AS PART OF NASHVILLE'S ANNUAL INDEPENDENCE DAY CELEBRATION. GIANCARLO GUERRERO AND A ROSTER OF 63 MUSICIANS PERFORMED FOR AN ESTIMATED 350,000 PEOPLE, WITH FIREWORKS CHOREOGRAPHED TO THE PROGRAM.</p> <p>AMID A YEAR OF UNPRECEDENTED CHALLENGES, NASHVILLE SYMPHONY RATIFIED A NEW THREE YEAR-CONTRACT WITH THE NASHVILLE MUSICIANS ASSOCIATION-AFM LOCAL 257 THAT WENT INTO EFFECT AUG. 1, 2021. THIS COLLECTIVE BARGAINING AGREEMENT BROUGHT OUR FURLOUGHED MUSICIANS BACK TO WORK FULL-TIME, ENDING A TEMPORARY AGREEMENT DURING WHICH THEY RECEIVED \$500 WEEKLY STIPENDS AND FULL HEALTH INSURANCE.</p>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	<p>ACCELERANDO IS DESIGNED TO PREPARE GIFTED YOUNG STUDENTS OF DIVERSE ETHNIC BACKGROUNDS TO PURSUE MUSIC AT THE COLLEGIATE LEVEL AND ESTABLISH CAREERS AS MUSICIANS IN PROFESSIONAL ORCHESTRAS. DURING THE PANDEMIC, 24 STUDENTS CONTINUED TO RECEIVE WEEKLY INSTRUCTION, REGULAR MUSIC THEORY AND HISTORY CLASSES, VALUABLE PERFORMANCE OPPORTUNITIES, MENTORSHIP AND GUIDANCE FROM PROFESSIONAL MUSICIANS WITH DIVERSE BACKGROUNDS, AND SUPPORT WITH AUDITIONS, SUMMER FESTIVALS, AND COLLEGE/ CONSERVATORY APPLICATIONS.</p> <p>DURING THE 2020/21 SEASON, ACCELERANDO STUDENTS LEARNED HOW TO RECORD THEMSELVES, EDIT AUDIO AND VIDEO, PRESENT THEMSELVES PROFESSIONALLY ON CAMERA, AND SHARE THEIR CONTENT THROUGH SOCIAL MEDIA AND OTHER ONLINE PLATFORMS. ON JUNE 7 AND 9, STUDENTS, FAMILY, AND THE COMMUNITY RETURNED TO SCHERMERHORN SYMPHONY CENTER TO ENJOY PERFORMANCES FROM ALL 24 ACCELERANDO STUDENTS IN YEAR-END RECITALS. STUDENTS WERE GIVEN THE OPPORTUNITY TO ATTEND THE BUILDING BRIDGES SYMPOSIUM, A FORUM TO DISCUSS THE OPERATIONS AND STRATEGIES OF PROGRAMS LIKE ACCELERANDO THAT CREATE DIVERSE, EQUITABLE, AND INCLUSIVE EDUCATION OPPORTUNITIES FOR YOUNG MUSICIANS PURSUING A CAREER IN CLASSICAL MUSIC.</p> <p>EACH YEAR, ACCELERANDO SENIORS PARTICIPATE IN THE INTENSIVE COLLEGE/CONSERVATORY AUDITION PROCESS AND MUST MAKE DECISIONS ABOUT WHERE THEY WILL CONTINUE PURSUING THEIR MUSICAL DREAMS AND AMBITIONS. WE ARE PROUD OF OUR TWO GRADUATES THIS YEAR: VIOLIST TREASURE ECKLES IS NOW ATTENDING THE JACOBS SCHOOL OF MUSIC AT INDIANA UNIVERSITY, AND BASSOONIST XAVION PATTERSON IS ATTENDING THE COLBURN SCHOOL IN LOS ANGELES. THEY WERE AWARDED A COMBINED \$334,000 IN SCHOLARSHIP FUNDING.</p> <p>THE NASHVILLE SYMPHONY ALSO PROVIDED RESOURCES, INSTRUCTION, AND PERFORMANCE COACHING FOR SMALL GROUPS OF STUDENTS AND COMMUNITY MEMBERS AROUND MIDDLE TENNESSEE. 958 STUDENTS AND ADULTS WERE ENGAGED OVER 51 SESSIONS, WITH PARTICIPATION FROM ANTIOCH HIGH SCHOOL, MARTIN LUTHER KING, JR. MAGNET SCHOOL, NASHVILLE PHILHARMONIC ORCHESTRA, AND MORE. IS IT A FIDDLE OR A VIOLIN?, OFFERED IN COLLABORATION WITH THE COUNTRY MUSIC HALL OF FAME®, INVITED 366 STUDENTS TO EXPLORE THE COMMONALITIES AND THE DIFFERENCES BETWEEN COUNTRY AND CLASSICAL MUSIC.</p> <p>THIS SUMMER, NASHVILLE SYMPHONY CONDUCTED A COMMUNITY NEEDS ASSESSMENT WITH THE HELP OF PAULA WILSON, AN INTERN FROM AMERICANS FOR THE ARTS' DIVERSITY IN ARTS LEADERSHIP PROGRAM ADMINISTERED BY METRO ARTS. THROUGH ROBUST DISCUSSIONS AIMED AT ADDRESSING INSTITUTIONAL GOALS ACROSS EVERY DEPARTMENT, THE SYMPHONY INTERVIEWED 42 COMMUNITY MEMBERS IN ONE-ON-ONE AND GROUP SETTINGS, INCLUDING PATRONS, FELLOW ARTS AND COMMUNITY ORGANIZATIONS, AND INDEPENDENT ARTISTS. THE FEEDBACK GENERATED THROUGH THIS PROJECT WILL HELP THE NASHVILLE SYMPHONY IN ITS ONGOING EFFORTS TO INCREASE AUDIENCE DIVERSITY, REMOVE BARRIERS TO ACCESS, AND IMPROVE THE PATRON EXPERIENCE.</p>

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	<p>ARTICLE 4 (OF BYLAWS) EXECUTIVE COMMITTEE</p> <p>4.1 DELEGATION OF POWER TO EXECUTIVE COMMITTEE.</p> <p>(A) THE EXECUTIVE COMMITTEE SHALL MANAGE THE BUSINESS AND AFFAIRS OF THE ASSOCIATION EXCEPT AS OTHERWISE LIMITED BY THESE BYLAWS, THE CHARTER OR THE ACT. THE EXECUTIVE COMMITTEE MAY ADVISE THE BOARD ON ALL MATTERS AND SHALL REPORT TO THE BOARD ON ALL DECISIONS MADE OR ACTIONS TAKEN BY IT WHICH THE EXECUTIVE COMMITTEE OR THE CHAIRMAN REASONABLY DETERMINE TO BE MAJOR DECISIONS OR ACTIONS. THE EXECUTIVE COMMITTEE SHALL BE ASSISTED BY SUCH ADMINISTRATIVE STAFF AS THE CHAIRMAN OR THE PRESIDENT AND CEO MAY DETERMINE, EXCEPT AS OTHERWISE PROVIDED IN THIS ARTICLE, THE PROVISIONS OF ARTICLE 5 SHALL APPLY TO THE EXECUTIVE COMMITTEE.</p> <p>(B) THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER AND AUTHORITY (I) TO APPOINT, NEGOTIATE AND APPROVE THE TERMS OF EMPLOYMENT OF, AND EVALUATE THE PERFORMANCE OF THE PRESIDENT AND CEO AND THE MUSIC DIRECTOR AND CONDUCTOR; (II) APPROVE AGREEMENTS WITH THE MUSICIANS' UNION (WITH ANY MEMBER WHO IS AN ORCHESTRA MEMBER BEING EXCLUDED, EXCEPT BY INVITATION OF THE CHAIRMAN); (III) MONITOR COMPLIANCE WITH THE BUDGET; (IV) ESTABLISH AND IMPLEMENT OPERATING POLICIES AND PROCEDURES; (V) SUPERVISE THE OPERATIONS AND FUNCTIONS OF THE OTHER COMMITTEES AND RECEIVE REPORTS FROM THESE COMMITTEES ON REQUEST OR AS REQUIRED BY THESE BYLAWS; (VI) APPROVE THE CREATION OF COMMITTEES OF THE BOARD OTHER THAN THE COMMITTEES CREATED BY THESE BYLAWS AND THE APPOINTMENT OR REMOVAL OF MEMBERS OF ALL COMMITTEES AND (VII) APPROVE A SALE, LEASE OR PLEDGE OF LESS THAN ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE ASSOCIATION. THE EXECUTIVE COMMITTEE SHALL HAVE NO POWER TO AMEND ANY RESOLUTION OF THE BOARD OR THE BUDGET. DURING DISCUSSIONS OF SALARY, ANY COLLECTIVE BARGAINING NEGOTIATIONS, OR OTHER MATTERS INVOLVING INDIVIDUAL EMPLOYEES, THE EXECUTIVE COMMITTEE MAY EXCLUDE ASSOCIATION EMPLOYEES.</p> <p>4.2 NUMBER, ELECTION AND TERM.</p> <p>(A) THE EXECUTIVE COMMITTEE SHALL HAVE AT LEAST THIRTEEN (13) AND NO MORE THAN SEVENTEEN (17) MEMBERS, ALL OF WHOM SHALL BE DIRECTORS. THE EXECUTIVE COMMITTEE SHALL BE COMPRISED OF THE ELECTED OFFICERS OF THE ASSOCIATION, THE PRESIDENT AND CEO, THE REQUIRED ORCHESTRA MEMBER, THE CHAIRMAN OF THE ASSOCIATE BOARD, THE CHAIRMAN OF THE ANNUAL CAMPAIGN, THE CHAIRMAN OF ANY CAPITAL CAMPAIGN UNDERWAY AND THE CHAIRMEN OF THE FOLLOWING COMMITTEES: ARTISTIC PLANNING, GOVERNANCE, STRATEGIC PLANNING, MARKETING, DEVELOPMENT, EXTERNAL AFFAIRS AND THE SCHERMERHORN SYMPHONY CENTER COMMITTEE. SUBJECT TO THE LIMIT ON TOTAL MEMBERS, OTHER DIRECTORS MAY BE NOMINATED BY THE GOVERNANCE COMMITTEE AND ELECTED BY THE BOARD. EACH MEMBER SHALL CONSENT TO SERVE PRIOR TO HIS OR HER NOMINATION BY THE GOVERNANCE COMMITTEE.</p> <p>(B) THE MEMBERS OF THE COMMITTEE WILL BE ELECTED OR APPOINTED FOR MINIMUM TWO-YEAR TERMS, AND MEMBERS SHALL SERVE UNTIL THEIR SUCCESSORS ARE ELECTED OR APPOINTED AND QUALIFIED. NO MEMBER OF THE EXECUTIVE COMMITTEE SHALL SERVE MORE THAN THREE CONSECUTIVE TWO-YEAR TERMS, AND A FORMER MEMBER MAY BE RE-ELECTED OR RE-APPOINTED FOLLOWING A ONE-YEAR ABSENCE FROM THE EXECUTIVE COMMITTEE.</p> <p>(C) THE MEMBERS SHALL SERVE AT THE PLEASURE OF THE EXECUTIVE COMMITTEE AND THE BOARD, AND THE EXECUTIVE COMMITTEE OR BOARD MAY REMOVE ANY ELECTED MEMBER AT ANY TIME, WITH OR WITHOUT CAUSE.</p> <p>4.3 MEETINGS.</p> <p>REGULAR MEETINGS OF THE EXECUTIVE COMMITTEE SHALL BE HELD EVERY OTHER MONTH UNLESS OTHERWISE DETERMINED BY THE CHAIRMAN. SPECIAL MEETINGS MAY BE CALLED AT ANY TIME BY AN OFFICER OR ANY FIVE (5) MEMBERS OF THE EXECUTIVE COMMITTEE.</p> <p>4.4 TELEPHONIC MEETINGS. THE EXECUTIVE COMMITTEE MAY PERMIT ANY OF ITS MEMBERS TO PARTICIPATE IN ANY MEETING BY, OR CONDUCT THE MEETING THROUGH THE USE OF, ANY MEANS OF COMMUNICATION BY WHICH ALL MEMBERS PARTICIPATING MAY SIMULTANEOUSLY HEAR EACH OTHER DURING THE MEETING.</p> <p>4.5 QUORUM AND VOTING.</p> <p>AT ALL MEETINGS OF THE EXECUTIVE COMMITTEE, THE PRESENCE OF A MAJORITY OF THE VOTING MEMBERS SHALL CONSTITUTE A QUORUM. EACH MEMBER SHALL HAVE ONE VOTE ON ALL MATTERS PROPERLY COMING BEFORE THE MEETING. IF A QUORUM IS PRESENT WHEN A VOTE IS TAKEN, THE AFFIRMATIVE VOTE OF A MAJORITY OF MEMBERS PRESENT IS AN ACT OF THE COMMITTEE UNLESS THE ACT, THE CHARTER OR THESE BYLAWS REQUIRE THE VOTE OF A GREATER NUMBER.</p>
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	ORRIN INGRAM AND MARTHA INGRAM - FAMILY RELATIONSHIP
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 IS PREPARED BY THE CONTROLLER; A DRAFT IS REVIEWED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM, THE CFO CONSULTANT, THE BOARD TREASURER, AND AUDIT COMMITTEE CHAIR. A FULL COPY OF THE 990, INCLUDING SUPPLEMENTAL SCHEDULES, IS PROVIDED TO THE FULL GOVERNING BODY AFTER FILING.

Return Reference - Identifier	Explanation				
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>2.8 CONFLICT OF INTEREST. (FROM BYLAWS OF ORGANIZATION)</p> <p>(A) THE PRESIDENT AND CEO SHALL BE RESPONSIBLE FOR MAINTAINING A WRITTEN CONFLICT OF INTEREST POLICY FOR THE ASSOCIATION APPROVED BY THE BOARD OF DIRECTORS. THIS POLICY SHALL ADDRESS CONFLICT OF INTEREST RELATED TO ANY DIRECTOR, OFFICER, COMMITTEE MEMBER, OR ADMINISTRATIVE STAFF MEMBER OF THE ASSOCIATION.</p> <p>(B) GENERALLY SPEAKING, FOR DIRECTORS, A CONFLICT OF INTEREST IS A SITUATION IN WHICH A DIRECTOR OR ONE OF HIS OR HER FAMILY MEMBERS HAS A DIRECT OR INDIRECT PERSONAL OR FINANCIAL INTEREST THAT COMPROMISES OR COULD COMPROMISE THE DIRECTOR'S INDEPENDENCE OF JUDGMENT IN EXERCISING HIS OR HER RESPONSIBILITIES TO THE ASSOCIATION. WHEN ANY CONFLICT OF INTEREST RELATES TO A MATTER REQUIRING ACTION BY THE BOARD OF DIRECTORS OR ANY COMMITTEE, THE INTERESTED PERSON SHALL CALL IT TO THE ATTENTION OF THE BOARD OF DIRECTORS OR THE COMMITTEE BEFORE WHICH THE MATTER IS PENDING, AS APPLICABLE. ANY OTHER BOARD OR COMMITTEE MEMBER MAY CALL THE MATTER TO THE ATTENTION OF THE BOARD OR COMMITTEE, AS APPLICABLE. THE INTERESTED PERSON SHALL NOT DELIBERATE OR VOTE ON THE MATTER; PROVIDED, HOWEVER, THAT ANY DIRECTOR DISCLOSING A CONFLICT OF INTEREST MAY BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM AT A MEETING OF THE BOARD OF DIRECTORS OR THE EXECUTIVE COMMITTEE.</p> <p>(C) UNLESS REQUESTED TO REMAIN PRESENT DURING THE MEETING, THE INTERESTED PERSON SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE IS MEETING, AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. HOWEVER, THE INTERESTED PERSON SHALL PROVIDE THE BOARD OR COMMITTEE, AS APPLICABLE WITH ANY AND ALL RELEVANT INFORMATION.</p> <p>(D) THE MINUTES OF THE MEETING OF THE BOARD OR ANY COMMITTEE, AS APPLICABLE, SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED, THAT THE INTERESTED PERSON DID NOT PARTICIPATE IN THE FINAL DISCUSSION OR VOTE AND DID NOT VOTE, AND THE RATIONALE FOR APPROVING THE ACTION.</p>				
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE EXECUTIVE AND FINANCE COMMITTEES OF THE BOARD REVIEW AND APPROVE COMPENSATION FOR MANAGEMENT, MUSICIANS, AND STAFF AS PART OF THE ANNUAL BUDGET APPROVAL PROCESS. THE COMPENSATION STRUCTURE AND CBA ARE BOTH REVIEWED AND APPROVED IN DETAIL BY THE COMMITTEES ANNUALLY. THIS WAS LAST COMPLETED DURING JULY OF 2021.				
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE EXECUTIVE AND FINANCE COMMITTEES OF THE BOARD REVIEW AND APPROVE COMPENSATION FOR MANAGEMENT, MUSICIANS, AND STAFF AS PART OF THE ANNUAL BUDGET APPROVAL PROCESS. THE COMPENSATION STRUCTURE AND CBA ARE BOTH REVIEWED AND APPROVED IN DETAIL BY THE COMMITTEES ANNUALLY. THIS WAS LAST COMPLETED DURING JULY OF 2021.				
FORM 990, PART VI, LINE 18 - HOW FORMS ARE MADE AVAILABLE TO THE PUBLIC	<p>THE FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.</p> <p>THE FORM 990, FORM 990-T, AND FORM 1023 ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.</p>				
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104 AND ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME. THE NASHVILLE SYMPHONY DOES, HOWEVER, MAKE ITS ANNUAL FINANCIAL AUDIT & THE 990 AVAILABLE ON ITS OWN WEBSITE.				
FORM 990, PART VII, SECTION A - COMPENSATION OF DIRECTORS	<p>FIVE BOARD MEMBERS SERVED AS EMPLOYED MUSICIANS OF THE NASHVILLE SYMPHONY ORCHESTRA AND RECEIVED COMPENSATION IN THEIR CAPACITY AS MUSICIANS OF THE ORCHESTRA. NONE OF THE LISTED COMPENSATION AT PART VII, SECTION A IS FOR THEIR ROLES AS BOARD MEMBERS. THESE INDIVIDUALS ARE LISTED BELOW:</p> <p>CHRISTOPHER FARRELL MICHELLE COLLINS DEREK HAWKES STEVEN BROWN CLARE YANG</p>				
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th>(a) Description</th><th>(b) Amount</th></tr> </thead> <tbody> <tr> <td>UNCOLLECTIBLE PLEDGES</td><td>- 92,342</td></tr> </tbody> </table>	(a) Description	(b) Amount	UNCOLLECTIBLE PLEDGES	- 92,342
(a) Description	(b) Amount				
UNCOLLECTIBLE PLEDGES	- 92,342				

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NASHVILLE SYMPHONY ASSOCIATION

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

62-0550979

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Cat. No. 50135Y

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	✓
b Gift, grant, or capital contribution to related organization(s)	1b	✓
c Gift, grant, or capital contribution from related organization(s)	1c	✓
d Loans or loan guarantees to or for related organization(s)	1d	✓
e Loans or loan guarantees by related organization(s)	1e	✓
f Dividends from related organization(s)	1f	✓
g Sale of assets to related organization(s)	1g	✓
h Purchase of assets from related organization(s)	1h	✓
i Exchange of assets with related organization(s)	1i	✓
j Lease of facilities, equipment, or other assets to related organization(s)	1j	✓
k Lease of facilities, equipment, or other assets from related organization(s)	1k	✓
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	✓
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✓
o Sharing of paid employees with related organization(s)	1o	✓
p Reimbursement paid to related organization(s) for expenses	1p	✓
q Reimbursement paid by related organization(s) for expenses	1q	✓
r Other transfer of cash or property to related organization(s)	1r	✓
s Other transfer of cash or property from related organization(s)	1s	✓

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
NASHVILLE SYMPHONY ENDOWMENT TRUST	S	530,121	CASH
(1) NASHVILLE SYMPHONY ENDOWMENT TRUST	R	593,633	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2020

Part IV**Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) NASHVILLE SYMPHONY ENDOWMENT TRUST (62-0550979) CUMBERLAND TRUST, 40 BURTON HILLS BLVD, STE 300, NASHVILLE, TN 37215	INVESTMENTS	TN	NASHVILLE SYMPHONY ASSOCIATION	TRUST	N/A	N/A	N/A	✓	