Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

(Rev. January 2020) Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

A For the 2019 calendar year, or tax year beginning JUN 1, 2019 and ending MAY 31, and ending MAY 31, 2020 Open to Public Inspection

OMB No. 1545-0047

| В | Check if | C Name of organization | | D Employer identific | cation number |
|--------------------------------|--------------------|---|----------|--|---|
| | Addre | CHATTANOOGA SYMPHONY & OPERA ASSOCIATION | | | |
| | lchang □ Name | | | **-***20 | 0.0 |
| F | chang □ Initial | 9 | /aita | | |
| F | return Final | Number and street (or P.O. box if mail is not delivered to street address) 701 BROAD STREET | /suite | E Telephone number 423-267- | |
| | return⊿ termin | | | | 2,025,892. |
| | ated ☐Ameno | City or town, state or province, country, and ZIP or foreign postal code CHATTANOOGA, TN 37402 | ł | G Gross receipts \$ | |
| | lreturn □Applic | | | H(a) Is this a group re | |
| | tion pendir | SAME AS C ABOVE | | for subordinates H(b) Are all subordinates in | ·····- — |
| $\overline{}$ | Tay ay | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or | 527 | | list. (see instructions) |
| | | te: WWW.CHATTANOOGASYMPHONY.ORG | J 321 | H(c) Group exemption | , |
| | | | Vear c | | State of legal domicile: TN |
| | art I | · | , rour c | 7 101111ation: 2337 14 | Otato of logal dofficite, 221 |
| | | Briefly describe the organization's mission or most significant activities: TO INSP: | IRE | . ENGAGE & | ENRICH THE |
| Governance | ' | GREATER CHATTANOOGA COMMUNITY THROUGH MUSIC | AN | D MUSIC EDU | CATION. |
| rna | 2 | Check this box if the organization discontinued its operations or disposed of | more | than 25% of its net as | sets. |
| ove | 3 | Number of voting members of the governing body (Part VI, line 1a) | | з | 22 |
| <u>ن</u> م | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 22 |
| Activities & | 5 | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | | 5 | 238 |
| νiξi | 6 | Total number of volunteers (estimate if necessary) | | 6 | 150 |
| Λcti | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. |
| _ | b | Net unrelated business taxable income from Form 990-T, line 39 | | 7b | 0. |
| | | | | Prior Year | Current Year |
| ě | 8 | Contributions and grants (Part VIII, line 1h) | | 1,102,327. | 1,165,489. |
| en | | Program service revenue (Part VIII, line 2g) | | 1,068,500. | 754,431. |
| Revenue | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 130,263. | 104,253. |
| _ | 1 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 485. | 1,719. |
| | _ | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 2,301,575. | 2,025,892. |
| | 1 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 1 | Benefits paid to or for members (Part IX, column (A), line 4) | | | 1 630 070 |
| Expenses | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | - | 1,682,680. | 1,630,979. |
| ens | | Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 16,672. | | 0. | 0. |
| Ĕ | 1 | | | 897,582. | 703,053. |
| | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 2,580,262. | 2,334,032. |
| | 1 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | -278,687. | -308,140. |
| or es | 19 | Revenue less expenses. Subtract line 18 from line 12 | | ginning of Current Year | End of Year |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | DC | 2,538,924. | 1,906,022. |
| Ass | 21 | Total liabilities (Part X, line 16) | | 544,267. | 728,697. |
| Net | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 1,994,657. | 1,177,325. |
| P | art II | Signature Block | | , , | , |
| | | lties of perjury, I declare that I have examined this return, including accompanying schedules and s | stateme | ents, and to the best of my | knowledge and belief, it is |
| true | , correc | t, and complete. Declaration of preparer (other than officer) is based on all information of which pre | eparer | has any knowledge. | |
| | | | | | |
| Sig | n | Signature of officer | | Date | |
| Hei | re | SAMANTHA TETER, EXECUTIVE DIRECTOR | | | |
| | | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | I D | ate Check Check If | PTIN |
| Pai | | PAUL JOHNSON III, CPA | | self-employe | |
| | parer | Firm's name JOHNSON, MURPHEY & WRIGHT, P.C. | | Firm's EIN ▶ | **-***3134 |
| Use | Only | Firm's address 301 NORTH MARKET STREET | | | 00\856 4450 |
| | | CHATTANOOGA, TN 37405 | | Phone no. (4 | 23)756-1170 |
| Ma | y the IF | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No |

4d Other program services (Describe on Schedule O.)

Total program service expenses

) (Revenue

1,763,758.

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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | 37 |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | 3,7 |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u> </u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | _ | | х |
| • | 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 | | | x |
| 7 | 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 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| 0 | | 8 | | х |
| 9 | Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| J | 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 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | Ť | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| 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 | X | |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| 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 | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | 37 | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | х |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 14a | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 148 | | |
| b | 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 | | х |
| 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 | 110 | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | х |
| 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 | | Х |
| 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 | 17 | | Х |
| 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 | | X |
| 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 | | Х |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| 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 | | | <u>-</u> _ |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |

| | Officerist of nequired Schedules (continued) | | | |
|------------------|--|------|-----|--|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | X |
| | 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 | 00 | | x |
| 24.5 | Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 23 | | - 25 |
| 2 4 a | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | 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 | | |
| | 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 | | Х |
| 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 | | X |
| 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 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | ., | |
| | "Yes," complete Schedule L, Part IV | 28a | Х | 37 |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?// | | | x |
| | "Yes," complete Schedule L, Part IV | 28c | Х | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Λ | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 30 | | x |
| 31 | contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | |
| 32 | Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | - 02 | | |
| 00 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 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 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | 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 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| D - | Note: All Form 990 filers are required to complete Schedule O | 38 | X | |
| Pai | Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| _ | | | Yes | No |
| _ | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 44 Enter the number of Forms W 3G included in line 1a Enter 0 if not applicable 1b 10 | | | |
| b | Enter the number of Forms w-2d included in line 1a. Enter 10-11 not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | 1. | | |
| | (gambling) winnings to prize winners? | 1c | 000 | |

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 238 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retur | ns? | 2 b | X | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions |) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | За | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | 0 | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | account)? | 4a | | X |
| 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 A | · · | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | | 5b | | Х |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5с | | |
| ба | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | 0- | | x |
| b | any contributions that were not tax deductible as charitable contributions? | | 6a | | 1 |
| Ь | If "Yes," did the organization include with every solicitation an express statement that such contribut were not tax deductible? | _ | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | OD | | |
| и а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices provided to the payor? | 7a | х | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | X | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | |
| | to file Form 8282? | | 7с | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c | ontract? | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr | act? | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | orm 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | ation 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. | | | | |
| а | | | 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: | 40 | | | |
| 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: Gross income from members or shareholders | 110 | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | 11a | | | |
| | 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 | | 12a | | |
| | 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. | • | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | |
| С | Enter the amount of reserves on hand | 13c | | | |
| 14a | · · · · · · · · · · · · · · · · · · · | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune | | | | ,, |
| | excess parachute payment(s) during the year? | | 15 | | X |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | v |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investmen | t income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | Гани | 000 | (2010) |

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 | | | | | X |
|-------------|---|-----------|--------------------|-----------|---------|------------------|
| Sec | tion A. Governing Body and Management | | | | | |
| | | | 0.01 | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 22 | | | |
| | 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. | | 2.0 | | | |
| | Enter the number of voting members included on line 1a, above, who are independent | 1b | 22 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh | | | | | 37 |
| | officer, director, trustee, or key employee? | | | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | ,, |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form | | | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's as | | | 5 | | Х |
| 6 | Did the organization have members or stockholders? | | | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or a | | | | | ٦, |
| | more members of the governing body? | | | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | <i>'</i> | | | ,, |
| | persons other than the governing body? | | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | - | - | _ | 37 | |
| а | The governing body? | | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re- | | | _ | | \ _{3,7} |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal F | evenue (| code.) | | ., | · |
| 40 | | | 1 | 40 | Yes | No X |
| | Did the organization have local chapters, branches, or affiliates? | | | 10a | | |
| D | If "Yes," did the organization have written policies and procedures governing the activities of such of | | | 401- | | |
| 44- | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | Х | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing box | ay before | filling the form? | 11a | 22 | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | 100 | Х | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris Did the organization regularly and consistently monitor and enforce compliance with the policy? If "? | | | 12b | 21 | |
| С | | | | 120 | Х | |
| 12 | in Schedule O how this was done | | | 12c 13 | X | |
| 13 14 | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? | | | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approve | | | 14 | 21 | |
| 13 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | • | spendent | | | |
| 2 | The organization's CEO, Executive Director, or top management official | | | 15a | Х | |
| | Other officers or key employees of the organization | | | 15b | | х |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | .0.0 | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | ment wit | n a | | | |
| | taxable entity during the year? | | | 16a | | х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic | • | - | | | |
| | exempt status with respect to such arrangements? | | | 16b | | |
| Sec | tion 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, a | and 990-1 | (Section 501(c)(3) | s only |) avail | able |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | Í | - | |
| | X Own website Another's website X Upon request Other (explain | on Sche | edule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, or | | , | d finar | ncial | |
| | statements available to the public during the tax year. | | . 27 | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's bo | ooks and | records > | | | |
| | SAMANTHA TETER - 423-267-8583 | | | | | |
| | 701 BROAD STREET, CHATTANOOGA, TN 37402 | | | | | |

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

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

| (A) | (B) | l | | | C) | | , iou | (D) | (E) | (F) |
|--------------------------------|--|--------------------------------|-----------------------|---------------|--------------|------------------------------|--------|--|--------------------------------------|--|
| Name and title | Average hours per week | box | not c , unle | heck ss pe | more rson | than is bot | h an | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) MITCH CARTER | 2.00 | ,, | | | 4 | | | 0 | 0 | 0 |
| DIRECTOR | 2 00 | Х | | | | | | 0. | 0. | 0. |
| (2) LES RODDY | 2.00 | ٠,, | | | | | | | 0 | 0 |
| DIRECTOR | 2 00 | Х | | | | | | 0. | 0. | 0. |
| (3) CHRISTIAN HORVATH DIRECTOR | 2.00 | x | | | | | | 0. | 0. | 0. |
| (4) SPENCER MCCALLIE | 2.00 | | | | | | | | | |
| PAST PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (5) BRIDGET J GIBSON | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (6) MIKE COOPER | 2.00 | | | | | | | | | |
| CHAIR FINANCE | | Х | | | | | | 0. | 0. | 0. |
| (7) ED RUSK | 2.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (8) MARK A. SMITH | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) WILLIAM GREEN | 2.00 | | | | | | | | | |
| CHAIR - EDUCATION | | Х | | | | | | 0. | 0. | 0. |
| (10) HARRIETT WHITAKER | 2.00 | | | | | | | | | |
| CHAIR - STEWARDSHIP | | Х | | | | | | 0. | 0. | 0. |
| (11) EVA JO JOHNSON | 2.00 | | | | | | | _ | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) BRYAN KELLY | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (13) JO COKE | 2.00 | ļ | | | | | | | • | |
| EXECUTIVE COMMITTEE AT LARGE | | Х | | | | | | 0. | 0. | 0. |
| (14) PAT STARKE | 2.00 | | | | | | | | _ | _ |
| DIRECTOR | 1 2 22 | Х | | | | | | 0. | 0. | 0. |
| (15) WARREN BARNETT | 2.00 | ٠, | | | | | | | ^ | _ |
| EXECUTIVE COMMITTEE AT LARGE | 2 00 | Х | _ | | | | | 0. | 0. | 0. |
| (16) TODD MAYNOR | 2.00 | ٦, | | | | | | | ^ | _ |
| DIRECTOR (17) NOV. MANONE | 2.00 | Х | | | | _ | _ | 0. | 0. | 0. |
| (17) AMY MAHONE | 2.00 | X | | x | | | | 0. | 0. | 0. |
| 932007 01-20-20 | | Λ | | Δ. | | | | <u> </u> | 0. | Form 990 (2019) |

932007 01-20-20

| Form 990 (2019) CHATTANO | OGA SYMI | PHO | ZNC | Y 8 | ŝε (| OPI | ΞR | A ASSOCIATIO | N **-** | *2 | 098 | Pa | age 8 |
|--|--|-----------------|------------------------|------------------------|---------------|---|-------------|--|---|------------|-------------------------|---|----------------|
| Part VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees/ | , and | d Hi | ighe | st C | Compensated Employe | es (continued) | | | | |
| (A) Name and title | (B) Average hours per | box | not c | Pos check ess pe | itior more | than | h an | (D) Reportable compensation | (E) Reportable compensation | | | (F) stimate nount | |
| | week (list any hours for related organizations below line) | tee or director | ln stitutional trustee | Officer Officer | | Highest compensated materials and see materials | Ĺ | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC |) | com fr org and | other opensation the anization relation | e ion ed |
| (18) DON MCDOWELL PRESIDENT | 2.00 | X | | x | | | | 0. | (| ٥. | | | 0. |
| (19) ELIZABETH WILLIAMS DIRECTOR | 2.00 | х | | | | | | 0. | | o . | | | 0. |
| (20) MARK SIEDLECKI DIRECTOR | 2.00 | X | | | | | | 0. | | 5. | | | 0. |
| (21) DANNY WAXENBERG DIRECTOR | 2.00 | X | | | | | | 0. | |) . | | | 0. |
| (22) KYLE WILSON DIRECTOR | 2.00 | X | | | | | | 0. | |) . | | | 0. |
| (23) SAMANTHA TETER | 40.00 | | | v | | | | | | | | | |
| EXECUTIVE DIRECTOR | | | | Х | | | | 90,998. | | 0. | | | 0. |
| | | | | | | | | , , , | | | | | |
| | | | | | | | 6 | · | | | | | |
| 1b Subtotal | | | | | | | > | 90,998. | | J . | | | 0. |
| c Total from continuation sheets to Part V d Total (add lines 1b and 1c) | | | | | | | > | 90,998. | |).). | | | 0. |
| Total number of individuals (including but r compensation from the organization | ot limited to th | iose | liste | ed al | bove | e) wł | no r | eceived more than \$100 | ,000 of reportable | | | | 0 |
| 3 Did the organization list any former officer, | director trust | 00 | (OV 6 | amn | love | <u>م</u> | r hio | sheet compensated emr | alovee on | - | | Yes | No |
| line 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | | | | | 3 | | Х |
| 4 For any individual listed on line 1a, is the su and related organizations greater than \$15 | 0,000? If "Yes, | " co | mpl | ete S | Sche | edule | e J f | for such individual | | | 4 | | Х |
| 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com | • | | | | - | | | - | | | 5 | | Х |
| Section B. Independent Contractors 1 Complete this table for your five highest co | mpensated in | depe | ende | ent c | onti | racto | ors t | that received more than | \$100,000 of comp | ensa | ation 1 | from | |
| the organization. Report compensation for (A) | the calendar y | ear | endi | ing v | vith | or w | rithir T | n the organization's tax y | year. | | (0 | <u> </u> | |
| Name and business | address | N | INC | E | | | | Description of s | ervices | С | | nsatio | n |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (| including but n | ot li | mite | ed to | tho | se li | stec | d above) who received m | nore than | | | | |
| \$100,000 of compensation from the organi | zation > | | | | (| 0 | | | | | Form | 990 (2 | 2019) |

| Ра | rt V | Ш | | | | | | |
|--|------|--|---|--------------------|----------------------|---------------------------------------|-------------------------------|---------------------------------|
| | | | Check if Schedule O contains a response | or note to any lir | ne in this Part VIII | | | <u></u> |
| | | | | | (A) | (B) | (C) | (D) |
| | | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under |
| | | | | | | lunction revenue | busiliess levellue | sections 512 - 514 |
| ts s | 1 | 2 | Federated campaigns 1a | | | | | |
| an | | | | | - | | | |
| اع ق | | | | 8,500. | - | | | |
| fts | | | | 0,300. | - | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Related organizations 1d | 72,200. | | | | |
| Sin | | | Government grants (contributions) 1e | 12,200. | - | | | |
| utic | 1 | f | All other contributions, gifts, grants, and | 004 700 | | | | |
| 호된 | | | | 084,789. | | | | |
| ont od (| ! | _ | Noncash contributions included in lines 1a-1f 1g \$ | 117,396. | 1 1 5 5 1 0 0 | | | |
| <u>a</u> Č | | h | Total. Add lines 1a-1f | <u></u> | 1,165,489. | | | |
| | | | | Business Code | | | | |
| မွ | 2 | | ADMISSIONS | 711130 | 606,470. | | | |
| e Zi | | b | CONCERT FEES | 711130 | 62,880. | | | |
| Se | | С | YOUTH ORCHESTRA TUITIO | 711130 | 46,910. | 46,910. | | |
| am | | d | PROGRAM ADVERTISING | 711130 | 38,171. | 38,171. | | |
| Program Service Revenue | | e | | | | · · · · · · · · · · · · · · · · · · · | | |
| Pro | | | All other program service revenue | | | | | |
| | | | Total. Add lines 2a-2f | | 754,431. | | | |
| | 3 | | Investment income (including dividends, interest | | | | | |
| | Ū | | other similar amounts) | • | 96,550. | | | 96,550. |
| | 4 | | Income from investment of tax-exempt bond p | _ | 30,3301 | | | 30,000 |
| | | | · | • | | | | |
| | 5 | | Royalties (i) Real | (ii) Personal | | | | |
| | _ | | (7 | (ii) i ersoriai | | | | |
| | | | Gross rents 6a | | - | | | |
| | | | Less: rental expenses 6b | | _ | | | |
| | | | Rental income or (loss) 6c | | | | | |
| | | | Net rental income or (loss) | | | | | |
| | 7 | а | Gross amount from sales of (i) Securities | (ii) Other | _ | | | |
| | | | assets other than inventory 7a 7,703. | | | | | |
| • | ١ | b | Less: cost or other basis | | | | | |
| une | | | and sales expenses 7b 0. | | | | | |
| Revenue | (| С | Gain or (loss) 7c 7,703. | | | | | |
| | | d | Net gain or (loss) | <u>,</u> | 7,703. | | | 7,703. |
| her | 8 | | Gross income from fundraising events (not | | | | | |
| оŧР | | | including \$ 8 , 500 . of | | | | | |
| | | | contributions reported on line 1c). See | | | | | |
| | | | Part IV, line 18 | 84. | | | | |
| | | b | Less: direct expenses 8b | 0. | | | | |
| | | | Net income or (loss) from fundraising events | | 84. | | | 84. |
| | | | Gross income from gaming activities. See | | | | | |
| | | | Part IV, line 19 9a | | | | | |
| | | h | Less: direct expenses 9b | + | | | | |
| | | | A1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | |
| | | | Gross sales of inventory, less returns | | | | | |
| | | u | and allowances 10a | | | | | |
| | | h | Less: cost of goods sold 10k | + | - | | | |
| | | | J | | | | | |
| | | <u>. </u> | Net income or (loss) from sales of inventory | Business Code | | | | |
| ns | | | MISCELLANEOUS | 711130 | 1,635. | 1,635. | | |
| ne ue | 11 : | | HIDCHINVIEOD | 111130 | 1,033. | 1,000. | | |
| Miscellaneous Revenue | | b | | | | | | |
| Sce | | C | | | | | | |
| Ĕ | | | All other revenue | | 1 (25 | | | |
| | | е | Total. Add lines 11a-11d | > | 1,635. | 756 066 | | 104 225 |
| | 12 | | Total revenue. See instructions | <u></u> | 2,025,892. | 756,066. | <u> </u> | 104,337. |

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).

| Do | Check if Schedule O contains a respon not include amounts reported on lines 6b, | (A) | (B) | (C) | (D) |
|------------|---|---------------------|--------------------------|---------------------------------|---------------------------------------|
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | 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, | 06 000 | | 06 000 | |
| | trustees, and key employees | 96,000. | | 96,000. | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 1 264 405 | 1 000 246 | 242 140 | |
| 7 | Other salaries and wages | 1,264,495. | 1,022,346. | 242,149. | |
| 8 | Pension plan accruals and contributions (include | E7 007 | 12 577 | 15 210 | |
| _ | section 401(k) and 403(b) employer contributions) | 57,887. 108,979. | 42,577. 92,022. | 15,310. 16,957. | |
| 9 | Other employee benefits | 108,979. | 78,874. | 24,744. | |
| 10 | Payroll taxes | 103,010. | 70,074. | 44,144. | |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | 8,669. | | 8,669. | |
| b | Legal | 11,625. | | 11,625. | |
| C | Accounting | 11,025. | | 11,023. | |
| | , 9 | | | | |
| e | Professional fundraising services. See Part IV, line 17 | 28,085. | | 28,085. | |
| f | Other. (If line 11g amount exceeds 10% of line 25, | 20,003. | | 20,003. | |
| g | column (A) amount, list line 11g expenses on Sch 0.) | 8,291. | | 8,291. | |
| 10 | | 156,200. | 156,200. | 0,251. | |
| 12 | Advertising and promotion | 17,339. | 130,200. | 17,339. | |
| 13 | Office expenses | 34,728. | 25,935. | 8,793. | |
| 14 15 | Information technology | 34,720. | 23,333. | 0,755. | |
| 15 16 | Royalties | 31,937. | | 31,937. | |
| 17 | Occupancy | 1,111. | | 1,111. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 10 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 5,037. | | 5,037. | |
| 20 | Interest | 10,576. | | 10,576. | |
| 20 21 | Payments to affiliates | ., | | ., | |
| 22 | Depreciation, depletion, and amortization | 651. | | 651. | |
| 23 | Insurance | 25,611. | 2,569. | 23,042. | |
| 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 0.) | | | | |
| а | PRODUCTION & BOX OFFICE | 308,140. | 308,140. | | |
| b | YOUTH ORCHESTRA | 20,750. | 20,750. | | |
| c | FUNDRAISING EXPENSES | 16,672. | - | | 16,672 |
| d | EDUCATION | 14,345. | 14,345. | | · · · · · · · · · · · · · · · · · · · |
| | All other expenses | 3,286. | - | 3,286. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,334,032. | 1,763,758. | 553,602. | 16,672 |
| <u> 26</u> | Joint costs. Complete this line only if the organization | - | - | · | · · · · · · · · · · · · · · · · · · · |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

Part X | Balance Sheet

| Par | LA | Balance Sheet | | | | | |
|-----------------------------|-----|---|------------|-----------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or n | ote to ar | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 7,343. | 1 | 63,496 |
| | 2 | Savings and temporary cash investments | | | 164,343. | 2 | 451,741 |
| | 3 | Pledges and grants receivable, net | | | 211,500. | 3 | 28,000 |
| | 4 | Accounts receivable, net | | | 962. | 4 | |
| | 5 | Loans and other receivables from any current | or forme | r officer, director, | | | |
| | | trustee, key employee, creator or founder, sub | ostantial | contributor, or 35% | | | |
| | | controlled entity or family member of any of the | ese pers | ons | | 5 | |
| | 6 | Loans and other receivables from other disqu | alified pe | rsons (as defined | | | |
| | | under section 4958(f)(1)), and persons describ | ed in se | ction 4958(c)(3)(B) | | 6 | |
| its | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | 54,609. | 9 | 6,385 |
| | 10a | Land, buildings, and equipment: cost or other | | 44 | | | |
| | | basis. Complete Part VI of Schedule D | | 117,530. | | | |
| | b | Less: accumulated depreciation | • | 114,755. | 3,426. | 10c | 2,775 |
| | 11 | Investments - publicly traded securities | | | 705,587. | 11 | 470,731 |
| | 12 | Investments - other securities. See Part IV, line | | | 1,391,154. | 12 | 882,894 |
| | 13 | Investments - program-related. See Part IV, lin | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 0 520 004 | 15 | 1 006 000 |
| | 16 | Total assets. Add lines 1 through 15 (must ed | | | 2,538,924. | 16 | 1,906,022 |
| | 17 | Accounts payable and accrued expenses | | | 56,964. | 17 | 50,873 |
| | 18 | Grants payable | 267 202 | 18 | 170 700 | | |
| | 19 | Deferred revenue | | | 267,303. | 19 | 178,789 |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complet | | | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or fo | | | | | |
| | | trustee, key employee, creator or founder, suk | | | | | |
| LIa | | controlled entity or family member of any of the | | | 220,000. | 22 | 499,035 |
| | 23 | Secured mortgages and notes payable to unr | | | 220,000• | 23 | 499,033 |
| | 24 | Unsecured notes and loans payable to unrela | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, parties, and other liabilities not included on lin | | | | | |
| | | of Schedule D | es 17-24 |). Complete Part X | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 544,267. | 26 | 728,697 |
| | 20 | Organizations that follow FASB ASC 958, c | | | 311/20/0 | 20 | 7207037 |
| Ses | | and complete lines 27, 28, 32, and 33. | | | | | |
| anc | 27 | Net assets without donor restrictions | | | 296,260. | 27 | -487,937 |
| ра | 28 | Net assets with donor restrictions | | | 1,698,397. | 28 | 1,665,262 |
| Da l | | Organizations that do not follow FASB ASC | | | | | |
| ב | | and complete lines 29 through 33. | , | ŕ | | | |
| lo s | 29 | Capital stock or trust principal, or current fund | ds | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 1,994,657. | 32 | 1,177,325 |
| _ | 33 | Total liabilities and net assets/fund balances | | | 2,538,924. | 33 | 1,906,022 |

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

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

CHATTANOGA SYMPHONY & OPERA ASSOCIATION

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

Employer identification number **-***2098

| <u> </u> | | Tioacon for Fabric (| onanty otatao (| All Organizations must co | inpicte til | io part.) Ot | oc motractions. | | | | | | |
|----------|-------|--------------------------------|-----------------------------|--|--------------------------------------|-----------------------------------|--------------------------------|----------------------------|--|--|--|--|--|
| Γhe | organ | ization is not a private found | lation because it is: (| For lines 1 through 12, o | heck only | one box.) | | | | | | | |
| 1 | | A church, convention of ch | urches, or association | on of churches describe | d in sectio | n 170(b)(| 1)(A)(i). | | | | | | |
| 2 | | A school described in secti | | | | | | | | | | | |
| 3 | | A hospital or a cooperative | | • | | | ii). | | | | | | |
| 4 | 一 | A medical research organiz | | | | | - | the hospital's name | | | | | |
| • | | city, and state: | ation operated in col | njanotion with a noopita | i described | 3 111 000110 | ii ii o(b)(i)(A)(iii)i Eintoi | the noopital o name, | | | | | |
| 5 | | An organization operated for | or the benefit of a co | llege or university owner | d or operat | ted by a d | overnmental unit describ | ned in | | | | | |
| ٠ | | | | moge of difficulty owner | а ог орога | tod by a g | overnmental and accord | 500 III | | | | | |
| _ | | section 170(b)(1)(A)(iv). (C | | and the second s | | 70/1-1/41/41 | 6.3 | | | | | | |
| 6 | v | A federal, state, or local gov | _ | | | | | | | | | | |
| 7 | X | | | | | | | | | | | | |
| | | section 170(b)(1)(A)(vi). (C | • | | | | | | | | | | |
| 8 | Н | A community trust describe | | | | | | | | | | | |
| 9 | | An agricultural research org | ganization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | ınction with a land-grant | college | | | | | |
| | | or university or a non-land-o | grant college of agric | ulture (see instructions). | Enter the | name, city | y, and state of the colleg | je or | | | | | |
| | | university: | | | | | | | | | | | |
| 10 | | An organization that norma | lly receives: (1) more | than 33 1/3% of its sur | port from | contributi | ons, membership fees, a | and gross receipts from | | | | | |
| | | activities related to its exen | npt functions - subjec | ct to certain exceptions, | and (2) no | more tha | n 33 1/3% of its suppor | t from gross investment | | | | | |
| | | income and unrelated busin | ness taxable income | (less section 511 tax) fr | om busine | sses acqu | ired by the organization | after June 30, 1975. | | | | | |
| | | See section 509(a)(2). (Cor | mplete Part III.) | | | · | | | | | | | |
| 11 | | An organization organized a | - | ively to test for public sa | ıfetv. See | section 50 | 09(a)(4). | | | | | | |
| 12 | | An organization organized a | • | | | | | e purposes of one or | | | | | |
| | | more publicly supported or | • | | | | • | | | | | | |
| | | lines 12a through 12d that | ~ | 1 11 | | | | STOCK THE BOX III | | | | | |
| а | | Type I. A supporting orga | * - | | | - | | , aivina | | | | | |
| а | | the supported organization | • | | | • | | | | | | | |
| | | • • • • | | | a majority (| or the dire | ctors or trustees or the s | supporting | | | | | |
| L- | | organization. You must o | | | 4: · · · · · · · · · · · · · · · · · | | iti(-) | | | | | | |
| b | | | • | | | | | - | | | | | |
| | | control or management o | | | ame perso | ons that co | ontrol or manage the sup | ропеа | | | | | |
| | | organization(s). You mus | - | | | | | | | | | | |
| С | | | | | | | • • | ed with, | | | | | |
| | | its supported organization | | · · | | | | | | | | | |
| d | | ⊥ Type III non-functionally | / integrated. A supp | orting organization oper | ated in co | nnection v | vith its supported organi | ization(s) | | | | | |
| | | that is not functionally int | egrated. The organiz | zation generally must sa | tisfy a dist | ribution re | quirement and an attent | iveness | | | | | |
| | | requirement (see instruct | ions). You must con | nplete Part IV, Sections | s A and D, | , and Part | V. | | | | | | |
| е | | Check this box if the orga | anization received a v | written determination fro | m the IRS | that it is a | a Type I, Type II, Type III | | | | | | |
| | | functionally integrated, or | r Type III non-functio | nally integrated support | ing organiz | zation. | | | | | | | |
| f | Ente | er the number of supported o | organizations | | | | | | | | | | |
| g | | vide the following information | | | | | | | | | | | |
| | (| i) Name of supported | (ii) EIN | (iii) Type of organization (described on lines 1-10 | (iv) Is the orga in your governi | inization listed ing document? | (v) Amount of monetary | (vi) Amount of other | | | | | |
| | | organization | | above (see instructions)) | Yes | No | support (see instructions) | support (see instructions) | | | | | |
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| Tota | al | | | | | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2019 CHATTANOOGA SYMPHONY & OPERA ASSOCIATION**-***2098 Page 2

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.)

| Sec | tion A. Public Support | | | | | | | | | |
|------|---|---------------------------------------|-----------------|------------------------|---------------------|---------------------|-------------|--|--|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | | | |
| 1 | Gifts, grants, contributions, and | | | | | | | | | |
| | membership fees received. (Do not | | | | | | | | | |
| | include any "unusual grants.") | 1214755. | 1442357. | 1539046. | 1102327. | 1165489. | 6463974. | | | |
| 2 | Tax revenues levied for the organ- | | | | | | | | | |
| | ization's benefit and either paid to | | | | | | | | | |
| | or expended on its behalf | | | | | | | | | |
| 3 | The value of services or facilities | | | | | | | | | |
| | furnished by a governmental unit to | | | | | | | | | |
| | the organization without charge | | | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1214755. | 1442357. | 1539046. | 1102327. | 1165489. | 6463974. | | | |
| | 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) | | | | | | 792,719. | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 5671255. | | | |
| | etion B. Total Support | | | | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | | | |
| | Amounts from line 4 | 1214755. | 1442357. | 1539046. | 1102327. | 1165489. | 6463974. | | | |
| | Gross income from interest, | | | | | | | | | |
| _ | dividends, payments received on | | | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | | | |
| | and income from similar sources | 203,520. | 80,042. | 82,569. | 121,926. | 96,550. | 584,607. | | | |
| 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.) | 4,648. | 2,369. | 126. | 792. | 1,635. | 9,570. | | | |
| 11 | Total support. Add lines 7 through 10 | , | , | - | | | 7058151. | | | |
| | Gross receipts from related activities, | etc (see instruction | ons) | | | 12 5 | ,187,429. | | | |
| | First five years. If the Form 990 is for | · · · · · · · · · · · · · · · · · · · | | d. fourth, or fifth ta | ax vear as a sectio | | · | | | |
| | organization, check this box and stop | - | | | | | | | | |
| Sec | tion C. Computation of Publ | ic Support Pe | rcentage | | | | | | | |
| | Public support percentage for 2019 (I | | | olumn (f)) | | 14 | 80.35 % | | | |
| | Public support percentage from 2018 | | | | | 15 | 80.59 % | | | |
| | 33 1/3% support test - 2019. If the c | | | | | nore, check this bo | x and | | | |
| | stop here. The organization qualifies | - | | | | | | | | |
| b | 33 1/3% support test - 2018. If the o | | | | | | | | | |
| | and stop here. The organization qual | | | | | | > | | | |
| 17a | | | | | | | or more, | | | |
| | 7a 10% -facts-and-circumstances test - 2019. 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" | | | | <u>=</u> | - | | | | |
| b | 10% -facts-and-circumstances tes | ~ | | | | | | | | |
| | more, and if the organization meets the | | | | | | | | | |
| | organization meets the "facts-and-circ | | | | - | | | | | |
| 18 | Private foundation. If the organization | | | | | | | | | |
| | J | | , | , , | | | | | | |

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 CHATTANOOGA SYMPHONY & OPERA ASSOCIATION**-***2098 Page 3

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.)

| Se | ction A. Public Support | siow, piedde com | piete i uit ii.j | | | | |
|------|--|-------------------|----------------------|-----------------------|--------------------|----------------------|-------------|
| Cale | endar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Gifts, grants, contributions, and | | <u> </u> | , , | <u> </u> | 1 , | ., |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 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 | | | | | | |
| 2 | | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | | | | | | 1 | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| _ | The value of services or facilities | | | | | 1 | |
| 5 | furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | *** | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| ŀ | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| (| Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Se | ction B. Total Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) 🖊 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| ł | Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | <u> </u> | | |
| 14 | First five years. If the Form 990 is for | the organization' | s first, second, thi | d, fourth, or fifth t | ax year as a secti | on 501(c)(3) organiz | zation, |
| _ | check this box and stop here | | | | | | > |
| | ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2019 (li | | | column (f)) | | 15 | % |
| | Public support percentage from 2018 | | | | | 16 | % |
| Se | ction D. Computation of Inves | | | | | | |
| 17 | Investment income percentage for 20 | | | | | 17 | % |
| 18 | Investment income percentage from 2 | | | | | 18 | % |
| 19 | a 33 1/3% support tests - 2019. If the | | | | | | 17 is not |
| ŀ | more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the | | | | | | ▶ ☐☐ and |
| | line 18 is not more than 33 1/3%, che | • | | | • | · | |
| 20 | Private foundation. If the organization | | | | | | • |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

| | Yes | No |
|-----|-----|----|
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| 10a | | |
| 10b | | |

Schedule A (Form 990 or 990-EZ) 2019 CHATTANOOGA SYMPHONY & OPERA ASSOCIATION**-***2098 Page 6

| | Type III Non-Functionally Integrated 509(a)(3) Supporting | | | 2000 Page 0 |
|------|--|---------|-------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | trust o | n Nov. 20, 1970 (explain in I | Part VI). See instructions. A |
| | other Type III non-functionally integrated supporting organizations must com | plete S | Sections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion 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 | | |
| | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% 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 .035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 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 | Check here if the current year is the organization's first as a non-functionally | integra | ated Type III supporting org | anization (see |
| | instructions). | J | 7. 11 3 3 | , |

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 CHATTANOOGA SYMPHONY & OPERA ASSOCIATION**-***2098 Page 7

| Par | t V T | ype III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations (continued) | | | | |
|-------|--|--|-------------------------------|--|---|--|--|--|
| Secti | | stributions | | , | Current Year | | | |
| 1 | Amounts | paid to supported organizations to accomplish exe | mpt purposes | | | | | |
| 2 | | | | | | | | |
| | organizations, in excess of income from activity | | | | | | | |
| 3 | Administ | | | | | | | |
| 4 | Amounts | paid to acquire exempt-use assets | | | | | | |
| 5 | Qualified | set-aside amounts (prior IRS approval required) | | | | | | |
| 6 | Other dis | stributions (describe in Part VI). See instructions. | | | | | | |
| 7 | Total an | nual distributions. Add lines 1 through 6. | | | | | | |
| 8 | Distributi | ons to attentive supported organizations to which the | ne organization is responsive | Э | | | | |
| | (provide | details in Part VI). See instructions. | | | | | | |
| 9 | Distributa | able amount for 2019 from Section C, line 6 | | | | | | |
| 10 | Line 8 ar | nount divided by line 9 amount | | | | | | |
| Secti | ion E - Di | stribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 | | | |
| 1 | Distributa | able amount for 2019 from Section C, line 6 | | | | | | |
| 2 | Underdis | stributions, if any, for years prior to 2019 (reason- | | | | | | |
| | able cau | se required- explain in Part VI). See instructions. | | | | | | |
| 3 | Excess o | listributions carryover, if any, to 2019 | | | | | | |
| а | From 20 | 14 | | | | | | |
| b | From 20 | 15 | | | | | | |
| С | From 20 | 16 | | | | | | |
| d | From 20 | 17 | | | | | | |
| е | From 20 | 18 | | | | | | |
| f | Total of | lines 3a through e | | | | | | |
| g | Applied t | o underdistributions of prior years | | | | | | |
| h | Applied t | o 2019 distributable amount | | | | | | |
| i | Carryove | er from 2014 not applied (see instructions) | | | | | | |
| j | Remaind | er. Subtract lines 3g, 3h, and 3i from 3f. | | | | | | |
| 4 | Distributi | ons for 2019 from Section D, | | | | | | |
| | line 7: | \$ | | | | | | |
| а | Applied t | o underdistributions of prior years | | | | | | |
| b | Applied t | to 2019 distributable amount | | | | | | |
| С | Remaind | er. Subtract lines 4a and 4b from 4. | | | | | | |
| 5 | | ng underdistributions for years prior to 2019, if | | | | | | |
| | | tract lines 3g and 4a from line 2. For result greater | | | | | | |
| | | o, explain in Part VI. See instructions. | | | | | | |
| 6 | | ng underdistributions for 2019. Subtract lines 3h | | | | | | |
| | | rom line 1. For result greater than zero, explain in | | | | | | |
| | | See instructions. | | | | | | |
| 7 | | distributions carryover to 2020. Add lines 3j | | | | | | |
| | and 4c. | | | | | | | |
| 8 | | wn of line 7: | | | | | | |
| | Excess f | | | | | | | |
| | Excess f | | | | | | | |
| | Excess f | | | | | | | |
| | Excess f | | | | | | | |
| _ | Excess fi | rom zuist | | | | | | |

Schedule A (Form 990 or 990-EZ) 2019

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.)

| SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: |
|---|
| MISCELLANEOUS |
| 2015 AMOUNT: \$ 4,648. |
| 2016 AMOUNT: \$ 2,369. |
| 2017 AMOUNT: \$ 126. |
| 2018 AMOUNT: \$ 792. |
| 2019 AMOUNT: \$ 1,635. |
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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 Open to Public Inspection

Name of the organization

CHATTANOOGA SYMPHONY & OPERA ASSOCIATION

Employer identification number **-***2098

| Par | t I Organizations Maintaining Donor Advise | d Funds or Other Similar Funds or | Accounts. Complete if the |
|-----|--|--|---------------------------------|
| | organization answered "Yes" on Form 990, Part IV, line | | · |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in v | riting that the assets held in donor advised for | unds |
| | are the organization's property, subject to the organization's e | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | dvisors in writing that grant funds can be used | d only |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other purpose conf | ferring |
| _ | | | |
| Par | t II Conservation Easements. Complete if the org | anization answered "Yes" on Form 990, Part | IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | |
| | Preservation of land for public use (for example, recreat | ion or education) Preservation of a his | storically important land area |
| | Protection of natural habitat | Preservation of a ce | rtified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifi | ed conservation contribution in the form of a | |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | |
| b | | | |
| C | Number of conservation easements on a certified historic stru | | 2c |
| d | Number of conservation easements included in (c) acquired a | | |
| _ | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by the org | anization during the tax |
| | year - | | |
| 4 | Number of states where property subject to conservation eas | | |
| 5 | Does the organization have a written policy regarding the peri | | Yes No |
| 6 | violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, I | | |
| 6 | Starr and volunteer flours devoted to floring inspecting, i | landling of violations, and emorcing conserva | ation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ling of violations, and enforcing conservation | easements during the year |
| • | ► \$ | ing of violations, and officially conservation | data in g the year |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 170(h)(4 |)(B)(i) |
| • | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation | | |
| | balance sheet, and include, if applicable, the text of the footn | | |
| | organization's accounting for conservation easements. | ŭ | |
| Par | t III Organizations Maintaining Collections of | Art, Historical Treasures, or Othe | r 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 | 3, not to report in its revenue statement and b | palance sheet works |
| | of art, historical treasures, or other similar assets held for pub | lic exhibition, education, or research in furthe | rance of public |
| | service, provide in Part XIII the text of the footnote to its finan | cial statements that describes these items. | |
| b | If the organization elected, as permitted under FASB ASC 958 | 3, to report in its revenue statement and balar | nce sheet works of |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in furtherar | nce 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 treatments | | n, provide |
| | the following amounts required to be reported under FASB AS | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | |
| | Assets included in Form 990, Part X | | |
| LHA | For Paperwork Reduction Act Notice, see the Instructions | for Form 990. | Schedule D (Form 990) 2019 |

932051 10-02-19

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value | | | | | |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|--|--|--|--|--|
| 1a Land | | | | | | | | | |
| b Buildings | | | | 0. | | | | | |
| c Leasehold improvements | | 22,955. | 22,955. | 0. | | | | | |
| d Equipment | | 55,284. | 52,509. | 2,775. | | | | | |
| e Other | | 39,291. | 39,291. | 0. | | | | | |
| otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | | | | | | |

Schedule D (Form 990) 2019

| 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.) | |

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... X

Schedule D (Form 990) 2019

29

932053 10-02-19

Schedule D (Form 990) 2019

BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER

EXAMINATION BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR

| Part VII Investments - Other Securities. See Form 990, Part X, line 12. | | (a) Mathead of |
|---|----------------|--|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| DIEBOLD NIXDORF INC | 185,000. | FMV |
| DIEDOUD NIKDORF INC | 103,000. | FHV |
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SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► 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

Open To Public Inspection

| Name of t | ne organization (| CHATTANO | OGA SYMPH | MONY & | OPE | RA ASSO | CI | ATION | | | *20 | | on nu | iiibei |
|-------------|----------------------|-------------------|----------------------------------|------------------------|----------|------------------|-------|---------------------|----------|----------------|--|------------------|----------|---------|
| Part I | Excess Bend | efit Transa | ctions (section 5 | 01(c)(3), sec | tion 50 | 1(c)(4), and se | ctio | n 501(c)(29) orga | anizati | ons o | nly). | | | |
| | Complete if the | | nswered "Yes" on | | | ine 25a or 25t | o, or | Form 990-EZ, P | art V, I | ine 40 |)b. | | | |
| 1 (a) Na | ame of disqualified | person (t | Relationship bet person and o | | alified | (0 | :) De | escription of tran | sactio | n | | · · · | | cted? |
| | | | person and o | rganization | | | , - | | | | | <u> </u> | es | No |
| | | | | | | | | | | | | + | -+ | |
| | | | | | | | | | | | | + | -+ | |
| | | | | | | | | | | | | + | -+ | |
| | | | | | | | | | | | | + | - | |
| | | | | | | | | | | | | | | |
| 2 Ente | r the amount of tax | incurred by th | e organization mar | nagers or dis | qualifie | ed persons du | ring | the year under | | | | | | |
| | | | | | | | | | | > \$ | | | | |
| 3 Ente | r the amount of tax, | , if any, on line | 2, above, reimburs | sed by the o | rganiza | tion | | | | > \$ | | | | |
| Part II | Loans to an | d/or From | Interested Per | eone | | _ | | | | | | | | |
| rarem | J | | nswered "Yes" on | | 7 Dart | / line 383 or l | =orm | a QQO Part IV lin | a 26: | or if th | ne oras | anizati | on | |
| | • | · · | 990, Part X, line 5, | | د, ۱ a۱۱ | v, line Joa or i | OIII | 1990, 1 att 10, 111 | le 20, 1 | JI II U | ie orga | ıııızatı | 511 | |
| | a) Name of | (b) Relationsh | | (d) Loan to or | (€ | e) Original | (f |) Balance due | (g) | In | (h) Ap | proved ard or | (i) W | /ritten |
| inte | rested person | with organizat | ion of loan | from the organization? | princ | ipal amount | | | defa | ult? | comm | nittee? | agree | ment? |
| | | | | To From | 1 | | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| Part III | Grants or As | ecictanco F | Benefiting Inte | rostad Da | reone | > \$ | | | | | | | | |
| i ai t III | _ | | nswered "Yes" on | | | | | | | | | | | |
| (a) i | Name of interested | | (b) Relationship | | | c) Amount of | | (d) Type | of | | (e |) Purp | ose o | f |
| ,, | | | interested per the organiz | son and | 1 ` | assistance | | assistan | | | | assista | | |
| | | | u ie Organiz | auun | | | | | | _ | | | | |

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

Schedule L (Form 990 or 990-EZ) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

CHATTANOOGA SYMPHONY & OPERA ASSOCIATION

Employer identification number **-***2098

| Pai | rt I Types of Property | | | | | | |
|----------|--|-------------------------------|---|---|--|------|-------------|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of dete noncash contributio | • | ts |
| 1 | Art - Works of art | | | | | | |
| 2 | Art - Historical treasures | | | | | | |
| 3 | Art - Fractional interests | | | | | | |
| 4 | Books and publications | | | | | | |
| 5 | Clothing and household goods | | | | | | |
| 6 | Cars and other vehicles | | | | | | |
| 7 | Boats and planes | | | | | | |
| 8 | Intellectual property | | | | | | |
| 9 | Securities - Publicly traded | X | 7 | 117,396. | STOCK MARKET | VALU | ES |
| 10 | Securities - Closely held stock | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | |
| | trust interests | | | | | | |
| 12 | Securities - Miscellaneous | | A | | | | |
| 13 | Qualified conservation contribution - | | | | | | |
| | Historic structures | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | |
| 15 | Real estate - Residential | | | | | | |
| 16 | Real estate - Commercial | | | | | | |
| 17 | Real estate - Other | | | | | | |
| 18 | Collectibles | | | | | | |
| 19 | Food inventory | | | | | | |
| 20 | Drugs and medical supplies | | | | | | |
| 21 | Taxidermy | | | | | | |
| 22 | Historical artifacts | | | | | | |
| 23 | Scientific specimens | | | | | | |
| 24 | Archeological artifacts | | | | | | |
| 25 | Other () | | | | | | |
| 26 | Other () | | | | | | |
| 27 | Other () | | | | | | |
| 28 29 | Other () | | | | | | |
| 29 | Number of Forms 8283 received by the organization completed Form 828 | | • | | | | |
| | for which the organization completed Form 626 | os, Part IV, | Donee Acknowled | gement 29 | | Yes | No |
| 302 | During the year, did the organization receive by | , contributio | n any property rea | norted in Part I lines 1 throu | gh 28 that it | res | INO |
| 50a | must hold for at least three years from the date | | | | | | |
| | exempt purposes for the entire holding period? | | | | | 0a | х |
| h | If "Yes," describe the arrangement in Part II. | | | | | ou | |
| 31 | Does the organization have a gift acceptance p | oolicy that r | equires the review | of any nonstandard contribu | itions? | 31 | х |
| | Does the organization hire or use third parties of | | | | | - | |
| <u>u</u> | contributions? | | _ | · · | | 2a | х |
| b | If "Yes," describe in Part II. | | | | | | |
| 33 | If the organization didn't report an amount in co | olumn (c) fo | r a type of propert | y for which column (a) is che | cked, | | |
| | describe in Part II. | (5) 10 | -71 21 61 5 601 | , | , | | |
| | | | | | | | |

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

Schedule M (Form 990) 2019

| Schedule M | (Form 990) 2019 | CHATTANOOGA | SYMPHONY | & OPERA | ASSOCIATION | **-***2098 | Page 2 |
|------------|-----------------------------------|--|--|--------------------------------------|--|--|--------|
| Part II | Supplemental is reporting in Part | Information. Provide I, column (b), the num dditional information. | de the information ber of contributions | required by Part s, the number of | I, lines 30b, 32b, and 33, items received, or a comb | and whether the organiza oination of both. Also com | tion |
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932142 09-27-19

Schedule M (Form 990) 2019

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047
2019
Open to Public

Open to Public Inspection

Name of the organization

CHATTANOOGA SYMPHONY & OPERA ASSOCIATION

Employer identification number **-***2098

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM AND SUBMITTED TO THE EXECUTIVE DIRECTOR FOR BOARD REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

DURING ORIENTATION OF BOARD MEMBERS, THE CONFLICT OF INTEREST POLICY IS

DISCUSSED. DURING MEETINGS, BOARD MEMBERS ARE ASKED BY THE PRESIDENT TO

LEAVE THE ROOM IF THEY HAVE A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION OF THE EXECUTIVE DIRECTOR IS SUBJECT TO REVIEW AND APPROVAL OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS OPEN TO PUBLIC INSPECTION ARE AVAILABLE AT THE OFFICE UPON REQUEST AND AT THE ORGANIZATION'S WEBSITE.

FORM 990. PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. THE ORGANIZATION HAS

A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF

ITS FINANCIAL STATEMENTS BY AN INDEPENDENT ACCOUNTANT.

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

Schedule O (Form 990 or 990-EZ) (2019)

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|--------------|---|------------------|--------|-------|------|-------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| | MANAGEMENT AND GENERAL | | | | | | | | | | | | | | |
| 1 | MUSIC & RELATED ITEMS | VARIOUS | SL | 10.00 | | 16 | 12,107. | | | | 12,107. | 12,107. | | 0. | 12,107. |
| 2 | MUSICAL INSTRUMENTS | 05/31/06 | SL | 10.00 | | 16 | 12,410. | | | | 12,410. | 8,984. | | 651. | 9,635. |
| 3 | YOUTH EQUIPMENT & MUSIC | VARIOUS | SL | ##### | | 16 | 16,033. | | | | 16,033. | 16,033. | | 0. | 16,033. |
| 4 | OFFICE FURNITURE & FIXTURES | VARIOUS | SL | 10.00 | | 16 | 26,841. | | | | 26,841. | 26,841. | | 0. | 26,841. |
| 10 | FINE ARTS SOFTWARE | VARIOUS | SL | 5.00 | | 16 | 27,184. | | | | 27,184. | 27,184. | | 0. | 27,184. |
| 11 | LEASEHOLD IMPROVEMENTS | 12/02/10 | SL | 5.00 | | 16 | 22,955. | | | | 22,955. | 22,955. | | 0. | 22,955. |
| | * 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL | | | | | | 117,530. | | | | 117,530. | 114,104. | | 651. | 114,755. |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | | | 117,530. | | | | 117,530. | 114,104. | | 651. | 114,755. |
| | | | | | | | | | | | | | | | |
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Depreciation and Amortization (Including Information on Listed Property)

990 ► Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

| CHA | ATTANOOGA SYMPHONY | & OPERA A | SSOCIA | TIONFOR | M 990 | PAGE 10 | | **-***2098 |
|------------|---|---------------------------|----------------|----------------------------------|------------------------|-----------------|-----------|-------------------------------|
| Par | t Election To Expense Certain Prop | erty Under Section 1 | 79 Note: If yo | ou have any li | sted property | , complete Parl | t V befor | |
| 1 N | Maximum amount (see instructions) | | | | | | 1 | 1,020,000. |
| 2 T | otal cost of section 179 property pla | ced in service (see | instructions | s) | | | 2 | |
| 3 T | hreshold cost of section 179 proper | ty before reduction | in limitation | | | | 3 | 2,550,000. |
| 4 F | leduction in limitation. Subtract line 3 | 4 | ļ. | | | | | |
| 5 D | ollar limitation for tax year. Subtract line 4 from li | 5 | j | | | | | |
| 6 | (a) Description of p | cost | | | | | | |
| | | | | | | | | |
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| | isted property. Enter the amount from | | | | | | | |
| | otal elected cost of section 179 prop | | | | | | | 3 |
| | entative deduction. Enter the small e | | | | | | |) |
| | carryover of disallowed deduction fro | | | | | | | 0 |
| | susiness income limitation. Enter the | | | | | | | 1 |
| | ection 179 expense deduction. Add | | | | | | 12 | 2 |
| | carryover of disallowed deduction to | | | | ▶ 13 | | | |
| | Don't use Part II or Part III below fo | | | | | | | |
| Par | Operation 2 option and in the contract of the | | | | | • • | | |
| | special depreciation allowance for qu | alified property (ot | her than liste | ed property) p | laced in servi | ce during | | |
| | ne tax year | | | | | | | |
| | Property subject to section 168(f)(1) e | | | | | | | CF1 |
| _ | Other depreciation (including ACRS) | | | | | | 10 | 6 651. |
| Pai | t III MACRS Depreciation (Don | 't include listed pro | | - | | | | |
| | | | | ection A | _ | | | _ |
| | MACRS deductions for assets placed | 1 | | | | | <u>17</u> | 7 |
| 18 If | you are electing to group any assets placed in se | | | | | | | rataus |
| | Section B - Asset | (b) Month and | | or depreciation | | | ation Sy | /stem |
| | (a) Classification of property | year placed in service | (business/i | nvestment use e instructions) | (d) Recovery period | (e) Convention | (f) Metho | od (g) Depreciation deduction |
| <u>19a</u> | 3-year property | | | | | | ļ | |
| b | 5-year property | | | | | | <u> </u> | |
| _с | 7-year property | | | | | | <u> </u> | |
| d | 10-year property | | | | | | <u> </u> | |
| e | 15-year property | | | | | | <u> </u> | |
| f_ | 20-year property | | | | | | | |
| g | 25-year property | | | | 25 yrs. | | S/L | |
| h | Residential rental property | / | | | 27.5 yrs. | MM | S/L | |
| | Tiodidential Fortal property | / | | | 27.5 yrs. | MM | S/L | |
| i | Nonresidential real property | / | | | 39 yrs. | MM | S/L | |
| | | / | <u> </u> | | | MM | S/L | |
| | Section C - Assets | Placed in Service | During 201 | 9 Tax Year U | sing the Alte | rnative Depre | | System |
| <u>20a</u> | Class life | | | | | | S/L | |
| <u> </u> | 12-year | | | | 12 yrs. | | S/L | |
| c | 30-year | / | | | 30 yrs. | MM | S/L | |
| d | 40-year | / | | | 40 yrs. | MM | S/L | |
| | t IV Summary (See instructions.) | | | | | | | . 1 |
| | isted property. Enter amount from lin | | | | | | 2 | 1 |
| | otal. Add amounts from line 12, lines | - | | | | | | |
| | inter here and on the appropriate line | | | | tions - see ins | str | 2 | 2 651. |
| | or assets shown above and placed i | - | e current yea | ar, enter the | | | | |
| p | ortion of the basis attributable to sec | ะแบบ Zo3A COSTS | | | 23 | | | |

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

| | Section A - | Depreciation | on and Other I | nforma | tion (Ca | utior | ı: See | the ir | nstruct | ions for l | mits for p | oasseng | er autor | nobiles.) | | | |
|------|--|----------------------------|--|------------------------|-----------|--------------|---|---------|----------|-------------------------------|------------|-----------------------------------|---|-----------|---------------------------------------|--------|--|
| 24a | Do you have evidence to s | support the bu | siness/investme | nt use cl | aimed? | | Yes | | No | 24 b If "Y | es," is th | e evide | nce writt | ten? | Yes | No | |
| | (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentag | | | | (e) Basis for depreciation (business/investment use only) | | | | | g) :hod/ ention | (h) Depreciation deduction | | (i) Elected section 179 cost | | |
| 25 | Special depreciation allo | | | | • | | | _ | • | • | | | | | | | |
| | used more than 50% in | | | | | | | | | | | 25 | | | | | |
| 26 | Property used more tha | n 50% in a c | . | . | | - | | | 1 | | 1 | | 1 | | | | |
| | | 1 1 | 9 | - | | _ | | | | | | | | | | | |
| | | 1 1 | 9/ | _ | | -+ | | | | | | | | | | | |
| 27 | Property used 50% or le | ee in a qual | ified business | | | | | | | | | | | | | | |
| | 1 Toperty used 5070 of R | : : | % | | | | | | | | S/L - | | | | | | |
| | | : : | 9/ | - | | \neg | | | | | S/L - | | | | | | |
| | | : : | 9 | _ | + | | + | | | | S/L - | | | | | | |
| 28 | Add amounts in column | <u> </u> | | | e and or | n line : | 21, pa | age 1 | | | | 28 | | | | | |
| | Add amounts in column | | | | | | | | A | | | | | . 29 | | | |
| | | | | | B - Infor | | | | | | | | | | | | |
| Cor | mplete this section for ve | hicles used | by a sole prop | rietor, p | artner, c | or othe | er "mo | ore tha | an 5% | owner," | or related | d person | ı. If you | provided | vehicles | 3 | |
| to y | our employees, first ans | wer the ques | stions in Section | n C to | see if yo | u mee | et an e | excep | tion to | complet | ing this s | ection f | or those | vehicles | i. | | |
| | | | | | • | | | | | | | | | | | | |
| | | | | | (a) | | | | | (c) | | (d) | | (e) | | (f) | |
| 30 | Total business/investment miles driven during the | | | Vehicle | | , | Vehicle | | Vehicle | | Vehicle | | Vehicle | | Vehicle | | |
| | year (don't include commu | | | | | | | | | | | | | | | | |
| | Total commuting miles of | | | | | | | | | | | | | | | | |
| 32 | Total other personal (noncommuting) miles | | | | | | | | | | | | | | | | |
| | driven | | | | | | | | | | | | | | | | |
| 33 | Total miles driven during | | | | | | | | | | | | | | | | |
| • | Add lines 30 through 32 | | | | | | | | | 1 | | | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |
| 34 | 4 Was the vehicle available for personal use | | | Yes | No | Ye | s | No | Yes | No | Yes | No | Yes | No | Yes | No | |
| 25 | during off-duty hours? | | | | | | | | | + | | | | | | | |
| 33 | than 5% owner or relate | | | | | | | | | | | | | | | | |
| 36 | Is another vehicle availa | | | | | | _ | | | + | | | | | | | |
| - | use? | | | | | | | | | | | | | | | | |
| | | | - Questions fo | or Emp | loyers V | Vho P | rovid | e Veh | icles | for Use b | y Their E | mploye | es | | · | | |
| Ans | swer these questions to | determine if | you meet an ex | ception | n to com | pletin | ng Sed | tion E | 3 for ve | ehicles us | ed by er | nployee | s who a ı | ren't | | | |
| moi | re than 5% owners or rel | ated person | S. | | | | | | | | | | | | | | |
| 37 | Do you maintain a writte | en policy stat | tement that pro | ohibits a | all perso | nal us | se of v | ehicle | es, incl | uding co | nmuting | by you | r | | Yes | No | |
| | employees? | | | | | | | | | | | | | | | | |
| 38 | Do you maintain a writte | | • | | | | | | | | | | | | | | |
| | employees? See the ins | | | | | | | | | | | | | | | | |
| | Do you treat all use of ve | | | | | | | | | | | | | | - | | |
| 40 | Do you provide more that | | | | | | | | | | | | | | | | |
| 44 | the use of the vehicles, | | | | | | | | | | | | | | | | |
| 41 | Do you meet the require Note: If your answer to | | | | | | | | | | | | | | | | |
| P | art VI Amortization | 37, 36, 39, 4 | U, Or 41 IS TE | s, don | t compi | ete Se | ection | D IOI | trie cc | overed ve | nicies. | | | | | | |
| | | | | (b) | | ((| c) | | | (d) | | (e) | | | (f) | | |
| | | | | imortization begins | | Amort amo | (c) nortizable amount | | | (d) Code section | | Amortization period or percentage | | An fo | nortization r this year | | |
| 42 | Amortization of costs th | at begins du | | | ar: | | | | | | | poriou oi peli | oontays | | • | | |
| | | <u> </u> | | : : | | | | | | | | | | | | | |
| | | | | : : | | | | | | | | | | | | | |
| 43 | Amortization of costs th | at began be | fore your 2019 | tax yea | ar | | | | | | | | 43 | | | | |
| | Total. Add amounts in o | | | | | | | | | | | | 44 | | | | |
| 0160 | 252 12-12-19 | | | | | | | | | | | | | F | orm 456 2 | (2019) | |