EXTENDED TO APRIL 15, 2025

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning JUN 1, 2023 and ending MAY 31.

3 c	heck if	C Name of organization		D Employer identifi	cation number
			_		
	Addre chang Name		N	** ***	0.0
L	_]chang ∏Initial	Doing business as		**-***20	
	return □Final	,	n/suite	E Telephone numbe 423-267-	
	return∟ termir		J		1,967,497.
	ated ∏Amen	City or town, state or province, country, and ZIP or foreign postal code CHATTANOGA, TN 37403		G Gross receipts \$	
H	⊒return ∏Applid	CHATTANOOGA, IN 37403		H(a) Is this a group re	
	tion pendi	SAME AS C ABOVE		for subordinates H(b) Are all subordinates in	····· — —
	-ov ov	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	1	list. See instructions
	Vebsi		321	H(c) Group exemptio	
			I Vear		1 State of legal domicile: TN
	rt I	Summary	Libar	oriorination. 2007	Totate of logal dofficine. 221
	1	Briefly describe the organization's mission or most significant activities: TO INST	PIRE	. ENGAGE &	ENRICH THE
Governance	-	GREATER CHATTANOOGA COMMUNITY THROUGH MUSIC	C AN	D MUSIC EDU	CATION.
rna	2	Check this box if the organization discontinued its operations or disposed of	of more	than 25% of its net as	ssets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		1 1	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)			23
es {	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	237
viti	6	Total number of volunteers (estimate if necessary)		6	20
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		1,139,039.	1,076,662.
/en	9	Program service revenue (Part VIII, line 2g)		569,656.	668,624.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-13,191.	221,320.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		734.	891.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,696,238.	1,967,497.
	ı	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.
	١	Benefits paid to or for members (Part IX, column (A), line 4)		1,937,921.	1,882,271.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 92,805.	.	0.	0.
pen	loa	Total fundraising even (Part IX, column /D), line 25) 92, 805.	. –	0.	0.
EX		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		729,827.	779,322.
	ı	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,667,748.	2,661,593.
		Revenue less expenses. Subtract line 18 from line 12		-971,510.	-694,096.
or Ses	_	Tovolido loco oxpanicos: edistrator interior non interior ne		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,747,787.	1,006,709.
d Ba	21	Total liabilities (Part X, line 26)		564,563.	462,385.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		1,183,224.	544,324.
Pa	irt II	Signature Block			
Jnde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and	l statem	ents, and to the best of m	y knowledge and belief, it is
rue,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which p	reparer	has any knowledge.	
Sigr	า	Signature of officer		Date	
Her	е	SUSAN CAMINEZ, EXECUTIVE DIRECTOR			
		Type or print name and title		Date Check	PTIN
Paid		Print/Type preparer's name MADIANNE HADE CREEKE CDA		if	
	ı Darer	MARIANNE HART GREENE, CPA Firm's name JOHNSON, MURPHEY & WRIGHT, P.C.		self-employ Firm's EIN *	P01217461 *-***3134
-	Only	Firm's address 301 NORTH MARKET STREET		FIIIII S EIN "	2124
JJ6	Jilly	CHATTANOOGA, TN 37405		Phone no (A	23)756-1170
1/01	the !!	RS discuss this return with the preparer shown above? See instructions		Filolie IIO. (4	X Yes No
vidy	uie I	no discuss this return with the preparer shown above? See instructions			LALITES LINO

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

(Expenses \$ including grants of \$

Total program service expenses 2,262,773.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			,,
	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			3,7
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	х	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	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	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha	- 21	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
Ū	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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			7.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		Х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			 -
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
			000	(0000)

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	Officerist of nequired Schedules (continued)			
	Dill		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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			
	Orbital to I	23		x
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
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			
Ū	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		Х
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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	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 line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٠,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	١		- V
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	\vdash	\vdash
36		26		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a marker explain for fordered in some tay promotes 20 ft "Vos." appropriate School do D. Dort VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	_ 00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 56			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(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 237								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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 Accounts (FBAR).								
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		_X_					
d	If "Yes," indicate the number of Forms 8282 filed during the year			X					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f									
g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	3 3								
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.	9a							
	a Did the sponsoring organization make any taxable distributions under section 4966?								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12								
11									
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders								
	Gross income from other sources. (Do not net amounts due or paid to other sources against								
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	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								
С	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

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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			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
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 appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
а	The organization's CEO, Executive Director, or top management official	15a	Х	37
b	Other officers or key employees of the organization	15b		Х
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	4-		v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed TN			
17 10	Elot the states with which a copy of this Form cost is required to be med	0.621.	۱ ۵۰۰۰- ۱۱	- la!-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	, avalla	anie
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O)			
10	·······································	d fine:	ooic!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	u iiiidi	ıcıdı	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	SUSAN CAMINEZ - 423-267-8583			
	620 LINDSAY STREET, SUITE 210, CHATTANOOGA, TN 37403			

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

C1	Check this box if neither the organization n	or any related	orga	aniza	ation	COI	mpe	nsat	ed any current officer, o	director, or trustee.	
Control of the control more than one than one hours per week (list any) hours for related organizations below line) Security S	(A)	(B)							(D)	(E)	(F)
Document per New Neek New N	Name and title	Average	(do					one	Reportable	Reportable	Estimated
Comparization Comparizatio		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	•	
1		l	\vdash	cer an	lu a u	recio	or/trus	lee)			
1		, ,	irecto							_	
1			or d	ee			sated				
1		l	nstee.	trust		ee ee	nben			1099-NEC)	•
1		~	ual tr	tional		yoldr	yee	٦	1099-1420)		
1		l	ndivic	nstitu)fficer	ey en	lighe: mplo	orme			organization o
C1	(1) JOHN KILKENNY	,	_	_		×	1 0	<u> </u>			
EXECUTIVE DIRECTOR (START MARCH 2024)	EXECUTIVE DIRECTOR(END MARCH 2024)		1		Х				97,363.	0.	0.
(3) WARREN BARNETT	(2) SUSAN CAMINEZ	40.00									
Director X	EXECUTIVE DIRECTOR(START MARCH 2024)				Х				61,350.	0.	0.
(4) KATIE BYRUM	(3) WARREN BARNETT	2.00									
DIRECTOR	DIRECTOR		Х						0.	0.	0.
S MITCH CARTER C C C C C C C C C		2.00									
DIRECTOR			Х						0.	0.	0.
Column		2.00	l								•
DIRECTOR	DIRECTOR		Х						0.	0.	0.
Column		2.00	l								•
DIRECTOR			Х						0.	0.	0.
Carrier Carr	, , , , , , , , , , , , , , , , , , , ,	2.00	l								•
DIRECTOR X			Х						0.	0.	0.
SAM GOWIN 2.00 X 0.0 0.0 0.0		2.00	l								
DIRECTOR X			X						0.	0.	0.
Column C		2.00	l								
DIRECTOR X			X						0.	0.	0.
DIRECTOR		2.00	١								•
DIRECTOR X			X						0.	0.	0.
DIRECTOR X		2.00	,,						_		0
DIRECTOR X		2 00	A						0.	0.	0.
DIRECTOR X 0.		2.00							_	0	0
DIRECTOR X		2 00	Δ				-		0.	0.	0.
Column		4.00	v						<u></u>	0	0
DIRECTOR X 0. 0. 0 0		2 00	Δ						· ·	0.	0.
Column C		2.00	v						0.	0	0
DIRECTOR X 0. 0. 0 0		2.00								0.	0.
(16) AMY MAHONE 2.00 SECRETARY X X 0. 0. 0 (17) TODD MAYNOR 2.00 0 0 0 0			x						0.	n .	0.
SECRETARY X X X 0. 0. 0 (17) TODD MAYNOR 2.00		2.00							-		
(17) TODD MAYNOR 2.00			х		x				0.	0.	0.
		2.00	-								
			Х						0.	0.	0.

332007 12-21-23

Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st (Compensated Employe					
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average		not c	Position heck more than one				Reportable	Reportable			stimate	
	hours per week			ss pe				compensation from	compensation from related		ar	nount other	of
	(list any	tor						the	organizations		com	pensa	ation
	hours for	r director				per			(W-2/1099-MISC)/		rom th	
	related	stee or	rustee			oen sa		(W-2/1099-MISC/	1099-NEC)			anizat	
	organizations below	nal tru	onal t		oloyee	co ml		1099-NEC)				d relat	
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer				orga	anizati	0115
(18) DON MCDOWELL	2.00	Ι=	_			1 0	_						
PRESIDENT		Х		Х				0.		0.			0.
(19) ED RUSK	2.00												
TREASURER	0.00	Х		Х				0.		0.			0.
(20) LAFREDERICK THIRKILL	2.00	ļ ,,								_			^
DIRECTOR (21) NELL THOMAS	2.00	Х						0.		0.			0.
(21) NEIL THOMAS DIRECTOR	2.00	X						0.		0.			0.
(22) HARRIETT WHITAKER	2.00	^						0.		٠.			<u> </u>
DIRECTOR	2.00	x						0.		0.			0.
(23) ELIZABETH WILLIAMS	2.00									-			
DIRECTOR		Х						0.		0.			0.
(24) PRISCILLA ESTRADA	2.00												
DIRECTOR		Х						0.		0.			0.
(25) JOSHUA HOLRITZ	2.00	١								_			•
DIRECTOR		Х						0.		0.			0.
		-											
1h Cubtotal								158,713.		0.			0.
1b Subtotal c Total from continuation sheets to Part V	II Section A							0.		0.			0.
d Total (add lines 1b and 1c)								158,713.		0.			0.
Total number of individuals (including but r								-	,000 of reportable				
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer			•		•		•		•				37
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the si and related organizations greater than \$15									the organization		4		Х
5 Did any person listed on line 1a receive or									dual for services		4		
rendered to the organization? If "Yes," con	•				•			ted organization or marvi	dual for services		5		х
Section B. Independent Contractors	.,			,	,								
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors :	that received more than	\$100,000 of comp	ens	ation ·	from	
the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	ithi	n the organization's tax	/ear.				
(A)		376	~***	_				(B)		_	()	C)	_
Name and business	address	NC	ONE	<u> </u>				Description of s	ervices		ompe	nsatio	n
2 Total number of independent control in	in almetica		m:1 -	.d.±-	41	oc "		d abaya) wha was the d	and the				
2 Total number of independent contractors (\$100,000 of compensation from the organ		iOL III	ше	นเบ		se II: 0	s:e(a above) who received m	IOIE IIIdII				

Pa	rt V	•			=			
			Check if Schedule O contains a response	or note to any lir			(C)	
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total Tovolido	function revenue		from tax under
(0, (0								sections 512 - 514
ant			Federated campaigns 1a					
nor.			Membership dues 1b	7 000				
fts,			Fundraising events 1c	7,800.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d	222 402				
ins,			Government grants (contributions) 1e	222,403.				
utio er (f	All other contributions, gifts, grants, and	046 450				
oth			··· 	846,459.				
no		_		126,472.	1 076 660			
a C		h	Total. Add lines 1a-1f		1,076,662.			
			ADMICCIONC	Business Code	F7F 262	F7F 262		
ice	2		ADMISSIONS	711130	575,363.			
er. ue		b	CONCERT FEES	711130	45,825.	45,825.		
m S		С	YOUTH ORCHESTRA TUITIO	711130	35,987.	35,987.		
gra Re		d	PROGRAM ADVERTISING	711130	11,449.	11,449.		
Program Service Revenue		e	AH					
_			All other program service revenue		668,624.			
_	3	g	Total. Add lines 2a-2f Investment income (including dividends, interesting)		000,024.			
	3		other similar amounts)	,	49,305.			49,305.
	4		Income from investment of tax-exempt bond p		13,3031			13,000
	5		Royalties					
	J		(i) Real	(ii) Personal				
	6	2	Gross rents 6a	(1) 1 01001101				
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
	•	_	assets other than inventory $7a \frac{72,015}{172,015}$	()				
		b	Less: cost or other basis					
ne		_						
/en		С	and sales expenses 7b 0. Gain or (loss) 7c 172,015.					
Revenue			Net gain or (loss)		172,015.			172,015.
Jer			Gross income from fundraising events (not					
o th			including \$ 7,800. of					
			contributions reported on line 1c). See					
			Part IV, line 18	0.				
		b	Less: direct expenses 8b	0.				
		С	Net income or (loss) from fundraising events	,	0.			
	9	а	Gross income from gaming activities. See					
			Part IV, line 199a					
		b	Less: direct expenses9b					
		С	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold10b					
		С	Net income or (loss) from sales of inventory					
sn			MIGGELLANEOUS	Business Code	0.01	0.01		
Miscellaneous Revenue	11		MISCELLANEOUS	711130	891.	891.		
llar		b						
Sce		C	All all and a second					
Ξ			All other revenue		891.			
	12	е	Total. Add lines 11a-11d Total revenue. See instructions		1,967,497.	669,515.	0.	221,320.
	14		I OTAL TO FORMO. OUD HISH HUNDING		_ ,	_ 555,5±5•		,

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 i	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,	97,147.		97,147.	
_	trustees, and key employees	31,141.		31,141.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,463,993.	1,365,617.	21,531.	76,845
7	Other salaries and wages	1,403,333.	I,303,01/•	41,331.	70,043
8	Pension plan accruals and contributions (include	64,264.	63,694.	570.	
^	section 401(k) and 403(b) employer contributions)	134,717.	122,523.	11,569.	625
9	Other employee benefits	122,150.	108,694.	7,396.	6,060
10	Payroll taxes	144,130.	100,094.	1,390•	0,000
11	Fees for services (nonemployees):				
	Management	310.		310.	
b	Legal	15,353.		15,353.	
	Accounting	13,333.		13,333.	
	Lobbying				
	Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch 0.)	9,549.		9,549.	
12	Advertising and promotion	57,285.	57,285.	3,3130	
13	Office expenses	33,441.	7,000.	26,441.	
14	Information technology	34,157.	29,387.	4,770.	
15	Royalties	31,137	23,0070	277700	
16	Occupancy	46,919.		46,919.	
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,007.	3,507.	500.	
20	Interest	23,246.	2,221	23,246.	
21	Payments to affiliates	==,===		==,===	
22	Depreciation, depletion, and amortization	1,837.	984.	853.	
23	Insurance	28,092.	480.	27,612.	
24	Other expenses. Itemize expenses not covered	.,		, === =	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PRODUCTION & BOX OFFICE	470,902.	470,902.		
b	EDUCATION	19,859.	19,859.		
c	YOUTH ORCHESTRA	12,841.	12,841.		
d	FUNDRAISING EXPENSES	9,275.	,		9,275
_		12,249.		12,249.	, -
25	Total functional expenses. Add lines 1 through 24e	2,661,593.	2,262,773.	306,015.	92,805
26	Joint costs. Complete this line only if the organization	. , .	. ,	·	•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Part X | Balance Sheet

Par	τX	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			484.	1	48,683
	2	Savings and temporary cash investments			75,574.	2	13,159
	3	Pledges and grants receivable, net				3	58,223
	4	Accounts receivable, net				4	29,232
	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	ction 4958(c)(3)(B)		6		
ş	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		174 400			
		basis. Complete Part VI of Schedule D		176,602.			
	b	Less: accumulated depreciation	73,278.	4,266.	10c	103,324	
	11	Investments - publicly traded securities		122,100.	11	38,876	
	12	Investments - other securities. See Part IV, line	1,540,988.	12	711,512		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	4 255	14	2 500		
	15	Other assets. See Part IV, line 11	4,375.	15	3,700		
_	16	Total assets. Add lines 1 through 15 (must ed		1	1,747,787.	16	1,006,709
	17	Accounts payable and accrued expenses			179,406.	17	114,537
	18	Grants payable	120 027	18	4 500		
	19	Deferred revenue			139,937.	19	4,500
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ies	22	Loans and other payables to any current or fo					
<u>≣</u>		trustee, key employee, creator or founder, suk					
Liabilities		controlled entity or family member of any of the			245,220.	22	245,220
	23	Secured mortgages and notes payable to unr			243,220.	23	243,220
	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	i. Complete Part A	0.	25	98,128
	26	Total liabilities. Add lines 17 through 25			564,563.	26	462,385
	20	Organizations that follow FASB ASC 958, c			301/3031	20	102/303
Ses		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			-357,037.	27	411,101
Bal	28	Net assets with donor restrictions	1,540,261.	28	133,223		
밀		Organizations that do not follow FASB ASC					
년		and complete lines 29 through 33.	,				
S O	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			1,183,224.	32	544,324
-	33	Total liabilities and net assets/fund balances			1,747,787.	33	1,006,709

Pa	rt XI Reconciliation of Net Assets			. u			
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,96	7,4	97.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,66				
3	Revenue less expenses. Subtract line 2 from line 1	3	-69	$\frac{1}{4},0$	96.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,18				
5	Net unrealized gains (losses) on investments	5	5	5,1	96.		
6	Donated services and use of facilities	6					
7							
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	54	4,3	24.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
			_	Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				х		
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b				

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

-*2098 CHATTANOOGA SYMPHONY & OPERA ASSOCIATION Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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	etion A. Public Support		·	•			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	` '	()	()	()	()
	membership fees received. (Do not						
	include any "unusual grants.")	1165489.	973,218.	2067959.	1139039.	1076662.	6422367.
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	4465400	0.00	006000	112222	100000	640006
	Total. Add lines 1 through 3	1165489.	973,218.	2067959.	1139039.	1076662.	6422367.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						122 041
	column (f)						132,941.
	Public support. Subtract line 5 from line 4.						6289426.
	etion B. Total Support	() 0040	#1.0000	() 0004	/ N 0000	() 0000	(0 T))
	ndar year (or fiscal year beginning in)	(a) 2019 1165489.	(b) 2020 973, 218.	(c) 2021 2067959.	(d) 2022 1139039.	(e) 2023 1076662.	(f) Total 6422367.
	Amounts from line 4	1103403.	973,210.	2001939.	1139039.	10/0002.	0422307•
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	96,550.	45,636.	87,986.	82,382.	49,305.	361,859.
•	and income from similar sources	50,550.	45,050.	07,500.	02,302.	45,505.	301,033.
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,635.	4,179.	24,347.	734.	891.	31,786.
11	Total support. Add lines 7 through 10	_,	_ /				6816012.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	,681,322.
	First 5 years. If the Form 990 is for the						·
	organization, check this box and stop						
Sec	tion C. Computation of Publ						
14	Public support percentage for 2023 (I	line 6, column (f), d	ivided by line 11, o	column (f))		14	92.27 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	89.78 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2022. If the o	•		•		•	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	t - 2023. If the orga	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	-	-	*	-		
b	10% -facts-and-circumstances tes	_					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circle		-		· · · · · ·		
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		S

Schedule A (Form 990) 2023

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						<u></u>
	tion C. Computation of Publ					1 1	
	Public support percentage for 2023 (15	<u>%</u>
	Public support percentage from 2022					16	<u>%</u>
	tion D. Computation of Investigation						
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the						17 is not
	more than 33 1/3%, check this box a						
	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 $1/3\%$, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	NO
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	FL.		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	100		
	10a		
	10b		
di ilo		~ 000	2022

T ..

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

3b

Sche	edule A (Form 990) 2023 CHATTANOOGA SYMPHONY &	OPERA	A ASSOCIATION'	**-***2098 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			9
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complet	e 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2023

5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

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.)

SCHEI	OULE	Α,	PART	II,	LINE	10,	EXPLA	NATION	FOR	OTHER	INCOME:
MISCI	ELLAI	JOEN	JS								
2019	AMO	JNT:	\$	1,63	35.						
2020	AMO	JNT:	\$	4,1	79.						
2021	AMO	JNT :	\$	24,3	347.						
2022	AMO	JNT :	\$	734	•						
2023	AMO	JNT :	\$	891	•						

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

Inspection

Name of the organization

CHATTANOOGA SYMPHONY & OPERA ASSOCIATION

Employer identification number **-***2098

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the		
	organization answered Tes Off Offices, Fartiv, in	(a) Donor advise	d 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		eld in donor advise	d funds		
	are the organization's property, subject to the organization's	-				
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose c	onferring		
	impermissible private benefit?			Yes No		
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Pa	art IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	<u>-</u>			
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area		
	Protection of natural habitat		Preservation of a	certified historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	oution in the form of			
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements					
С	Number of conservation easements on a certified historic str	ructure included on line 2	?a	2c		
d	Number of conservation easements included on line 2c acqu	•				
	on a historic structure listed in the National Register					
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the	organization during the tax		
	year					
4	Number of states where property subject to conservation ea					
5	Does the organization have a written policy regarding the per		tion, handling of			
_	violations, and enforcement of the conservation easements i					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing conse	ervation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and or	oforcing consorvation	on agraments during the year		
′	Amount of expenses incurred in monitoring, inspecting, name	alling of violations, and el	norching conservation	on easements during the year		
8	Does each conservation easement reported on line 2d above	e satisfy the requirement	s of section 170(h)((4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes No		
9	In Part XIII, describe how the organization reports conservati					
	balance sheet, and include, if applicable, the text of the footr	note to the organization's	s financial statemer	nts that describes the		
	organization's accounting for conservation easements.					
Pai	t III Organizations Maintaining Collections o	•	easures, or Oth	her Similar Assets.		
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95	•				
	of art, historical treasures, or other similar assets held for pul	·	•	•		
	service, provide in Part XIII the text of the footnote to its final					
b	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public	e exhibition, education, o	r research in furthe	erance of public service,		
	provide the following amounts relating to these items.			_		
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
_						
2	If the organization received or held works of art, historical tre			gaın, provide		
	the following amounts required to be reported under FASB A			*		
a	Revenue included on Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X			\$		

332051 09-28-23

Schedule D (Form 990) 2023

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

Schedule D (Form 990) 2023

103,324.

23,658.

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

121,286.

Part VII	Investments.	Other Securities
Schedule D	(Form 990) 2023	CHATTANO

Complete if the organization answered	"Voo" on	Earm 000	Dort IV	line 11h	Soo Form 000	Dort V line 12
Complete il the organization answered	165 01	i Fullii 990,	railiv,	mie i ib.	See Fulli 990,	rail A, IIIIe 12.

	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) KINETIK HOLDINGS	164,616.	END-OF-YEAR MARKET VALUE
(B) ONEOK INC.	129,600.	END-OF-YEAR MARKET VALUE
(C) PFIZER INC.	85,980.	END-OF-YEAR MARKET VALUE
(D) CRAWFORD TX HEALTH FACS		
(E) DEV CORP	52,200.	END-OF-YEAR MARKET VALUE
(F) SCOTTS MIRACLE GROW	139,380.	END-OF-YEAR MARKET VALUE
(G) FED AGRI MTG	139,736.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	711,512.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LEASE LIABILITY	98,128.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	98,128.

^{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) 2023

	ule D (Form 990) 2023 CHATTANOOGA SYMPHONY & OPER				***2098	Page 4
Part	·	nts With	Revenue per R	eturr	1	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
	Total revenue, gains, and other support per audited financial statements			1	2,022,	,693.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	11	EE 106			
	Net unrealized gains (losses) on investments		55,196.			
	Donated services and use of facilities			-		
	Recoveries of prior year grants			-		
	Other (Describe in Part XIII.) Add lines 2a through 2d			2e	55	,196.
	Add lines 2a through 2d Subtract line 2e from line 1			3	1,967	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					,
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIII.)					
	Add lines 4a and 4b			4c		0.
5 7	Fotal revenue. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 12.</i>)			5	1,967,	,497.
	XII Reconciliation of Expenses per Audited Financial Stateme			Retu	rn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1 7	Total expenses and losses per audited financial statements			1	2,661,	,593.
2 /	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a [Donated services and use of facilities	2a				
	Prior year adjustments					
	Other losses					
	Other (Describe in Part XIII.)	•				0
	Add lines 2a through 2d			2e	2,661,	0.
	Subtract line 2e from line 1			3	Z,001,	, 593.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ا ما				
	nvestment expenses not included on Form 990, Part VIII, line 7b			-		
	Other (Describe in Part XIII.) Add lines 4a and 4b			4c		0.
	Add lines 4a and 4b Fotal expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.</i>)			5	2,661	_
	XIII Supplemental Information			3	2,001	, 555.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional transfer of the second			4; Part	X, line 2; Part)	XI,
PAR	r V, LINE 4:					
ALL	THE PERMANENTLY RESTRICTED FUNDS WERE REI	LEASED	AS A SATI	SFA	CTION OF	?
PRO	GRAM RESTRICTIONS AT 5/31/2024.					
PAR'	Γ X, LINE 2:					
THE	ENTITY ACCOUNTS FOR THE EFFECT OF ANY UNC	CERTAI	N TAX POSI	TIO	N BASED	ON
A MO	ORE LIKELY THAN NOT THRESHOLD OF THE RECO	GNITIO	N OF THE T	'AX]	POSITION	1
BEII	NG SUSTAINED BASED ON THE MERITS OF THE PO	OSITIO	N UNDER EX	AMI	NATION E	3Y
	APPLICABLE TAXING AUTHORITY. IF A TAX POS					
	ERTAIN, THE UNRECOGNIZED TAX BENEFIT IS ES					
	BABILITY ASSESSMENT. TAX POSITIONS INCLUDE					THE
	-EXEMPT STATUS AND DETERMINATION OF WHETHE	ER INC	OME IS SUB		T TO dule D (Form 9	90) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

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.

Inspection Employer identification number

	CHATTANOOGA	SYMPHO	NY & OPER	A ASSOCIATION	**_*	**20	98	
Pa	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 de noncash contribu	eterminir	_	s
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	3	126,472.	STOCK MARKE	T VA	TLU:	ES
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
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	Other (
29	Number of Forms 8283 received by the organia	zation during	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and wh	ich isn't required to be used	for			
	exempt purposes for the entire holding period	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	utions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE 0 (Form 990)

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CHATTANOOGA SYMPHONY & OPERA ASSOCIATION **-***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 O
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.

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	₋ine 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
11	RIGHT OF USE ASSET	VARIOUS	NC	.000	нч		97,628.				97,628.			0.	
	* 990 PAGE 10 TOTAL OTHER						97,628.				97,628.	0.		0.	0.
	PROGRAM SERVICES														
3	YOUTH EQUIPMENT & MUSIC	VARIOUS	SL	4.00	1	.6	19,969.				19,969.	16,525.		984.	17,509.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						19,969.				19,969.	16,525.		984.	17,509.
	MANAGEMENT AND GENERAL														
1	MUSIC & RELATED ITEMS	VARIOUS	SL	10.00	1	.6	6,649.				6,649.	6,649.		0.	6,649.
2	MUSICAL INSTRUMENTS	05/31/06	SL	10.00	1	.6	12,410.				12,410.	11,588.		526.	12,114.
4	OFFICE FURNITURE & FIXTURES	VARIOUS	SL	10.00	1	.6	22,937.				22,937.	19,670.		327.	19,997.
10	FINE ARTS SOFTWARE	VARIOUS	SL	5.00	1	.6	17,009.				17,009.	17,009.		0.	17,009.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						59,005.				59,005.	54,916.		853.	55,769.
	* GRAND TOTAL 990 PAGE 10 DEPR						176,602.				176,602.	71,441.		1,837.	73,278.

328111 04-01-23

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone