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ARMANINO LLP

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** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Department of the Treasury Internal Revenue Service

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

Open to Public

<u>A</u> I	For the	e 2021 calendar year, or tax year beginning A	JG 1, 2021 and	ending J	UL 31, 2022	}	
	Check if applicabl	FORT WORTH SYMPHONY ORCHESTRA			D Employer	identifi	cation number
	Addre chang						
	Name chang	Doing business as			75-60	004761	
	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone	e numbe	r
	Final return	330 EAST 4TH STREET	,	200	(817)	665-65	000
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipt	s\$	12,877,849.
	Amen return	FORT WORTH, IX 76102			H(a) Is this a	group re	eturn
	Application	F Name and address of principal officer: Strate	BY LEE		for subc	ordinates	? Yes X No
_	pendi	SAME AS C ABOVE			H(b) Are all sub	ordinates ir	ncluded? Yes No
				or 527	If "No,"	attach a	list. See instructions
		te: WWW.FWSYMPHONY.ORG			H(c) Group e	 	n number
		organization:	ssociation Other	L Year	of formation: 19	929 N	M State of legal domicile: TX
P		Summary					
Governance	1	Briefly describe the organization's mission or most EDUCATE, ENTERTAIN, AND ENHANCE LIFE.	significant activities: PERFOR	M GREAT S	SYMPHONIC M	USIC TO	0
r	2	Check this box if the organization disco	ntinued its operations or dispo	sed of more	than 25% of it	s net ass	sets.
ove	3	Number of voting members of the governing body	(Part VI, line 1a)			3	60
		Number of independent voting members of the go					59
es &	5	Total number of individuals employed in calendar y					285
Ĭ	6	Total number of volunteers (estimate if necessary)					124
Activities &	7 a	Total unrelated business revenue from Part VIII, co					0.
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11				0.
	١.				Prior Year		Current Year
ē	8				· · · · · ·	3,708.	7,713,439.
en.	9				· · · · · ·	0,052.	3,972,926.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4			1,55	0,803.	874,060.
	ויו	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			15 20	4,563.	
		Total revenue - add lines 8 through 11 (must equal			13,20	4,303. 0.	12,560,425.
	1	Grants and similar amounts paid (Part IX, column (0.	0.
	1	Benefits paid to or for members (Part IX, column (A			8 20	1,724.	8,712,957.
Expenses	15	Salaries, other compensation, employee benefits (I Professional fundraising fees (Part IX, column (A), I			0,20	0.	0.
en en	h	Total fundraising expenses (Part IX, column (D), lin				<u> </u>	
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d			3 59	5,884.	5,330,919.
	1	Total expenses. Add lines 13-17 (must equal Part I				7,608.	14,043,876.
	1	Revenue less expenses. Subtract line 18 from line			3,48	6,955.	-1,483,451.
or or	3			Be	ginning of Curre		End of Year
ets	20	Total assets (Part X, line 16)			39,38		34,443,355.
ASS	21	Total liabilities (Part X, line 26)			2,21	4,909.	1,949,009.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from	line 20		37,17	4,904.	32,494,346.
Pa	art II	Signature Block					
Und	ler pena	lties of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to the b	est of my	/ knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich preparer	has any knowled	dge.	
Sig	n	Signature of officer			Date		
Hei	е	SHELBY LEE, VP FINANCE/CFO					
		Type or print name and title	T	Tr	Doto	I.a	DTIN
		Print/Type preparer's name	Preparer's signature		Date 5 (62 (62	Check L	PTIN
Paid		MATTHEW PETROSKI	MATTHEW PETROSKI	0	5/23/23	self-employ	
	parer	Firm's name ARMANINO, LLP	.00		Firm's	s EIN 📐	94-6214841
use	Only	Firm's address 15950 N. DALLAS PKWY, #6	ι υ υ		DI.	072	-661-1943
N 4 -	, +b = "	DALLAS , TX 75248 RS discuss this return with the preparer shown abo	us? Cas instructions		Phon	e no.9/2	X Yes No
IVIA	v iiie:ll	as diacuas inia return with the preparer shown and	ver oee manuchons				TES NO

Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	
	revenue, if any, for each program service reported.	. ,
4a	0.207.600	3,814,256.)
	ORCHESTRAL PRODUCTIONS 33 SYMPHONIC, 24 POPS, 12 SUMMER MUSIC	, , , , , , , , , , , , , , , , , , , ,
	FESTIVAL AND 2 COMMUNITY PERFORMANCES WITH AN ATTENDANCE OF	
	APPROXIMATELY 64,000. DURING MOST OF THE SEASON, FWSO MAINTAIN A	
	MODIFIED PERFORMANCE SCHEDULE ALLOWING FOR SOCIAL DISTANCING WITH A	
	REDUCED AUDIENCE.	
	1 700 026	150 670
4b	(Code:) (Expenses \$1,790,036. including grants of \$) (Revenue \$) (Revenue \$	130,070.
	PROGRAMING WHILE ALSO RESTARTING ITS IN PERSON PERFORMANCES WITH A	
	LIMITED CAPACITY TO ALLOW FOR SOCIAL DISTANCING. FWSO REACHED 12,900	
	STUDENTS ONLINE AND 5,900 IN PERSON.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 11,187,726.	- 000
		Form 990 (2021)

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		х
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	<u> </u>		
•	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,	Ť		
•	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? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
•	Schedule D, Part III	├°		
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?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	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	X	
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			
	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. 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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	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		x
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Form 990 (2021) ASSOCIATION Part IV Checklist of Required Schedules (continued)

	Continued)		Vaa	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	· · ·	23	х	
94 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2 7 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 minest any proceeds or tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c		
٨	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		24u		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	054		x
oe.	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Λ
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			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_
28	Was the organization a party to a business transaction with one of the following parties (see 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
	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? If			
	"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	Х	—
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	ı
Pa	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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	i

<u> Page</u> **5**

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 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? Х 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 7e Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 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 amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 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 Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes." complete Form 4720. Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069

Form 990 (2021)

ASSOCIATION

75-6004761

Page
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			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	50		
	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	59		
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	Х	
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 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 appoint one or			
	more members of the governing body?	7a		Х
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
			Yes	No
	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?	· —	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12b	Λ	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	Х	
14		44	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	· · · ·		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization		Х	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.00		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(c)	3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SHELBY LEE - 817-665-6500			
	330 EAST 4TH STREET, SUITE 200, FORT WORTH, TX 76102-4019			

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, 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.

(A)	(B)			(C Pos	C)	1		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week		, unle: cer ar					compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				D.		organization	(W-2/1099-MISC/	from the
	related	tee or	trustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	nal tr		Key employee	Highest compensated employee		1099-NEC)		and related
	below	ividua	Institutional t	Officer	d ma /	hest o	Former			organizations
(1) DD WITTH GIDNY	line)	ılı	- Si	#0	ş.	E E	For			
(1) DR. KEITH CERNY	40.00	١						205 000		10 55
PRESIDENT AND CEO	40.00	Х		Х				305,000.	0.	18,750
(2) JULIE BAKER	40.00	-						1 172 000		4 05
VP DEVELOPMENT	40.00					Х		173,000.	0.	4,952
(3) CARRIE ADAMIAN	40.00	-				,,		172 000		4 05.
CHIEF MARKETING OFFICER (4) ROBERT SPANO	40.00					Х		173,000.	0.	4,951
MUSIC DIRECTOR	40.00	1				X		143,996.	0.	
(5) REBECCA TOBIN	40.00					<u> </u>		143,330.	0.	<u>'</u>
VP ARTISTIC OPERATIONS	40.00	1				x		129,000.	0.	14,219
(6) MICHAEL SHIH	40.00					 ^		123,000.	· ·	14,21.
CONCERT MASTER	10.00	1				x		129,432.	0.	6,28
(7) BENNETT CEPAK	40.00									, , , ,
VP FINANCE AND CFO		1		х				125,673.	0.	7,919
(8) MERCEDES T. BASS	1.00							,		,
CHAIRMAN OF THE BOARD		х		х				0.	0.	
(9) J. W. WILSON	1.00									
TREASURER		х		х				0.	0.	
(10) TERESA KING	1.00									
SECRETARY		х		х				0.	0.	(
(11) MARIANNE AULD	1.00									
CHAIRMAN OF THE EXECUTIVE		Х		Х				0.	0.	(
(12) AMY ROACH BAILEY	1.00									
DIRECTOR		Х						0.	0.	(
(13) MARVIN E. BLUM	1.00									
DIRECTOR		Х						0.	0.	(
(14) ASHLI BLUMENFELD	1.00									
DIRECTOR		Х						0.	0.	(
(15) VICTOR J. BOSCHINI, JR.	1.00	-								
DIRECTOR		Х						0.	0.	(
(16) ANNE MARI BRATTON	1.00	4								
DIRECTOR		Х						0.	0.	(
(17) BRENDA CLINE	1.00							_	_	
DIRECTOR		Х						0.	0.	Form 990 (202

Form **990** (2021)

Form 990 (2021) ASSOCIATION									75-600476	1 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hi	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation	Reportable compensation	Estimated amount of			
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer p		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(18) GAIL COOKE	1.00									
DIRECTOR		Х						0.	0.	0.
(19) BARBARA A. COX	1.00									
DIRECTOR		Х						0.	0.	0.
(20) JUANA-ROSA DANIELL	1.00									
DIRECTOR		Х						0.	0.	0.
(21) MITZI DAVIS	1.00									
DIRECTOR		Х						0.	0.	0.
(22) VANCE A. DUFFY	1.00									
DIRECTOR		Х						0.	0.	0.
(23) DR. ASAD DEAN	1.00									
DIRECTOR		Х						0.	0.	0.
(24) KATIE FARMER	1.00									
DIRECTOR		Х						0.	0.	0.
(25) JOAN E. FRIEDMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(26) TERA GARVEY	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal							lefoot	1,179,101.	0.	57,077.
c Total from continuation sheets to Part VI	, Section A						▶	0.	0.	0.
d Total (add lines 1b and 1c)								1,179,101.	0.	57,077.

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

Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
HCK2, 3875 PONTE AVE, SUITE 420, ADDISON,		
TX 75001	MARKETING AND CREATIVE SERVICE	142,286.
GREENBERG ARTIST		
36 BENDER WAY, FOUND RIDGE, NY 10576	GUEST ARTIST SERVICES	116,203.
ONSTAGE SYSTEMS	AUDITORIUM EQUIPMENT AND STAGE	
8721 FORNEY RD, DALLAS, TX 75227	SETUP	112,050.
WFAA		
P.O. BOX 637386 , CINCINNATI, OH 45263	PROMOTION SERVICES	105,215.
TERRA MUSIC, 2830 S. HULEN STREET #191 ,		
FORT WORTH, TX 76109	GUEST ARTIST SERVICES	105,000.
2 Total number of independent contractors (including but not limited to those list	ed above) who received more than	
\$100,000 of compensation from the organization \blacktriangleright		
	<u> </u>	200

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2021)

Form 990 ASSOCIATION 75-6004761

orm 990 ASSOCIATIO									75-60047	761
Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	app	y)	compensation	compensation	amount of
	per week					e.		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	rdirec				ed em		(W-2/1099-MISC)	(11 27 1333 111133)	organization
	related	stee o	ustee			ensat				and related
	organizations	al trus	onal tr		oloyee	comp				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(22)	line)	Ĕ	Ĕ	J0	ş	Ī	요			
(27) JOHN B. GIORDANO	1.00							_	•	
DIRECTOR	1.00	Х						0.	0.	(
(28) GAIL ARONOFF GRANEK DIRECTOR	1.00	х						0.	0.	
(29) BARRY L. GREEN	1.00	Α_						٠.	0.	(
DIRECTOR	1.00	Х						0.	0.	(
(30) GENIE GUYNN	1.00	^						0.	0.	'
OIRECTOR	1.00	Х						0.	0.	
(31) DOTTY HALL	1.00							0.	0.	
DIRECTOR	1.00	х						0.	0.	
(32) KATHLEEN HICKS	1.00							· ·	••	
DIRECTOR	1.00	х						0.	0.	
(33) AARON HOWARD	1.00							•	•	
DIRECTOR	1,00	х						0.	0.	
(34) ROBERT L. JAMESON	1.00							· ·	••	
DIRECTOR	1.00	х						0.	0.	
(35) KIM JOHNSON	1.00									
DIRECTOR		х						0.	0.	
(36) DEE J. KELLY, JR.	1.00							-	-	
, DIRECTOR		х						0.	0.	
(37) MOLLIE L. LASATER	1.00									
DIRECTOR		х						0.	0.	
(38) ANTONIA PRYOR LEAVITT	1.00									
DIRECTOR		х						0.	0.	
(39) MARY HART LIPSCOMB	1.00									
DIRECTOR		х						0.	0.	
(40) MISTY LOCKE	1.00									
DIRECTOR		х						0.	0.	
(41) LOUELLA MARTIN	1.00									
DIRECTOR		х						0.	0.	
(42) PRISCILLA W. MARTIN	1.00									
DIRECTOR		х						0.	0.	
(43) COLIN MCCONNELL	1.00									
DIRECTOR		Х						0.	0.	
(44) DR. STUART D. MCDONALD	1.00									
DIRECTOR		Х						0.	0.	
(45) ELLEN MESSMAN	1.00									
DIRECTOR		х						0.	0.	
(46) DR. TILL MACIVOR MEYN	1.00									
DIRECTOR		х	l	1	1			0.	0.	

Form 990 ASSOCIATION 75-6004761

Form 990 ASSOCIATION									75-60047	/61
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	app	ly)	compensation	compensation	amount of
	per week (list any hours for related	e or director	stee			Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related
	organizations below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest comper	Former			organizations
(47) ERIN MOSELEY DIRECTOR	1.00	х						0.	0.	0
(48) CARA OWENS	1.00								••	
DIRECTOR	1.00	х						0.	0.	0
(49) FRASHER H. PERGANDE	1.00							· ·	· ·	
DIRECTOR	1.00	х						0.	0.	0
(50) DON C. PLATTSMIER	1.00								••	
DIRECTOR	1.00	х						0.	0.	0
(51) DANA PORTER	1.00							•	•	
DIRECTOR		Х						0.	0.	0
(52) JEAN ROACH	1.00							-		
DIRECTOR		Х						0.	0.	0
(53) HENRY H. ROBINSON	1.00									
DIRECTOR		Х						0.	0.	0
(54) JUDE RYAN	1.00									
DIRECTOR		х						0.	0.	0
(55) ALANN BEDFORD SAMPSON	1.00									
DIRECTOR		Х						0.	0.	0
(56) JEFF SCHMELTEKOPF	1.00									
DIRECTOR		Х						0.	0.	0
(57) ED SCHOLLMAIER	1.00									
DIRECTOR (THRU 09/21)		Х						0.	0.	0
(58) KAL SILVERBERG	1.00									
DIRECTOR		Х						0.	0.	0
(59) DWAYNE SMITH	1.00									
DIRECTOR		Х						0.	0.	0
(60) THOMAS L. SMITH	1.00									
DIRECTOR		Х						0.	0.	0
(61) KATHLEEN B. STEVENS	1.00									
DIRECTOR		Х						0.	0.	0
(62) RONDA JONES STUCKER	1.00									
DIRECTOR		Х						0.	0.	0
(63) CLARE STONESIFER	1.00									
CHAIRMAN AUDIT & INVEST. COMMITTEES		Х						0.	0.	0
(64) JONATHAN T. SUDER	1.00								_	_
DIRECTOR (65) CARLA KEND BUOMPGON	1 00	Х						0.	0.	0
(65) CARLA KEMP THOMPSON	1.00								_	_
DIRECTOR	1 00	Х	\vdash				_	0.	0.	0
(66) LON T. WERNER	1.00	х							_	_
DIRECTOR		Λ				l		0.	0.	0

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
ωω	1 a	Federated campaigns 1a					
ant		Membership dues 1b					
ច្ច		Fundraising events 1c	661,033.				
fts,		Delete de conceile d'anne	7 - 7				
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions) 1e	2,512,437.				
Sin			2,012,107.				
ē Ħ	'	All other contributions, gifts, grants, and	4,539,969.				
ë₽	_	similar amounts not included above 1f	97,458.				
o d	•	Noncash contributions included in lines 1a-1f	57,450.	7 713 /30			
O a	n	Total. Add lines 1a-1f	Business Code	7,713,439.			
	_	CINCLE MICKEM CALEC	711130	1 940 614	1 940 614		
<u>ic</u>	2 a	GUD GGD I DELON GONGEDEG	-	1,840,614.	1,840,614.		
er re	b	THE ACTIVITIES THE C	711130	1,207,871.	<u> </u>		
Program Service Revenue	С		711130	375,937.			
<u>ra</u>	d	HANDLING, FACILITY, PA	711130	315,705.	,		
S T	е	EDUCATIONAL CONCERTS	711130	158,670.	158,670.		
Δ.	f	All other program service revenue		74,129.	74,129.		
	g		•	3,972,926.			
	3	Investment income (including dividends, inte					
		other similar amounts)	>	874,060.			874,060.
	4	Income from investment of tax-exempt bond	proceeds				
	5	Royalties	<u></u>				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss))				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
e		and sales expenses 7b					
Revenue	С	Gain or (loss) 7c					
Be	d	Net gain or (loss)					
ther		Gross income from fundraising events (not					
퉏		including \$ 661,033. of					
		contributions reported on line 1c). See					
		Part IV, line 18	317,424.				
	b		317,424.				
		Net income or (loss) from fundraising events	>	0.			
		Gross income from gaming activities. See					
		Part IV, line 19)a				
	b)b				
		Net income or (loss) from gaming activities	•				
		Gross sales of inventory, less returns					
		-	0a				
	h		0b				
		Net income or (loss) from sales of inventory	_				
\dashv		The modifie of flood, north sales of inventory	Business Code				
ns	11 a						
neo Tue	b						
Miscellaneous Revenue	C						
Sce		All other revenue					
Σ		Total. Add lines 11a-11d					
				12,560,425.	3,972,926.	0.	874,060.
	12	Total revenue. See instructions	······	12,500,425.	5,5,2,520.	<u>. </u>	5, 1,000.

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).

Secil	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			ipiete column (A).	
Do	not include amounts reported on lines 6b,	(A) Total expenses	(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			gamera anja amaa	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	497,480.	109,581.	278,318.	109,581.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,650,162.	5,464,157.	809,280.	376,725.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	317,797.	256,417.	43,849.	17,531.
9	Other employee benefits	1,247,518.	984,496.	185,199.	77,823.
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	37,626.		37,626.	
С	Accounting	116,338.		116,338.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	142,235.		142,235.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	165,785.	106,584.	5,910.	53,291.
12	Advertising and promotion	532,786.	503,562.	21,918.	7,306.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	539,417.	179,806.	269,709.	89,902.
17	Travel	14,818.	4,939.	7,409.	2,470.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	61,750.	20,583.	30,875.	10,292.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	113,825.	88,531.	18,971.	6,323.
23	Insurance				
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.)	0.071.066	0.054.055		
a	PRODUCTION EXPENSES	2,874,062.	2,874,062.		
b	HALL RENTAL	553,766.	553,766.		0.1.10.1
С	DEVELOPMENT CONTRACTOR OF THE PROPERTY CONTRACTO	84,484.	44 040	0.000	84,484.
d	COVID HEALTH AND SAFETY	53,026.	41,242.	8,838.	2,946.
	All other expenses	41,001.	14 405 505	41,001.	020 57:
25	Total functional expenses. Add lines 1 through 24e	14,043,876.	11,187,726.	2,017,476.	838,674.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2021)

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			2,300,687.	2	2,631,134
	3	Pledges and grants receivable, net			1,279,250.	3	298,500
	4	Accounts receivable, net			39,177.	4	25,833
	5	Loans and other receivables from any currer	t or former of	fficer, director,			
		trustee, key employee, creator or founder, su	ıbstantial con	tributor, or 35%			
		controlled entity or family member of any of	these persons	s		5	
	6	Loans and other receivables from other disq	ualified perso	ns (as defined			
		under section 4958(f)(1)), and persons descri				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			1,759,551.	9	760,845
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D					
	b		10b	1,480,958.	317,592.	10c	298,226
	11	Investments - publicly traded securities			31,983,721.	11	28,958,009
	12	Investments - other securities. See Part IV, li				12	
	13	Investments - program-related. See Part IV, I	ne 11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	1,709,835.	15	1,470,808		
	16	Total assets. Add lines 1 through 15 (must			39,389,813.	16	34,443,355
	17	Accounts payable and accrued expenses	516,037.	17	490,214		
	18	Grants payable				18	
	19	Deferred revenue			1,698,872.	19	1,458,795
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
ja b		controlled entity or family member of any of	=			22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on I	ines 17-24). C	Complete Part X			
		of Schedule D			2 214 000	25	1 040 000
	26	Total liabilities. Add lines 17 through 25	<u></u>	V	2,214,909.	26	1,949,009
S		Organizations that follow FASB ASC 958,	check here				
JCe		and complete lines 27, 28, 32, and 33.			1 120 210		1 100 200
alaı	27				1,139,218.	27	1,182,280
Ö	28			<u> </u>	36,035,686.	28	31,312,000
Ĕ		Organizations that do not follow FASB AS	C 958, cneck	nere			
ᅜ		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current fur				29	
SSE	30	Paid-in or capital surplus, or land, building, or		Г		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate		Г	37,174,904.	31	32,494,346
ž	32				39,389,813.	32	34,443,355
	33	Total liabilities and net assets/fund balances			39,309,013.	33	54,443,355

Form **990** (2021)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

Act and OMB Circular A-133?

Form **990** (2021)

За

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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.

OMB No. 1545-0047

ZUZ T Open to Public

Inspection

FORT WORTH SYMPHONY ORCHESTRA Name of the organization **Employer identification number** ASSOCIATION 75-6004761 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (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) No above (see instructions))

75-6004761

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,145,770.	3,041,880.	4,134,961.	12,531,042.	7,713,439.	33,567,092.
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	6,145,770.	3,041,880.	4,134,961.	12,531,042.	7,713,439.	33,567,092.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						17,749,233.
6	Public support. Subtract line 5 from line 4.						15,817,859.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	6,145,770.	3,041,880.	4,134,961.	12,531,042.	7,713,439.	33,567,092.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	617,075.	584,735.	518,739.	531,819.	874,060.	3,126,428.
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.)	32,796.	106,480.	104,038.			243,314.
11	Total support. Add lines 7 through 10						36,936,834.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	19,135,345.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publi					Г	
14	Public support percentage for 2021 (I					14	42.82 %
15	Public support percentage from 2020					15	35.80 %
16a	33 1/3% support test - 2021. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qual	•	•				
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	•	VI how the organiz	ation
	meets the facts-and-circumstances te	•	•				
b	10% -facts-and-circumstances test	ū				•	0% or
	more, and if the organization meets the		*		•		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	i, 16b, 17a, or 17b	, check this box a	nd see instructions	_

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	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	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.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an Estilate	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						. —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

132023 01-04-22

Part IV Supporting Organizations

75-6004761 Page 4

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "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? |f "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).
- 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		
	2		
	3a		
	3b		
	_		
	3c		
	40		
	4a		
	4b		
	40		
	4c		
	10		
	5a		
	- Fh		
	5b 5c		
	- 50		
	6		
	7		
	8		
	9a		
	9b		
	90		
	9c		
	10a		
	10b	. 000	0001
ule	A (Forn	n 990)	2021

132024 01-04-21

Sched	edule A (Form 990) 2021 ASSOCIATION	75-6004761	P	age 5
Par	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 are	ıd		
	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, p	rovide		
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations		1	
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or member more supported organizations have the power to regularly appoint or elect at least a majority of the organizations are all times the transport of the tr	ation's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organic effectively operated, supervised, or controlled the organization's activities. If the organization had more than accomplishing describe how the powers to appoint and/or remove efficiency directors, or trustees were alleged.	one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocate supported organizations and what conditions or restrictions, if any, applied to such powers during the tax ye			
	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		
Sect	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	s e		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	y l		
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s).	1		
Sect	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 p	rior 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 provide	ed? 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supporte	d		
	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	/e 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			
Soci	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	nental entity (see instruction	1	N _a
2	Activities Test. Answer lines 2a and 2b below.	of	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes	JI		
	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,	-1		
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involveme			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	111		
		2b		
	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	•			
~	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard			
			•	•

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
Sect	on 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	on 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	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see
	instructions).	- -		•

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

FORT WORTH SYMPHONY ORCHESTRA

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

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Schedule B (Form 990) (2021)

Employer identification number

AS	SOCIATION	75-6004761		
Organization type (check o	one):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
, ,	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.		
General Rule				
General Rule				
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling rone contributor. Complete Parts I and II. See instructions for determining a contributor's			
Special Rules				
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Fig. 1, line 1. Complete Parts I and II.	d that received from any one		
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, scional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (end) instead of the contributor name and address), II, and III.	entific,		
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	• •		

Schedule B (Form 990) (2021) Page **2**

Name of organization
FORT WORTH SYMPHONY ORCHESTRA
ASSOCIATION
75-6004761

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZiF + 4	\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
FORT WORTH SYMPHONY ORCHESTRA
ASSOCIATION

Employer identification number

75-6004761

Partii	Noticasti Property (see instructions). Use duplicate copies of Part II it is	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2021) Page **4**

Employer identification number Name of organization FORT WORTH SYMPHONY ORCHESTRA ASSOCIATION 75-6004761 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

Inspection

FORT WORTH SYMPHONY ORCHESTRA Name of the organization ASSOCIATION

Employer identification number 75-6004761

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds (or Accounts.	Complete if the	Э
	, , , , , , , , , , , , , , , , , , ,	(a) Donor advis	ed funds	(b) Funds ar	d other accoun	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	riting that the assets h	eld in donor advise	d funds		
	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					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the organization					
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)				
	Preservation of land for public use (for example, recreati	_		a historically impo	rtant 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 qualifie	ed conservation contri	oution in the form o	f a conservation e	asement on the	e last
	day of the tax year.			Held	at the End of the	Tax Year
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru-	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at					
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				g the tax	
	year >		•			
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					ar
	>					
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and e	nforcing conservati	on easements dur	ing the year	
	> \$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	nts 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 conservatio					
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	s financial stateme	nts that describes	the	
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of	Art, Historical Tro	easures, or Oth	ner Similar As	sets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its re	venue statement an	nd balance sheet v	vorks	
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	n, or research in fur	therance of public	:	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	scribes these items	S.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	ie statement and ba	alance sheet work	s of	
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furthe	erance of public se	ervice,	
	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 trea					
	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					
	For Paperwork Reduction Act Notice, see the Instructions				dule D (Form 9	990) 2021

132051 10-28-21

Par	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or (Other S	Similar As	sets _{(con}	tinued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the f	ollowing that m	nake sigr	ificant use of	f its	
	collection items (check all that apply):							
а	Public exhibition d Loan or exchange program							
b	Scholarly research e Other							
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explair	n how they further th	e organization	's exemp	t purpose in	Part XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	ures, or other	similar as	ssets		
_	to be sold to raise funds rather than to be ma						Yes	No
Pai	t IV Escrow and Custodial Arrang		ete if the organization	n answered "Y	es" on F	orm 990, Par	t IV, line 9,	or
	reported an amount on Form 990, Par	·						
1a	Is the organization an agent, trustee, custodi		•					
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				A	
							Amou	ınt
	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
	Ending balance					1f		
	Did the organization include an amount on Fo				-	?	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII. To V Endowment Funds. Complete in							
	Zinde Willer Lander Complete	(a) Current year	(b) Prior year	(c) Two years) Three years I	nack (e) Fo	our years back
10	Beginning of year balance	32,708,721.	25,202,888.	24,551,		26,275,1	- + ` ' -	5,157,315.
		9,851.	1,706,716.	500,		20,275,1	200.	3,137,313.
	Contributions	-2,230,563.	7,040,020.	1,534,		-534,2	41	2,519,697.
	Grants or scholarships	2,200,000.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	001,1		
	Other expenditures for facilities							
C	and programs	1,530,000.	1,240,903.	1 382	734.			1,398,849.
f	Administrative expenses	, , ,	, ,	, ,				, , ,
g	End of year balance	28,958,009.	32,708,721.	25,202,	888.	25,740,9	22. 2	6,278,163.
2	Provide the estimated percentage of the curr		· · · · · ·				·	· · ·
	Board designated or quasi-endowment	.0000	%	,				
b	Permanent endowment ► 88.3400	%	— / -					
С	Term endowment 11.6600							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered	d for the	organization		
	by:							Yes No
	(i) Unrelated organizations						3a(i) X
	(ii) Related organizations							i) X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	rt VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, F	Part X, lin	e 10.		
	Description of property	(a) Cost or o basis (investr		I .		umulated eciation	(d) Bo	ook value
	Land	· · ·	Dasis (oution)	черге	Joiation		
_	Land							
b	Buildings			16,138.		15,598.		540.
q	Leasehold improvements		+	494,743.		461,994.		32,749.
	Equipment Other	I	1	,268,303.	1	L,003,366.		264,937.
	I. Add lines 1a through 1e. (Column (d) must e						1	298,226.
, ota	, rad iiriod Ta tillodgir Te. (Colullill (d) Must e	<u>uuai FUIIII 990, PAR .</u>	<u>∧. COIUITIIT (B). IIITE TC</u>	/ <u>/.,/</u>			dule D (Fo	rm 990) 2021
						00110		000/ 202 1

Schedule D (Form 990) 2021 ASSOCIATION			5-6004761	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market	value
1) Financial derivatives				
2) Closely held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
· /				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.				
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	1	
(a)	Description		(b) Book v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Column (b) must equal Form 990, Part X, col. (B) lin	o 15)			
Part X Other Liabilities.	e 13.)		1	
Cure: Liabilities	on Form 000 Bort IV line	11e or 11f See Form 990 Part X line 2	ξ.	
Complete if the organization answered "Ves"			, .	aluo
Complete if the organization answered "Yes"	on Form 990, Part IV, line		(h) Book v	
(a) Description of liability	on Form 990, Part IV, line	, ,	(b) Book v	
(a) Description of liability (1) Federal income taxes	on Form 990, Partiv, line		(b) Book v	
(a) Description of liability	on Form 990, Partiv, line		(b) Book v	
(a) Description of liability (1) Federal income taxes	on Form 990, Partiv, line		(b) Book v	
(a) Description of liability (1) Federal income taxes (2)	on Form 990, Partiv, line		(b) Book v	
(a) Description of liability (1) Federal income taxes (2) (3)	on Form 990, Partiv, line		(b) Book v	
(a) Description of liability (1) Federal income taxes (2) (3) (4)	on Form 990, Partiv, line		(b) Book v	
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	on roini 990, Partiv, ilie		(b) Book v	
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on rolli 990, Partiv, ilie		(b) Book v	
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	on rolli 990, Partiv, ilie		(b) Book v	
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)			(b) Book v	
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lim	e 25.)			
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	e 25.)e the text of the footnote to	the organization's financial statements	that reports the	

Sche	edule D (Form 990) 2021 ASSOCIATION				75-600476	1 Page 4
Par	rt XI Reconciliation of Revenue per Audite	ed Financial Stateme	nts With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited fina	ncial statements			1	9,288,233.
2	Amounts included on line 1 but not on Form 990, Part V	'III, line 12:				
а	Net unrealized gains (losses) on investments		2a	-2,958,080.		
b	Donated services and use of facilities		2b	67,150.		
С	Recoveries of prior year grants		2c			
d	6 (5		1	-239,027.		
е	Add lines 2a through 2d				2e	-3,129,957.
3	Subtract line 2e from line 1				3	12,418,190.
4	Amounts included on Form 990, Part VIII, line 12, but no					
а	Investment expenses not included on Form 990, Part VI	II, line 7b	. 4a	142,235.		
b	Other (Describe in Part XIII.)		4b			
С	Add lines 4a and 4b				4c	142,235.
_5	Total revenue. Add lines 3 and 4c. (This must equal For				5	12,560,425.
Pa	rt XII Reconciliation of Expenses per Audit	ed Financial Stateme	ents With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial stateme	ents			1	13,968,791.
2	Amounts included on line 1 but not on Form 990, Part IX	K, line 25:				
а	Donated services and use of facilities		2a	67,150.		
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII.)		2d			
е	Add lines 2a through 2d				2e	67,150.
3	Subtract line 2e from line 1				3	13,901,641.
4	Amounts included on Form 990, Part IX, line 25, but not					
а	Investment expenses not included on Form 990, Part VI	II, line 7b	. 4a	142,235.		
b	Other (Describe in Part XIII.)		4b			
С	Add lines 4a and 4b				4c	142,235.
5	Total expenses. Add lines 3 and 4c. (This must equal Fo	orm 990. Part I. line 18.)			5	14,043,876.
Pa	rt XIII Supplemental Information.	· 				
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; I	Part III, lines 1a and 4; Part	IV, lines 1b a	nd 2b; Part V, line 4	; Part X, line 2;	Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete t	his part to provide any add	itional inform	ation.		
PART	TV, LINE 4:					
THE	ENDOWMENT PROVIDES FOR THE ORCHESTRA'S FUT	TURE BY BUILDING AN	ENDOWMENT			
WHIC	CH WILL SUPPLEMENT THE ORCHESTRA'S ANNUAL I	INCOME IN PERPETUITY	•			
PART	TX, LINE 2:					
THE	SYMPHONY IS EXEMPT FROM FEDERAL INCOME TAX	KES UNDER SECTION 50:	1(C)(3)			
OF T	THE INTERNAL REVENUE CODE, EXCEPT TO THE EX	KTENT IT HAS UNRELAT	ED			
BUSI	INESS INCOME. THE SYMPHONY'S ESTIMATE OF THE	HE POTENTIAL OUTCOME	OF ANY			
UNCE	ERTAIN TAX ISSUES IS SUBJECT TO MANAGEMENT	S ASSESSMENT OF RELI	EVANT			
RISK	KS, FACTS, AND CIRCUMSTANCES EXISTING AT TH	HAT TIME. THE SYMPHO	NY USES A			
MORE	E LIKELY THAN NOT THRESHOLD FOR FINANCIAL S	STATEMENT RECOGNITION	N AND			
MEAS	SUREMENT OF A TAX POSITION TAKEN OR EXPECTE	ED TO BE TAKEN IN A	TAX			
					Cabadula D /	000\ 0004

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

FORT WORTH SYMPHONY ORCHESTRA

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

ASSOCIATION	1				75-600476	1	
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not							
required to complete this part.							
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations							
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i)							
		Yes	No				
			>				
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							

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

Pá	irt I	Fundraising Events. Complete if the of fundraising event contributions and great fundraising event contributions and great fundraising event contributions.				
			(a) Event #1	(b) Event #2 OPENING NIGHT	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne			(overtitype)	(overtitype)	(total flamber)	_
Revenue	1	Gross receipts	939,057.	39,400.		978,457.
	2	Less: Contributions	650,058.	10,975.		661,033.
	3	Gross income (line 1 minus line 2)	288,999.	28,425.		317,424.
	4	Cash prizes				
	5	Noncash prizes	67,150.			67,150.
enses	6	Rent/facility costs	68,254.			68,254.
Direct Expenses	7	Food and beverages	61,963.	27,774.		89,737.
į	8	Entertainment	65,813.			65,813.
	9	Other direct expenses		651.		26,470.
	10	Direct expense summary. Add lines 4 through	. ,		>	317,424.
D	11	Net income summary. Subtract line 10 from I				0.
Pa	ırt I		answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Be	1	Gross revenue				
es	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				
		Walanda and ale an	Yes %			
	6		No	No	No	
	7	Direct expense summary. Add lines 2 through				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9	Fnt	ter the state(s) in which the organization condu	icts gaming activities.			
-		the organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
1320	22 10	D-21-21			Sche	edule G (Form 990) 2021

FORT WORTH SYMPHONY ORCHESTRA

Sch	edule G (Form 990) 2021 ASSOCIATION 7	75-600	476	1	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?	Г		Yes	No
12	Indicate the percentage of gaming activity conducted in:				
		1.	40-	I	0/
	ı The organization's facility		<u>13a</u>		<u>%</u>
	An outside facility	L	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount				
	of gaming revenue retained by the third party \$\bigs\sum_{\text{quadratic}}\$				
,	: If "Yes," enter name and address of the third party:				
٠	in Tes, enter hame and address of the tillio party.				
	No N				
	Name				
	Address >				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	daming manager compensation				
	Description of services provided				
	Description of services provided				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
	·				
č	solution Is the organization required under state law to make charitable distributions from the gaming proceeds to	Г	$\overline{}$	V	□ Na
	retain the state gaming license?	L		Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е			
_	organization's own exempt activities during the tax year ▶ \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part I	II, lin	es 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
		_		_	

FORT WORTH SYMPHONY ORCHESTRA

Schedule G	i (Form 990)	ASSOCIATION	75-6004761	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)		
		(sortings)		
_				
				_
_				

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

FORT WORTH SYMPHONY ORCHESTRA

Employer identification number ASSOCIATION 75-6004761 Part I Questions Regarding Compensation

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

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred benefits	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DR. KEITH CERNY	(i)	225,000.	35,000.	45,000.	10,833.	7,917.	323,750.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0,	0.
(2) JULIE BAKER	(i)	140,000.	5,000.	28,000.	0.	4,952.	177,952.	0.
VP DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0,	0.
(3) CARRIE ADAMIAN	(i)	140,000.	5,000.	28,000.	0.	4,951.	177,951.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0,	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

FORT WORTH SYMPHONY ORCHESTRA

Employer identification number 75-6004761

ASSOCIATION Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 30,308.FMV 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 17 Real estate - Other 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 (JEWELRY, VACA 67,150.FMV 25 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

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

132142 11-17-21 Schedule M (Form 990) 2021

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.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FORT WORTH SYMPHONY ORCHESTRA

ASSOCIATION

Employer identification number 75-6004761

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
-TO PERFORM GREAT SYMPHONIC MUSIC AT THE HIGHEST LEVEL OF ARTISTIC
EXCELLENCE TO EDUCATE, ENTERTAIN, AND ENHANCE CULTURAL LIFE.
-TO PRESENT ENGAGING MUSIC EDUCATION PROGRAMS FOR YOUNG PEOPLE TO
FOSTER EARLY INTEREST IN AND INSPIRE LIFELONG ENJOYMENT OF MUSIC.
-TO ACHIEVE EVER-GREATER LEVELS OF ARTISTIC ACCOMPLISHMENT AND
LEADERSHIP IN FORT WORTH AND ACROSS THE NATION.
EODM 000 DADM VI CECUTON A LINE 2.
FORM 990, PART VI, SECTION A, LINE 2: 1) HENRY ROBINSON, DIRECTOR; DEE J. KELLY, JR, DIRECTOR; MARIANNE AULD,
DIRECTOR - PARTNERS IN THE LAW FIRM OF KELLY, HART AND HALLMAN, ATTORNEYS
2) JEAN ROACH, DIRECTOR; AMY ROACH, DIRECTOR - FAMILY MEMBERS
3) RON DANIELL, DIRECTOR; JUANNA ROSA DANIELL - FAMILY MEMBERS
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PREPARED BY MANAGEMENT OF THE FWSO WITH THE ASSISTANCE FROM
ITS INDEPENDENT TAX ADVISORS. THE FINANCE COMMITTEE OF THE BOARD RECEIVES
THE DRAFT FORM 990 AND REVIEWS FOR ACCURACY. AFTER ANY CHANGES ARE MADE,
THE COMMITTEE APPROVES THE FORM BEFORE IT IS SUBMITTED TO THE IRS. A
COMPLETED COPY IS PROVIDED TO THE BOARD MEMBERS AFTER FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
ALL MEMBERS RECEIVE CONFLICT OF INTEREST FORMS TO BE SIGNED AND SUBMITTED
ANNUALLY.

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

Name of the organization FORT WORTH SYMPHONY ORCHESTRA	Employer identification number
ASSOCIATION	75-6004761
FORM 990, PART VI, SECTION B, LINE 15:	
THE CHAIRMAN OF THE BOARD REVIEWS THE PERFORMANCE AND COMPENSATION FOR THE	
PRESIDENT AND CEO ANNUALLY USING COMPARABLE DATA FROM OTHER INDEPENDENT	
PERFORMING ARTS INSTITUTIONS AND THE WRITTEN CONTRACT WHICH WAS APPROVED BY	
THE BOARD. THE PRESIDENT AND CEO REVIEWS SALARIES FOR KEY MANAGEMENT	
EMPLOYEES WITH THE BOARD CHAIR. THE COMPENSATION PROCESS FOR THE PRESIDENT	
METHOTELS WITH THE BOARD CHAIR. THE COMPENSATION PROCESS FOR THE PRESIDENT	
AND CEO WAS LAST CONDUCTED IN DECEMBER 2021.	
TODAY OOO DADW ME GROWN ON THE 10	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FORM 990 IS AVAILABLE AT THE GUIDESTAR WEBSITE OR AVAILABLE UPON	
REQUEST TO THE ASSOCIATION. GOVERNING DOCUMENTS, CONFLICTS OR INTERST	
POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE FORM 990	
AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BENEFICIAL INTEREST IN TRUST -239,027.	