### Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity For calendar year 2022, or fiscal year beginning $\frac{07/01/2022}{2022}$ and ending $\frac{06/30/2023}{2023}$

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

JSA 2X3008 2.000

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer	EIN or SSN
JACKSONVILLE SYMPHONY ASSOCIATION INC	59-6002520
Name and title of officer or person subject to tax	
THOMAS FLAHERTY, CFO Part I Type of Return and Return Information	
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amour	t if any face the sale 5
CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you	
5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was	
5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0-	
applicable line below. Do not complete more than one line in Part I.	
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12	1b28820293.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 6	
5a Form 8868 check here b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D)	
9a Form 5330 check here b Tax due (Form 5330, Part II, line 19)	
10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III)	line 22) .10b
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax	
Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject	
of entity), (EIN) and that I have 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belie	e examined a copy of the
complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic returns.	r, they are true, correct, and
intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to	receive from the IRS (a) an
acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing	the return or refund, and (c)
the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an	electronic funds withdrawal
(direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S	Federal taxes owed on this
1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financi	al institutions involved in the
processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries an	d resolve issues related to
the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, electronic funds withdrawal.	if applicable, the consent to
PIN: check one box only	
	1 9 3 2 2 as my signature  Enter five numbers, but
	do not enter all zeros
on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforeme	the return is being filed with a state
return's disclosure consent screen.	intioned ERO to enter my PIN on the
As an officer or person subject to tay with respect to the entity I will enter my DIN as my size to	
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signatu filed return. If I have indicated within this return that a copy of the return is being filed with a state	re on the tax year 2022 electronically
of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	agency(les) regulating charties as part
Signature of officer or person subject to tax  Date	5/15/2024
Part III Certification and Authentication	0/15/2024
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	7 4
Do not enter all zeros	<del></del>
I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed re	sturn indicated above I confirm that I
am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF)	Information for Authorized IRS e-file
Providers for Business Returns.	
ERO's signature Date 0.5	5/15/2024
ERO Must Retain This Form - See Instructions	
Do Not Submit This Form to the IRS Unless Requested To Do	
For Privacy Act and Paperwork Reduction Act Notice, see back of form.	Form <b>8879-TE</b> (2022)

5573SA 9242 05 PUBLIC INSPECTION COPY

# Form 990 Department of the Treasury

Internal Revenue Service

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

20**22** 

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

A	For t	ne 202	2 calendar year, or tax year beginning 07/01/2022	and endi	ng		06/3	0/2023	
R	Chaok if	applicable:	C Name of organization		- 1	D Employer id	dentificatio	n number	
-			JACKSONVILLE SYMPHONY ASSOCIATION INC						
		dress inge	Doing Business As			59	-60025	520	
	Nar	me change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E	E Telephone r	number		
	Initi	ia! return	300 WATER STREET SUITE 200			(9	04)35	4-0792	
	Ter	minated	City or town, state or province, country, and ZIP or foreign postal code	15:					
	Amı	ended urn	JACKSONVILLE, FL 32202			Gross receip	pts \$ 3	3,072,8	347.
	App	dication ding	F Name and address of principal officer: STEVEN LIBMAN			i(a) Is this a gro	oup return for		
	100		300 WATER STREET SUITE 200, JACKSONVILLE,	FL 32202	2	subordinate: (b) Are all subor		d? Yes	N
L	Tax-e	exempt st				If "No," atta	ich a list. (se	e instructions)	
J	Webs	site: 🕨	WWW.JAXSYMPHONY.ORG			I(c) Group exem			
ĸ	Form	of organ	ization: X Corporation Trust Association Other	L Year o		n: 1950 <b>M</b>			: FI
P	art I		mmary	1		1950	01010 01 10	gar aonnoio	
	1		describe the organization's mission or most significant activities: THE	MISSION	OF THE	TACKSO	MT77TT I	Z QVMDU	ONIV
ø	1		FO ENRICH THE HUMAN SPIRIT THROUGH SYMPHONIC		OT_1111	- OVCV20	TAATTITE	SIMEN	<u> </u>
anc			io ziniton ini nomin di ini innodon diminonio	110510.					
ern	2	Check	this box if the organization discontinued its operations or disp			f its not asset			
Activities & Governance	3		er of voting members of the governing body (Part VI, line 1a)				Tr. E.		2.4
99	4	Numb	er of independent voting members of the governing body (Part VI, line 1b		• • • •		3		34
ies	5	Total	er of independent voting members of the governing body (Part VI, line 15	y. · · · · · · · ·			4		31
Ν	5	Total	number of individuals employed in calendar year 2022 (Part V, line 2a)			· ((*)	5		363
Act	6	Totali	number of volunteers (estimate if necessary)	***	• • • •		6		192
	10	liotait	unrelated business revenue from Part VIII, column (C), line 12				7a		
	L	i Net un	nrelated business taxable income from Form 990-T, line 34				7b	<b>A</b> 117	_
		0 1-11	had a sanda a taraban a ta			Prior Year		Current Yo	
ne	8	Contri	butions and grants (Part VIII, line 1h)	OPY FOR		9,055,52		25,012	
Revenue	9	Progra	am service revenue (Part VIII, line 2g)	INSPECTION		2,837,23		3,538	
Re			ment income (Part VIII, column (A), lines 3, 4, and /d).			203,70			,998
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			4,6			, 485
	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		1	2,101,08		28,820	
	13	Grants	s and similar amounts paid (Part IX, column (A), lines 1-3)			2,10	00.	3	,200
	14	Benefi	ts paid to or for members (Part IX, column (A), line 4)				ONE		NON
68	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10			7,249,10	)3.	8,300	,964
ens	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)	[4]		No	ONE		NON
Expenses	b		undraising expenses (Part IX, column (D), line 25) ▶877,586						
П	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			3,458,35	51.	3,631	,935
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			0,709,55		11,936	
_ (A)	19	Reven	ue less expenses. Subtract line 18 from line 12			1,391,52	29.	16,884	,194
SO	20 21 22				Beginnin	g of Current Y	ſear	End of Yea	11
ssel	20		ssets (Part X, line 16)		1	3,168,40	)1.	31,734	,430
컱	21		abilities (Part X, line 26)			1,649,14	19.	1,970	,144.
ΖŒ	22		sets or fund balances. Subtract line 21 from line 20		1	1,519,25	2.	29,764	,286.
	rt II		nature Block						
Une	der pe e. corre	nalties of ect. and c	f perjury, I declare that I have examined this return, including accompanying sche complete. Declaration of preparer (other than officer) is based on all information of w	edules and statem	nents, and	to the best of	my knowl	edge and be	∍lief, it is
			11 41 1 1	The property for	o daily taron	ilougo.			
Sig	n		( nomas flahad)				15/202	4	
Hei		S	Signature of officer			Date			
ICI	C		AS FLAHERTY CFO						
		110.2	ype or print name and title						
Paid	,	Print/T	ype preparer's name	Date		Check	if PTIN		
	oarer	SABR	E J LINAHAN DOU'S ON UNION	05/15	/2024	self-employe	ed P01	372980	
-	Only	Firm's	name > SMITH & HOWARD ADVISORY, LLC		Fir	m's EIN 🕨		749631	
		Firm's a	address > 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363		Ph	none no.		874-624	14
Vlay	the I	RS disc	uss this return with the preparer shown above? (see instructions)			68		Yes	No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2022)

4e Total program service expenses 8,812,216.

JSA 2E1020 1.000 5573SA 9242 05/08/2024 13:36:36 V22 1.11 16143 ION COPY

#### Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X 2 2 Χ Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 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 Χ 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 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . . . . . . 7 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete Schedule D, Part III 8 Χ 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 Χ Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." Х 11a b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more 11b Χ c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . . 11e Χ 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . . . . . . 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?...... Х 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . 14b Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Χ 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 Χ 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . . . . . . . . . . . . . . X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . . 20b 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

Χ

21

Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			1).
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
C	I Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>25</b> a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
C	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
Dané	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	(1)		Щ
4	Fateratha annual annual annual at Faterat annual at Faterat annual at Fateratha annual annual annual at Fateratha annual at Fa		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	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	X	

Form 990 (2022) Page 5

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 363			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	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:			
	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 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
D	Gross income from other sources. (Do not net amounts due or paid to other sources			
120	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124	-	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	_	
	If "Yes," complete Form 6069.			

Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ii	nstruc	tions.
Sec	tion A. Governing Body and Management	• • •	* • •	X
000	tion A. Coverning body and Management		Yes	No
1а	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		163	NO
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
) = = 4!	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed	_		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7	(sect	ion 50	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	inter	est po	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record THOMAS FLAHERTY 300 WATER STREET SUITE 200 JACKSONVILLE, FL 32202	3		
	THE TELEPHONE THE STREET BOTTLE ZUU UACKSUNVILLE, FL SZZUZ			

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box,	unle	Pos heck ss pe	erson	e than o is both tor/trus	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) MS. COURTNEY LEWIS	40.00									
CONDUCTOR	NONE					х		244,446.	NONE	34,317.
(2) MR. STEVEN LIBMAN	40.00								11011	31/31/
PRESIDENT & CEO	3.00	Х		х				257,656.	NONE	12,875.
(3) MR. THOMAS FLAHERTY	40.00								110111	12,070
VP & CFO	3.00			Х				165,781.	NONE	25,679.
(4) MR. BRYAN DEBOER	40.00							,		20/0/3
VP & CHIEF ADVANCEMENT OFFICER	NONE			Х				150,072.	NONE	34,165.
(5) MR. DANNY RIOS	40.00									
ORCHESTRA REPRESENTATIVE	NONE	Х						45,899.	NONE	23,367.
(6) MR. JORGE PEÑA	40.00									
ORCHESTRA REPRESENTATIVE	NONE	Х						46,246.	NONE	21,173.
(7) MR. J. F. BRYAN	0.50									· · · · · ·
DIRECTOR	NONE	Х						NONE	NONE	NONE
(8) MR. GREG ANDERSON	0.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9) MR. DONALD A. BALDWIN	0.50									
CHAIR	NONE	Х		Х				NONE	NONE	NONE
(10) MS. MARTHA E. BARRETT	0.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(11) MR. GILCHRIST B. BERG	0.50									
DIRECTOR	0.50	Х						NONE	NONE	NONE
(12) MS. POPPY CLEMENTS	0.50									
DIRECTOR	NONE	X						NONE	NONE	NONE
(13) MR. RAFAEL CALDERA	0.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(14) MR. CARL CANNON	0.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE

Form 990 (2022)

Part VII Section A. Officers, Directors,	Trustees, Ke	y En	nple	oye	es,	and	Hig	hest Compensat	ted Employees	(continued)
(A) Name and title	(B) Average hours per week (list any	box,	unle	Pos heck	erson	e than o is both tor/trus	an	(D) Reportable compensation from the	(E) Reportable compensation from	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
15) MRS. CHUNG-HAE CASLER	0.50									
DIRECTOR	NONE	X						NONE	NONE	NON
16) MR. KEVIN CRAIG	0.50									
DIRECTOR	NONE	X						NONE	NONE	ИОИ
17) DR. BARBARA DARBY (ED.D.)	0.50									
DIRECTOR	NONE	X						NONE	NONE	NON
18) MS. LORY DOOLITTLE	0.50									
DIRECTOR	NONE	Х						NONE	NONE	NON
19) MR. R. CHRIS DOERR	0.50									
FREASURER	NONE	х		Х				NONE	NONE	NON
20) MR. JIM JOHNSON	0.50							HONE	NOIVE	NOI
DIRECTOR	NONE	Х						NOME	MONT	NO
21) MR. CHARLES S. JOSEPH	0.50	- /1						NONE	NONE	NOI
DIRECTOR		.,						370378		
	0.50	X						NONE	NONE	NOI
2) MS. DANA L. KARZAN	0.50_									
DIRECTOR	NONE	X						NONE	NONE	NON
3) DR. TIMOTHY SNYDER	0.50_									
DIRECTOR	NONE	X						NONE	NONE	NON
4) DR. ANNE LUFRANO (PH.D.)	0.50									
SECRETARY	NONE	Х		Х				NONE	NONE	NON
5) MS. SHEILA MCLENAGHAN	0.50									
IRECTOR	NONE	Х						NONE	NONE	ION
b Sub-total	-						<b>b</b>	910,100.	NONE	151,576
c Total from continuation sheets to Part VII	. Section A			•	• • •	• •		NONE	NONE	
d Total (add lines 1b and 1c)						• • •	•	910,100.	NONE	
Total number of individuals (including but n										131,376
reportable compensation from the organiza	tion	1036 1	13161	u at	JOVE	/ WITC	1 10	ceived illore than 4	100,000 01	
			_	_		4	_			
Did the organization list any former o employee on line 1a? If "Yes," complete Sch	fficer, directo edule J for suc	r, or h indi	tru <i>vidu</i>	stee	e, k	ey e	mpl	loyee, or highest	compensated	Yes No
For any individual listed on line 1a, is th organization and related organizations individual	e sum of rep greater than	ortab	le c 0,00	om  00?	pen:	satior "Yes,	an "c	d other compension	ation from the	4
Did any person listed on line 1a receive for services rendered to the organization? If	or accrue cor "Yes," complet	npens e <i>Sch</i>	satic edui	on f <i>le J</i>	rom for	any such j	unr p <i>er</i> s	elated organization	n or individual	5
ection B. Independent Contractors										
Complete this table for your five highest compensation from the organization. Report year.	ompensated in t compensatio	depe on for	nde the	nt c cal	end:	ractor ar yea	sth arei	nat received more nding with or withi	than \$100,000 o in the organization	f n's tax
(A) Name and business	address							(B) Description of ser	vices C	(C) ompensation
Total number of independent contractors	(including bu	t not	lim	ited	to	those	e lis	sted above) who	received	
more than \$100,000 in compensation from	tne organizati	on 🕨							<b>E9103</b>	

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nple	oye	es,	and	Hig	hest Compensat	ed Employees (	continued)	
(A) Name and title	Average hours per week (list any hours for related	box,	unle er an	Pos heck ss pe	erson	e than of is both tor/trus	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	other compensati from the	f ion
	organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer	(W-2/1099-MISC)		organizatio and related organization	d
26) MR. JOE T. PORTER	0.50										
DIRECTOR	NONE	X	_					NONE	NONE		NON
27) MS. SHERILYN F. VAN ORDEN	0.50	.,,									
DIRECTOR	NONE	X						NONE	NONE		NON
28) MS. BRENDA WOLCHOK	0.50										
DIRECTOR	NONE	X	-					NONE	NONE		NON
29) DR. TIMOTHY A. WOODWARD (M.D.	0.50										
DIRECTOR	NONE	X						NONE	NONE		NON
30) MR. DOUGLAS C. WORTH	0.50										
DIRECTOR	NONE	X						NONE	NONE		NON
31) HON. GWENDOLYN (GWEN) YATES	0.50										
DIRECTOR	NONE	X						NONE	NONE	]	NON
32) MR. A. ZACHARY FAISON, JR	0.50										
DIRECTOR	NONE	X						NONE	NONE	1	NON
33) MR. BRIAN FAY	0.50										
DIRECTOR	NONE	X						NONE	NONE	1	NON
34) MR. EDWARD SKINNER JONES	0.50										
DIRECTOR	NONE	Х						NONE	NONE	]	NON
35) MR. MATTHEW MARCIN	0.50										
DIRECTOR	0.50	Х						NONE	NONE	1	NON:
36) MS. CONCHITA ROBINSON	0.50								-10-		
DIRECTOR	NONE	Х						NONE	NONE	1	NON:
1b Sub-total					•		•				
c Total from continuation sheets to Part VII, So	ection A			1000	ei oi	* *	<b>P</b>				
d Total (add lines 1b and 1c)							•				
2 Total number of individuals (including but not	limited to th						re	ceived more than \$	100,000 of		
reportable compensation from the organization	1 ▶										
										Yes	No
3 Did the organization list any former office	er, directo	r, or	tru	ste	e, k	cey e	mpl	loyee, or highest	compensated		
employee on line 1a? If "Yes," complete Schedu										3	
4 For any individual listed on line 1a, is the s	sum of rep	ortab	le c	om	pen	sation	an	nd other compens	ation from the		
organization and related organizations gre	eater than	\$15	0,0	00?	lf	"Yes,	," c	complete Schedule	e J for such	100	
individual										4	
5 Did any person listed on line 1a receive or	accrue cor	npens	satio	on f	rom	any	unr	elated organizatio	n or individual		
for services rendered to the organization? If "Ye	s," complet	e Sch	edu	le J	for	such <sub>l</sub>	pers	son		5	
Section B. Independent Contractors											
<ol> <li>Complete this table for your five highest components of compensation from the organization. Report of year.</li> </ol>	pensated ir ompensatio	ndepe on for	nde the	nt c	ont end	ractor ar yea	rs th ar e	nat received more nding with or withi	than \$100,000 o n the organization	f n's tax	
(A)								(B)		(C)	
Name and business add	ress							Description of ser	vices C	ompensation	
				_							
											_
2 Total number of independent contractors (%)	alualies bi	4 m = 4	lies	ادمان	4-	4la = =		stad above 1		Carrier III	
2 Total number of independent contractors (in	ciuaing DU	ı not	ıım	rreq	ΙO	เทอรเ	e IIS	sted above) who i	eceived		

more than \$100,000 in compensation from the organization

	-
	- 6
-20G	-

Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for	(do box,	not cl unles	Pos heck ss pe	C) ition more rson lirect	than o	one an	(D)  Reportable compensation from the	(E) Reportable compensation fron related organizations	i a	(F) Estimate amount other mpensa	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	or	from the rganizati nd relate ganizatio	ion ed
37) MR. DAVID M. STRICKLAND DIRECTOR	0.50 NONE	Х						NONE	NONE	2		NON
Ib Sub-total  c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)	ection A .	 				::	▶. ▶ •	ceived more than s	\$100 000 of			
reportable compensation from the organization  B Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	r, or	tru	stee	 e, k	ey e	mpl	loyee, or highest	compensated	3	Yes	No
For any individual listed on line 1a, is the sorganization and related organizations green individual	sum of repeater than	ortab \$15	le c 0,00	omi 00?	pens	ation <i>"Yes,</i>	an ," c	nd other compens	ation from the	4	Х	
for services rendered to the organization? If "Yesection B. Independent Contractors  Complete this table for your five highest component compensation from the organization. Report contracts year.	es," complet pensated in	te Sch	<i>edui</i> nde	<i>le J</i> nt c	for s	such p	o <i>ers</i>	nat received more	than \$100,000 c	of n's tax		X
(A) Name and business add	ress							(B) Description of ser	vices C	(C) Compen		
Total number of independent contractors (in more than \$100,000 in compensation from the				ited	to	those		sted above) who	received		II () V	

#### Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse or note to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluder from tax under
_							sections 512-51
Contributions, Gifts, Grants, and Other Similar Amounts	1a						
is a	b			-			
S, C	C		256,359				
Sift	d		9,250,156.	-			
S,E	e	3	584,245.				
io s	1 1			,			
the	1	and similar amounts not included above . 1f	14,921,631,				
Ē	g		<b>6</b> 24 522				
Cor	h	Iines 1a-1f 1g  Total. Add lines 1a-1f		25 012 201			
_	-"	Total. Add lilles 1d-11	Business Code	25,012,391.			-
ø		INDOOR CONCERT SALES	711130	3,474,359.	2 474 250		
Program Service Revenue	2a	YOUTH MUSIC PROGRAMS	711130	64,060.	3,474,359.		
Sei	b		711130	64,060.	64,060.		
am Ve	C						
P.S.	d						
P.	e	All other magnets as the manner					
	f g	All other program service revenue Total. Add lines 2a-2f		3,538,419.			
	3	Investment income (including dividends		3,330,413.			
	,	other similar amounts)		183,390.			183,390.
	4	Income from investment of tax-exempt bon	11	NONE			103,390.
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c NO	IE NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 4,093,614					
9	b	Less: cost or other basis					
Revenue		and sales expenses 7b 4,097,006					
ě	С	Gain or (loss) 7c -3,392					
	d	Net gain or (loss)		-3,392.			-3,392.
Other	8a	Gross income from fundraising					
0		events (not including \$256, 359.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	155,548.				
	b	Less: direct expenses 8b	155,548.				
	c	Net income or (loss) from fundraising events		NONE			NONE
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	c	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	b	Less: cost of goods sold 10b					
_	С	Net income or (loss) from sales of inventory.	7	NONE			
2			Business Code				
scellaneous Revenue	11a	OTHER INCOME		89,485.			89,485.
en	b						
\$ 50 E	С						
2	d	All other revenue					
		Total. Add lines 11a-11d		89,485.			
	12	Total revenue. See instructions		28,820,293.	3,538,419.		269,483.

#### Part IX Statement of Functional Expenses

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

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

	Grants and other assistance to domestic organizations		expenses	Management and general expenses	(D) Fundraising expenses
			опропосо	general expenses	expenses
2	and domestic governments. See Part IV, line 21	NONE			
-	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	3,200.	3,200.		
3	Grants and other assistance to foreign		2,200		
·	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
	Compensation of current officers, directors,	14014			
,	trustees, and key employees	757,526.	586,658.	127,735	42 122
c	_	737,320.	300,030.	127,733.	43,133
ø	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons (as defined under section 4958(r)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7		NONE	4 500 202	004 654	202 500
	Other salaries and wages	5,839,560.	4,522,383.	984,674.	332,503
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	338,887.	262,447.	57,144.	19,296
9	Other employee benefits	900,207.	697,155.	151,794.	51,258
10	Payroll taxes	464,784.	359,947.	78,372.	26,465
11	Fees for services (nonemployees):				
а	Management	NONE			
	Legal	69,137.		69,137.	
	Accounting	NONE			
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE			
	Investment management fees	40.		40	
	Other. (If line 11g amount exceeds 10% of line 25, column			101	
	(A), amount, list line 11g expenses on Schedule O.)	158,825.	36,892.	90,845.	31,088
	Advertising and promotion	563,548.	130,902.	322,338.	110,308
	Office expenses	57,789.	17,558.	20,408.	19,823
	Information technology.	198,380.	60,272.	70,059.	68,049
	Royalties	NONE	30,2,2,	10/035.	00,045
	Occupancy	119,961.	36,447.	42,365.	41,149
	Travel	15,603.	2,005.	13,320.	
	Payments of travel or entertainment expenses	13,003.	2,000.	13,320.	278
	for any federal, state, or local public officials	NONE			
		NONE			
	Conferences, conventions, and meetings		4 010		
	Interest	4,018.	4,018.		
	Payments to affiliates,	NONE	07.106	0.0 7.74	
	Depreciation, depletion, and amortization	87,503.	27,126.	29,751.	30,626
	Insurance	143,927.	33,432.	82,323.	28,172
	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
	CONCERT PRODUCTION COSTS	1,241,714.	1,241,714.		
	GUEST ARTISTS	718,742.	718,742.		
	BANK CHARGES	76,470.	17,763.	43,739.	14,968
d	DUES & SUBSCRIPTIONS	69,511.	21,119.	24,548.	23,844
e	All other expenses	106,767.	32,436.	37,705.	36,626
	Total functional expenses. Add lines 1 through 24e	11,936,099.	8,812,216.	2,246,297.	877,586
f f	Joint costs. Complete this line only if the organization reported in column (B) joint costs rom a combined educational campaign and undraising solicitation. Check here if ollowing SOP 98-2 (ASC 958-720)				·

#### Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Pa			
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	752 <b>,</b> 980.	. 1	1,073,360
2	Savings and temporary cash investments	2,116,518.	2	5,855,799.
3	Pledges and grants receivable, net	1,309,179.	3	5,837,308
4	Accounts receivable, net	10,445.	4	6,319
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NON
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NON
2 7	Notes and loans receivable, net	NONE	7	NON
7 8 8	Inventories for sale or use	NON	8	NON:
<u>و</u> ا	Prepaid expenses and deferred charges SEE SCHEDULE .Q	95,556.	9	87,376
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 2,223,844.			
b	Less: accumulated depreciation 10b 1,819,148.	337,548.	10c	404,696.
11	Investments - publicly traded securities	NONE		NONE
12	Investments - other securities. See Part IV, line 11	8,134,902.		17,699,085.
13	Investments - program-related. See Part IV, line 11	NONE		NONI
14	Intangible assets	NONE		NON
15	Other assets. See Part IV, line 11	411,273.	-	770,487.
16	Total assets. Add lines 1 through 15 (must equal line 33)	13,168,401.	-	31,734,430.
17	Accounts payable and accrued expenses	646,761.		661,518.
18	Grants payable	NONE		NONE
19	Deferred revenue . SEE SCHEDULE Q	1,002,388.		973,610.
20	Tax-exempt bond liabilities	NONE		NONE
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NON
	Loans and other payables to any current or former officer, director,	110111		IVOIVI
<u> </u>	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons	NONE	22	NONE
23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
25	Other liabilities (including federal income tax, payables to related third	IVOINE	24	NOM
20	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	NONE	25	225 016
26	Total liabilities. Add lines 17 through 25	NONE		335,016.
	Organizations that follow FASB ASC 958, check here X	1,649,149.	20	1,970,144.
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	10,274,252.	27	22 140 010
28	Net assets with donor restrictions.			23,149,819.
20	Organizations that do not follow FASB ASC 958, check here	1,245,000.	28	6,614,467.
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
27 28 29 30 31 32	Total net assets or fund balances	11,519,252.	32	29,764,286.
33	Total liabilities and net assets/fund balances	13,168,401.	33	31,734,430.
		10,100,101.	55	Form <b>990</b> (2022)

Form **990** (2022)

Form 9	90 (2022)				Р	age <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				293
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	1,9	36,	099
3	Revenue less expenses. Subtract line 2 from line 1	3	1	6,8	84,	194
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	1,5	19,	252
5	Net unrealized gains (losses) on investments	5		1,4	23,	084
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		-	91,	491
9	Other changes in net assets or fund balances (explain on Schedule O)	9			29,	247
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	2	9,7	64,	286
Part	XII Financial Statements and Reporting					(
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	φlain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	_	- 1	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, ex		1			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	he			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
h	If "Yes " did the organization undergo the required audit or audits? If the organization did not und	orao f	ho			

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

JSA

3b

Form 990 (2022)

#### SCHEDULE A (Form 990)

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

UA	CKSONVILLE SYMPHONY AS	SOCIATION IN	C			59-6	5002520
	art I Reason for Public Ch						ns.
The	e organization is not a private fou	undation because	it is: (For lines 1 throu	gh 12, c	heck only	one box.)	
1	A church, convention of ch	urches, or associa	ation of churches desc	ribed in	section '	170(b)(1)(A)(i).	
2	A school described in sect	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)					
3	A hospital or a cooperative	•	•		•	,,,,,,	
4	A medical research organi	zation operated in	conjunction with a ho	spital de	escribed i	n section 170(b)(1)(A	)(iii). Enter the
	hospital's name, city, and s	tate:					
5	An organization operated	for the benefit of	a college or universi	ty owne	d or ope	erated by a governme	ental unit described in
	section 170(b)(1)(A)(iv). (0	Complete Part II.)					
6	A federal, state, or local go	overnment or gove	ernmental unit describe	ed in sec	tion 170	(b)(1)(A)(v).	
7	X An organization that norm	ally receives a su	bstantial part of its si	upport fr	om a go	vernmental unit or fr	om the general public
	described in section 170(b				_		
8	A community trust describe			e Part II.	)		
9	An agricultural research or					d in conjunction with a	land-grant college
	or university or a non-land-						
	university:		`	,			
10	An organization that normal receipts from activities relaced support from gross investing acquired by the organization.	ated to its exempt nent income and u on after June 30, 1	functions, subject to c inrelated business tax 975. See <b>section 509</b>	ertain e able inc (a)(2). (t	xception: ome (les Complete	s; and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 % of its
11	An organization organized			_			
12	An organization organized						
	one or more publicly suppo	rted organizations	described in section !	509(a)(1	) or sect	ion 509(a)(2). See se	ction 509(a)(3). Check
	the box on lines 12a throug	h 12d that describ	oes the type of suppor	rting org	anizatior	and complete lines 1	2e, 12f, and 12g.
а	Type I. A supporting orga	anization operated	l, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
	the supported organization						
	supporting organization.	You must complet	te Part IV, Sections A	and B.			
b					n with its	supported organizati	on(s), by having
	control or management of						
	organization(s). You must		_		•		- 11
C	Type III functionally inte	grated. A supporti	ing organization opera	ated in c	onnectio	n with, and functional	Ilv integrated with.
	its supported organization						, ,
d							ted organization(s)
	that is not functionally into						
	requirement (see instruct	-		-		·	
е							I. Type III
	functionally integrated, or						., .,,,,
f	Enter the number of supported						1780
g	Provide the following information						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see
			above (see instructions))	Yes	No	mstructions)	instructions)
(4)							
(A)							
/B\							
(B)							
(C)							
(D)							
-							
(E)							
Tota	ai						

Schedule A (Form 990) 2022 Page **2** 

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

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,864,616.	6,276,373.	10,067,183.	9,055,522	. 25,012,391.	56,276,085
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NON
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NON
5	Total. Add lines 1 through 3  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	5,864,616.	6,276,373.	10,067,183.	9,055,522.	25,012,391.	56,276,085
•	shown on line 11, column (f)						1,697,316
6	Public support. Subtract line 5 from line 4						54,578,769
	tion B. Total Support endar year (or fiscal year beginning in)	(a) 2019	(b) 2040	(-) 2020	(4) 2004	()0000	40 T 4 1
		(a) 2018 5,864,616.	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4	133,337.	6,276,373. 94,857.	10,067,183. 36,002.	9,055,522.	25,012,391. 183,390.	56,276,085 510,591
9	Net income from unrelated business activities, whether or not the business is regularly carried on	196,840.	286,537.	277,455.	NONE	NONE	760,832
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	37,490.	16,413.	9,076.	4,621.	89,485.	157,085.
11	Total support. Add lines 7 through 10						57,704,593
12	Gross receipts from related activities, etc. (s						14,059,311
13	First 5 years. If the Form 990 is for organization, check this box and stop here.			third, fourth, c	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Supp						
14	Public support percentage for 2022 (lir					14	94.58 %
15	Public support percentage from 2021 \$					15	95.95 %
	a 33 1/3 % support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization						
	this box and <b>stop here</b> . The organization						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part VI how the organization meets t						
	organization						
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz						
	in Part VI how the organization meets						
18	organization						
	instructions						

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Page 3

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

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

ection A. Public Support						
alendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 performed, or facilities						
furnished in any activity that is related to the						
organization's tax-exempt purpose						
Gross receipts from activities that are not an						
unrelated trade or business under section 513						
Tax revenues levied for the						
organization's benefit and either paid to						
or expended on its behalf						
The value of services or facilities						
furnished by a governmental unit to the						
organization without charge						
Total. Add lines 1 through 5						
Total. Add lines 1 through 5						
received from disqualified persons						
b Amounts included on lines 2 and 3						
received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year_						
c Add lines 7a and 7b						
Public support. (Subtract line 7c from						
line 6.)						
ction B. Total Support						
endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Amounts from line 6						
a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less						
section 511 taxes) from businesses						
acquired after June 30, 1975						
Add lines 10a and 10b						
Net income from unrelated business						
activities not included on line 10b, whether						
or not the business is regularly carried on.						
Other income. Do not include gain or						
loss from the sale of capital assets (Explain in Part VI.)						
Total support. (Add lines 9, 10c, 11,						
and 12.)						
First 5 years. If the Form 990 is for	the organizati	on's first socon	d third fourth	or fifth tay	or on a seatie:	E04/a\/0\
organization, check this box and stop here.						
			man (f))		4-	
Public support percentage for 2022 (line 8, c					15	%
Public support percentage from 2021 Schedution D. Computation of Investment			(6)		16	%
tion D. Computation of Investment			40 -1 (0)			
Investment income percentage for 2022 (line					17	9/
Investment income percentage from 2021 Sc					18	9/
331/3% support tests - 2022. If the orga						
17 is not more than 331/3%, check this						
331/3% support tests - 2021. If the organ						
line 18 is not more than 331/3 %, check the	nis box and st	op here. The or	ganization qualifi	es as a publicly	supported organiz	ation

JSA 2E1221 1.000 Schedule A (Form 990) 2022 Page 4

#### Part IV Supporting Organizations

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

Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI</b> .	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 <b>Part VI</b> .	9a		
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 <b>Part VI</b> .	9b		
С	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 <b>Part VI</b> .	9c		
10 a	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.	10a		
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.)	10b		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organization	s	
1 Check here if the organization satisfied the Integral Part Test as a qu	alifying trust or	Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting of	organizations r	nust complete Section	ns A through E.
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
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 amour see instructions).	nt, <b>4</b>		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-funct		tod Type III sympostics	organization
(see instructions).	ionally integra	ted Type III supporting	organization

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Page 7

Par	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)		
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e			1	
2	Amounts paid to perform activity that directly furthers exe	ed			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
- 8	Distributions to attentive supported organizations to which	the organization is resp	onsive	m	
	(provide details in Part VI). See instructions.	•	•	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
			(ii)	10	(:::\
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j			+	
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

## Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

#### **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

**2022** 

Name of the organization			Employer identification number				
TACKCONVILLE CAMBION	V ACCOCTABION INC		50, 6000500				
Organization type (check one	JACKSONVILLE SYMPHONY ASSOCIATION INC 59-6002520  Organization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization							
	4947(a)(1) nonexempt charita	ble trust <b>not</b> treated as a private fou	ndation				
	527 political organization						
Form 990-PF	501(c)(3) exempt private found	dation					
	4947(a)(1) nonexempt charital	ble trust treated as a private foundat	ion				
	501(c)(3) taxable private found	dation					
Chook if your organization is	overed by the <b>General Rule</b> or a <b>Specia</b>	I Duli					
·	, (8), or (10) organization can check bo		Special Rule. See				
instructions.							
General Rule							
	riling Form 990, 990-EZ, or 990-PF tha r property) from any one contributor. Co ntributions.						
Special Rules							
regulations under se 16b, and that receiv	described in section 501(c)(3) filing For ctions 509(a)(1) and 170(b)(1)(A)(vi), tl ed from any one contributor, during the t on (i) Form 990, Part VIII, line 1h; or (	hat checked Schedule A (Form 990), year, total contributions of the great	, Part II, line 13, 16a, or er of <b>(1)</b> \$5,000; or				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
Caution: An organization that i	sn't covered by the General Rule and/o	r the Special Rules doesn't file Sche	dule B (Form 990), but it				

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

Name of organization

JACKSONVILLE SYMPHONY ASSOCIATION INC

Employer Identification number 59-6002520

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	N/A	\$\$.	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	N/A	\$ 2,000,000.	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				
3	N/A	\$\$.	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				
4	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization

**Employer identification number** 

JACKSONVILLE SYMPHONY ASSOCIATION INC		-6002520
Noncash Property (see instructions). Use duplicate copies of	of Part II if additional space is ne	eded.
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	_
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<b>\$</b>	-
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Noncash Property (see instructions). Use duplicate copies (b)  Description of noncash property given  (b)  Description of noncash property given	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is not (c) FMV (or estimate) (See instructions.)    Co

Name of or	rganization			Employer identification number
	JACKSONVILLE SYMPHONY			59-6002520
Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	e year from any one cons completing Part III, en year. (Enter this informat	ontributor. Complete the total of ex	olete columns (a) through (e) and columns (a) through (e) and columns (clusively religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(4	d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gi		of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(0	d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of git		f transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(c	l) Description of how gift is held
	Transferee's name, address, and	t Relationship o	f transferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d	) Description of how gift is held
Part I				
	Transferee's name, address, and	(e) Transfer of gif		f transferor to transferee
	<del></del>			

#### SCHEDULE C (Form 990)

Department of the Treasury

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

 Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

- If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
  - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

I ax	(See separate instructions), the		/ Tax) (See separate i	instructions) or Form 990	-EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) or ne of organization	ganizations: Complete Part III.		Te	OP 0
	~	3.000.077.			entification number
	CKSONVILLE SYMPHONY			59-6	5002520
		organization is exempt under			
1		the organization's direct and ind	lirect political camp	paign activities in Part	IV. See instructions fo
	definition of "political camp				
2	Political campaign activity	expenditures. See instructions			
3	Volunteer hours for politica	I campaign activities. See instruction	ons		
		organization is exempt under			
1	Enter the amount of any ex	cise tax incurred by the organization	on under section 495	55 \$	
2	Enter the amount of any ex	cise tax incurred by organization n	nanagers under sect	ion 4955 \$	
3		a section 4955 tax, did it file Form			
					Yes No
Owner, when the party of	If "Yes," describe in Part IV.				
Pa		organization is exempt under			3).
1	Enter the amount directly e	expended by the filing organization	n for section 527 ex	empt function	
2		ng organization's funds contributed			
		ies			
3		enditures. Add lines 1 and 2. En			
	line 1/b			\$	
4	Did the filing organization file	le Form 1120-POL for this year?		507	Yes No
5	organization made navmen	s and employer identification numb ts. For each organization listed, er	per (EIN) of all section	on 527 political organiz	ations to which the filing
	the amount of political con	tributions received that were pron	notly and directly de	u from the filling organi divered to a senarate n	zation's lunus. Also ente
	as a separate segregated fu	nd or a political action committee (	(PAC). If additional sp	pace is needed, provide	information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(4)	(2) / 100.000	(6) 2.114	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If none, enter -0
					il florie, effici -o
(1)					
(2)					
(3)					
4)			-		
5)			-		
6)			4		
		a not the locations for Form 200			
or D	romanuauk Dadiiatian Ast Natia	a	" DOG E7		

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

_	edule C (Form 990) 2022 JACKSONVILLE SYMPHONY ASSOCIATION INC			9-600		Page	4.4
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d Fori	n 5768			
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(4	a)		(b)		
	cription of the lobbying activity.	Yes	No		Amount		
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
а	Volunteers?		X				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		X				
C	Media advertisements?		X				
d	Mailings to members, legislators, or the public?		Х				_
е	Publications, or published or broadcast statements?		Х				_
f	Grants to other organizations for lobbying purposes?		X				_
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х				_
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х				_
i	Other activities?	X				1,000	-
j	Total. Add lines 1c through 1i		-		24	4,000	)
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X				
b	If "Yes," enter the amount of any tax incurred under section 4912		-				_
d d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Х				-
Pai	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	or se	ction			
					Yes	s No	
1	Were substantially all (90% or more) dues received nondeductible by members?				1		Ī
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from	m the	prior y	ear?	3		Ī
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes."				ne 3, is	6	

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2b 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.... If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying 4 

Part IV Supplen	nental Information
-----------------	--------------------

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

SCHEDULE C, PART II-B, LINE 1I

A LOBBYIST WAS ENGAGED TO WORK ON VARIOUS CITY AND STATE PROJECTS THAT
WILL RESULT IN POTENTIAL FUNDING FOR THE JACKSONVILLE SYMPHONY. A
LOBBYIST WAS ALSO ENGAGED TO ADVISE THE SYMPHONY REGARDING CITY AND STATE
LEGISLATION THAT CAN AFFECT THE SYMPHONY DIRECTLY OR THE ARTS COMMUNITY
IN GENERAL.

#### SCHEDULE D (Form 990)

#### **Supplemental Financial Statements**

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

Attach to Form 990.

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

	CKSONVILLE SYMPHONY ASSOCIATION INC	59-6002520
Pa	ort I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year).	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held i	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for ar	
	conferring impermissible private benefit?	
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		of a historically important land area
		of a certified historic structure
	Preservation of open space	a continuo motorio di dotare
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on	20
•		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	
•	tax year	lated by the organization during the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	on handling of
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing c	
•	control and totalines means deviced to monitoring, inoposting, nationing of violations, and different of	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year
		noorvation observer to during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its rev	enue and expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's fina	
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	statement and balance sheet works
	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, of service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public
h		
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue start, historical treasures, or other similar assets held for public exhibition, education, or researched the following amounts relating to these items:	arch in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
	following amounts required to be reported under FASB ASC 958 relating to these items:	- ,
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$

3. Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection times (check all that apply):  a Public exhibition  b Scholarly research  c Preservation for future generations  4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Par XIII.  5. During the year, did the organization solict or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	P	art III Organizations Maintain									
collection tems (check all that apply): a Public exhibition   d   Loan or exchange program   b   Scholarly research   Cher   c   Preservation for future generations   4   Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5   During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be mainfained as part of the organization's collection?'   Yes   No   Part IV   Escrew and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   1d    1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   1d    2 Beginning balance   1d   Additions for Form 990, Part X   Interest   1d    3 Duting the year   1d   Additions during the year   1d    4 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?   Yes   No    5 If Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII   1d    6 Duting the year   1d   1d   1d    1a Beginning of year balance   9,231,220, 9,111,215, 1,419,112,120, 9,98,892, 1,239,320, 1,239,320, 1,239,320, 1,239,320, 1,239,320, 1,339,	3	Using the organization's acquisition	on, accession, and	other reco	rds, chec	k any c	of the follow	wing that mal	ke significa	ant use	of its
b Scholarly research Preservation for future generations Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Net TV Scrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a is the organization the arrangement in Part XIII and complete the following table:  C Beginning balance  C Beginning balance		collection items (check all that app	oly):					_	•		
b Scholarly research e Other  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  Puring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assess to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes New Part IV   Secrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b if "Yes," explain the arrangement in Part XIII and complete the following table:  Beginning balance	а	Public exhibition		d	Loan	or exch	ange progra	am			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rether than to be maintained as part of the organization's collection?	b	Scholarly research		е							
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rether than to be maintained as part of the organization's collection?	C	Preservation for future gene	rations	_		-					
XIII   Survival   During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4			s and expl	lain how	thev fu	rther the oi	rganization's	exempt pu	rnose i	n Pari
### Section of Curion Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 91, Interest Intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b if "Yes," explain the arrangement in Part XIII and complete the following table:    Complete if the organization and an amount on Form 990, Part X, line 21, for escrow or custodial account liability?								g	onompt pu	pood .	
### Section of Curion Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 91, Interest Intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b if "Yes," explain the arrangement in Part XIII and complete the following table:    Complete if the organization and an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	5	During the year, did the organization	on solicit or receive	donations	of art. hist	orical tr	easures or	other similar			
Secrow and Custodial Arrangements.   Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.   1a   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Ves										/as	No.
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year.  1d	P:			amou do p	ui ( 0 ) ( 1 ) 0	organiz	ation o oolio	otion:	• •	65	140
990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?.    Yes   No   No				es" on Fo	rm 990. F	Part IV.	line 9. or r	eported an a	amount or	Form	1
included on Form 990, Part X?		990, Part X, line 21.			, .	,	,				
included on Form 990, Part X?	1a	Is the organization an agent, trus	tee, custodian or o	ther interr	nediary f	or cont	ributions or	other assets	not		
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance										/ac [	No.
C   Beginning balance	h								•• Ш	63	
C   Beginning balance     1d	_	ii too, oxpiaii tilo attaligoriiotit i	in and and com	pioto trio ic	moving to	DIC.		Δ.	mount		
d Additions during the year	r	Reginning halance				6	4.0		mount		
Example   Distributions during the year   1   1   1   1   1   1   1   1   1											
## Ending balance											
2a   Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   Yes   No   No   If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.   No   No   No   No   No   No   No   N	_										
Describe in Part XIII. Check here if the explanation has been provided on Part XIII.   Name											
Part V   Endowment Funds.   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.											_ No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization is the possession of the organization's endowment answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization is the possession of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization is the possession of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, P			n Part XIII. Check h	ere if the e	xplanation	has be	en provided	on Part XIII .			
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years   (d) Three years	Pa		ation answored "V	os" on Eo	.m 000 E	Port IV	lino 10				
1a Beginning of year balance	_	Complete if the organiza						/ n =			
b Contributions										our year	s back
c Net investment earnings, gains, and losses	1a	Beginning of year balance						7,958,8	392.	7,297,	523.
and losses	b	Contributions	10,556,010.	2	99,999.		502,110.			100,	000.
d Grants or scholarships	C	Net investment earnings, gains,									
e Other expenditures for facilities and programs		and losses	1,636,202.	-2	82,798.	2,1	105,982.	-643,8	317.	561,	369.
## and programs	d	Grants or scholarships									
## Administrative expenses	е	Other expenditures for facilities									
g End of year balance. 21,723,632. 9,531,420. 9,514,219. 6,806,127. 7,958,692.  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment 100.0000 %  b Permanent endowment		and programs						508,9	48.		
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment 100.0000 %  b Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations.  (ii) Related organizations.  3a(ii) X  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  Land.  b Buildings  c Leasehold improvements.  366,541. 347,022. 19,519.  d Equipment.  c Other 1,385,884. 1,000,707. 385,177.  e Other	f	Administrative expenses									
a Board designated or quasi-endowment 100,0000 % b Permanent endowment	g	End of year balance	21,723,632.	9,5	31,420.	9,5	514,219.	6,806,1	.27.	7,958,	892.
a Board designated or quasi-endowment 100,0000 % b Permanent endowment	2	Provide the estimated percentage	of the current year	end balanc	e (line 1g,	column	(a)) held as	:			
Term endowment	а	Board designated or quasi-endown	ent <u>100.0000</u> 9	%			( //				
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations.  (ii) Related organizations.  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land.  b Buildings  c Leasehold improvements.  366,541. 347,022. 19,519.  d Equipment.  1,385,884. 1,000,707. 385,177.  e Other.	b	Permanent endowment	<b>%</b>								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations.  (ii) Related organizations.  (iii) Related organizations.  (iiii) Related organizations.  (iii) Related	C	Term endowment %									
Organization by:   Yes   No		The percentages on lines 2a, 2b, a	nd 2c should equal 1	100%.							
Organization by:   Yes   No	3 a	Are there endowment funds not in	the possession of th	ne organiza	ation that	are held	and admir	nistered for the	<b>,</b>		
(ii) Related organizations			•							Yes	No
(ii) Related organizations		(i) Unrelated organizations						w	. За	'n	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?											
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) (other) (other) (a) Equipment (a) Equipment (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (other) (other) (a) Equipment (a) Equipment (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (other) (other) (d) Equipment	b									_	- 23
Part VI   Land, Buildings, and Equipment.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.											
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property   (a) Cost or other basis (other)   (b) Cost or other basis (other)   (c) Accumulated depreciation	_	rt VI Land, Buildings, and Equ	ipment.							_	
ta Land		Complete if the organiza	tion answered "Ye	es" on Fo	rm 990, I	Part Ⅳ,	line 11a. S	See Form 99	0, Part X,	line 10	).
1a Land		Description of property							(d) Boo	k value	
b Buildings       366,541       347,022       19,519         c Leasehold improvements       1,385,884       1,000,707       385,177         e Other       471,419       471,419       NONE	12	Land		intent)	(0	пен	aepro	eciation			
c Leasehold improvements       366,541       347,022       19,519         d Equipment       1,385,884       1,000,707       385,177         e Other       471,419       471,419       NONE					1					_	_
d Equipment					_	66 54	1 2	47 000		10 1	71.0
e Other 471,419. 471,419. NONE	ن ام	-									
Total Add lines 1a through 1e. (Column (d) must equal Form 000. Port V solumn (P) line 40a.)											
	e Coto	Add lines 1s through 1s (Column	(d) must say at Farm	000 Dad	V 001:	/L,41	9. 4	/1,419.			

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.  Complete if the organization answered	"Yes" on Form 990, P	Part IV, line 11b, See Form 990.	Part X. line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation  Cost or end-of-year market	on:
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) CORPORATE STOCKS	8,322,742.	FMV	
(B) CORPORATE BONDS	2,969,027.	FMV	
(C) MUTUAL FUNDS	174,490.	FMV	
(D) PARTNERSHIP INVESTMENTS	6,232,826.	FMV	
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	17,699,085.		
Part VIII Investments - Program Related.  Complete if the organization answered	"Yes" on Form 990, P	art IV, line 11c. See Form 990, I	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market	t value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	D/ H E 000 D	1771: 4410 = 000	
Complete if the organization answered		art IV, line 11d. See Form 990, I	
(a) Desc	cription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal (Column (h) must asked Form 000 Part V and (B) lim	- 45 )		
Part X Other Liabilities.  Complete if the organization answered '			990. Part X
line 25.	,	· · · · · · · · · · · · · · · · · · ·	,
1. (a) Description	on of liability		(b) Book value
(1) Federal income taxes			
(2)OPERATING LEASE			335,016.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			335,016.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total revenue, gains, and other support per audited financial statements	
·	1
a Net unrealized gains (losses) on investments	
- 1101 am admind Manin (100000/ OH HITOOHIOHO	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Reto Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5
Part XIII Supplemental Information.  rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part V, line 4; Part X, line
	Part V, line 4; Part X, linenation.
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforn	Part V, line 4; Part X, linenation.
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforn	Part V, line 4; Part X, linenation.
ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforn	Part V, line 4; Part X, linenation.
ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforn	Part V, line 4; Part X, linnation.
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforn	Part V, line 4; Part X, linnation.
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforn	Part V, line 4; Part X, linenation.
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforn	Part V, line 4; Part X, lin
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforn	Part V, line 4; Part X, lin nation.
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforn	Part V, line 4; Part X, lin

SCHEDULE D, PART V, LINE 4

THE ENDOWMENT FUND REPRESENTS FUNDS THAT ARE EITHER DESIGNATED FOR A

PARTICULAR USE BY THE BOARD OF DIRECTORS OR ARE SUBJECT TO RESTRICTIONS

BY THE DONOR OR GRANTOR. INCOME FROM ENDOWMENT INVESTMENTS MAY BE USED

FOR SUPPORT OF ASSOCATION OPERATIONS.

SCHEDULE D, PART X, LINE 2

THE ASSOCIATION IS A NOT-FOR-PROFIT ORGANIZATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE INTERNAL REVENUE CODE AND CHAPTER 220.13 OF THE FLORIDA STATUTES, RESPECTIVELY.

THE SYMPHONY EVALUATES ITS TAX POSITIONS FOR ANY UNCERTAINTIES BASED ON THE TECHNICAL MERITS OF THE POSITIONS TAKEN. THE SYMPHONY RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE UPHELD ON EXAMINATION BY TAXING AUTHORITIES. THE SYMPHONY HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF JUNE 30, 2023 AND 2022, THERE WERE NO UNCERTAIN TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE CONSOLIDATING FINANCIAL STATEMENTS.

MANAGEMENT IS REQUIRED TO ANALYZE ALL OPEN TAX YEARS, AS DEFINED BY THE STATUTE OF LIMITATIONS, FOR ALL MAJOR JURISDICTIONS, INCLUDING FEDERAL AND CERTAIN STATE TAXING AUTHORITIES. WITH FEW EXCEPTIONS, AT JUNE 30,

#### Part XIII Supplemental Information (continued)

2023, THE SYMPHONY IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE OR LOCAL INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE 2020. AS OF AND FOR THE YEARS ENDED JUNE 30, 2023 AND 2022, THE SYMPHONY DID NOT HAVE A LIABILITY FOR ANY UNRECOGNIZED TAXES. THE SYMPHONY HAS NO EXAMINATIONS IN PROGRESS AND IS NOT AWARE OF ANY TAX POSITIONS FOR WHICH IT IS REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX LIABILITIES WILL SIGNIFICANTLY CHANGE IN THE NEXT TWELVE MONTHS.

# SCHEDULE G (Form 990)

# 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.

OMB No. 1545-0047
2022
Open to Public

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection Name of the organization Employer identification number JACKSONVILLE SYMPHONY ASSOCIATION INC 59-6002520 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. Mail solicitations а Solicitation of non-government grants Internet and email solicitations b f Solicitation of government grants Phone solicitations Special fundraising events C d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (ii) Activity (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 8 9 10 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.

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

		(a) Event #1 GALA	(b) Event #2	(c) Other events  NONE	(d) Total events (add col. (a) through
O)		(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts	411,907.			411,907
Œ	Less: Contributions     Gross income (line 1 minus)	256,359.			256,359
	line 2)	155,548.			155,548
	4 Cash prizes				
10	5 Noncash prizes				
ense	6 Rent/facility costs				
<b>Direct Expenses</b>	7 Food and beverages				
Dire	8 Entertainment				
	9 Other direct expenses	155,548.			155,548
	<ul><li>10 Direct expense summary. Add lin</li><li>11 Net income summary. Subtract li</li></ul>	nes 4 through 9 in colu	ımn (d)		155,548.
Pa	rt III Gaming. Complete if the orga	anization answered "\	Yes" on Form 990, F	Part IV, line 19, or	reported more thar
Ра	rt III Gaming. Complete if the orga \$15,000 on Form 990-EZ, line	anization answered "\	Yes" on Form 990, F  (b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or	reported more thar (d) Total gaming (add col. (a) through col. (c))
Revenue	rt III Gaming. Complete if the orga	anization answered "\ e 6a.	Yes" on Form 990, F	Part IV, line 19, or	(d) Total gaming (add
Revenue	\$15,000 on Form 990-EZ, line  1 Gross revenue	anization answered "\ e 6a.	Yes" on Form 990, F	Part IV, line 19, or	(d) Total gaming (add
Revenue	\$15,000 on Form 990-EZ, line  1 Gross revenue	anization answered "\ e 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or	(d) Total gaming (add
Revenue	1 Gross revenue  Cash prizes	anization answered "\ e 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or	(d) Total gaming (add
Ра	1 Gross revenue  Cash prizes  Noncash prizes	anization answered "\ e 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or (c) Other gaming	(d) Total gaming (add
Revenue	1 Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	anization answered "\ e 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or	(d) Total gaming (add
Revenue	1 Gross revenue  2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	anization answered "\e 6a.  (a) Bingo  Yes % No	Yes" on Form 990, F  (b) Pull tabs/instant bingo/progressive bingo  Yes%  No	Yes%	(d) Total gaming (add
Revenue	1 Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lin	Yes %  No  was 2 through 5 in columns.	Yes" on Form 990, F  (b) Pull tabs/instant bingo/progressive bingo  Yes%  No	Yes%	(d) Total gaming (add
Direct Expenses Revenue	1 Gross revenue  2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 7 Direct expense summary. Add lin 8 Net gaming income summary. Su	Yes %  No  es 2 through 5 in coluubtract line 7 from line	Yes" on Form 990, F  (b) Pull tabs/instant bingo/progressive bingo  Yes%  No  Imn (d)	Yes%	(d) Total gaming (add
Revenue	1 Gross revenue  2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 7 Direct expense summary. Add lin 8 Net gaming income summary. Su Enter the state(s) in which the organist the organization licensed to conduct the state of t	Yes % No  es 2 through 5 in coluubtract line 7 from line	Yes	Yes% No	(d) Total gaming (add col. (a) through col. (c))

11 Does the organization conduct gaming activities with nonmembers?  12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a par formed to administer charitable gaming?  13 Indicate the percentage of gaming activity conducted in:  14 The organization's facility  15 An outside facility  16 Enter the name and address of the person who prepares the organization's gaming records:  17 Name ▶  18 Address ▶  19 Does the organization have a contract with a third party from whom the organization of gaming revenue received by the organization ▶ \$	tnership or other entity  Yes No  13a % 13b %  13b %  Asspecial events books and  anization receives gaming  and the
Is the organization a grantor, beneficiary or trustee of a trust or a member of a par formed to administer charitable gaming?  Indicate the percentage of gaming activity conducted in:  The organization's facility  An outside facility  Enter the name and address of the person who prepares the organization's gaming records:  Name ▶  Address ▶  15 a Does the organization have a contract with a third party from whom the organization?  If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	tnership or other entity  Yes No  13a % 13b %  13b %  Asspecial events books and  anization receives gaming  and the
formed to administer charitable gaming?  Indicate the percentage of gaming activity conducted in:  The organization's facility  An outside facility  Enter the name and address of the person who prepares the organization's gaming records:  Name ▶  Address ▶  15 a Does the organization have a contract with a third party from whom the organization?  If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	13a % 13b % 13b % 2/special events books and  anization receives gaming 2 Yes No and the
Indicate the percentage of gaming activity conducted in:  The organization's facility  An outside facility  Enter the name and address of the person who prepares the organization's gaming records:  Name ▶  Address ▶  Does the organization have a contract with a third party from whom the organization?  If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	anization receives gaming  Yes No and the
a The organization's facility b An outside facility  Enter the name and address of the person who prepares the organization's gaming records:  Name ▶  Address ▶  15 a Does the organization have a contract with a third party from whom the organization?  If "Yes," enter the amount of gaming revenue received by the organization ▶ \$  amount of gaming revenue retained by the third party ▶ \$  c If "Yes," enter name and address of the third party:  Name ▶	anization receives gaming  and the
b An outside facility  Enter the name and address of the person who prepares the organization's gaming records:  Name ▶  Address ▶  15 a Does the organization have a contract with a third party from whom the organization?  If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	anization receives gaming  and the
Enter the name and address of the person who prepares the organization's gaming records:  Name ▶  Address ▶  15 a Does the organization have a contract with a third party from whom the organization evenue?  b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	anization receives gaming
Name ►  Address ►  Does the organization have a contract with a third party from whom the organization revenue?  If "Yes," enter the amount of gaming revenue received by the organization ► \$ amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:  Name ►	anization receives gamingYes No and the
Name ►  Address ►  15 a Does the organization have a contract with a third party from whom the organization?  b If "Yes," enter the amount of gaming revenue received by the organization ► \$	anization receives gamingYes No and the
Address ▶  15 a Does the organization have a contract with a third party from whom the organization?  b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	anization receives gamingYes No and the
Address ▶  15 a Does the organization have a contract with a third party from whom the organization?  b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	anization receives gamingYes No and the
Address ▶  15 a Does the organization have a contract with a third party from whom the organization?  b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	anization receives gamingYes No and the
<ul> <li>15 a Does the organization have a contract with a third party from whom the organization?</li> <li>b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$</li></ul>	anization receives gamingYes No
<ul> <li>15 a Does the organization have a contract with a third party from whom the organization?</li> <li>b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$</li></ul>	anization receives gamingYes No
revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$  c If "Yes," enter name and address of the third party:  Name ▶	Yes No
revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$  c If "Yes," enter name and address of the third party:  Name ▶	Yes No
<ul> <li>b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$</li> <li>c If "Yes," enter name and address of the third party:</li> </ul> Name ▶	and the
amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party:  Name ▶	and the _ ·
amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party:  Name ▶	
c If "Yes," enter name and address of the third party:  Name ▶	_
Name ▶	
Address >	
Addicos P	
16 Coming manager information.	
16 Gaming manager information:	
tr. T	
Name ▶	
Gaming manager compensation ▶ \$	
Description of services provided	
_	
Director/officer Employee Independent contracto	r
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from	om the gaming proceeds to
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to	other exempt organizations
or spent in the organization's own exempt activities during the tax year ▶ \$	10
Part IV Supplemental Information. Provide the explanation required by Part I	
Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also p	rovide any additional information
(see instructions).	

Schedule G (Form 990 or 990-EZ) 2022

# **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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

JACKSONVILLE SYMPHONY ASSOCIATION INC

59-6002520

Pai	t I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	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 X 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		X
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	X	
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.  Compensation committee  Independent compensation consultant  Form 990 of other organizations  X Approval by the board or compensation of the CEO/Executive Director, but explain in Part III.			
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		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	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		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	-		22
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 59-6002520

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.

		(B) Breakdown of W-2 a	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC	Ogg-NEC companion				
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	( <b>D</b> ) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
MR. STEVEN LIBMAN	€ €	242,656.	15,000	NONE	11,872.	1,440.	270,968.	NONE
MS. COURTNEY LEWIS	€ €	243,696.	750.	NONE	9,903.	24,854.	279,203.	NONE
MR. THOMAS FLAHERTY	ε	165,031.	750.	NONE	6,820.	19,299.	191,900.	NONE
3 vp & cfo MR. BRYAN DEBOER	€ €	149,322.	750.	NONE	5,587.	29,019.		HNON
4 VP & CHIEF ADVANCEMENT OFFICER	€							TANDA
	€							
5	€							
	€							
9	€							
	€							
7	€							
	€							
8	€							
	€							
6	€							
	ε							
10	€							
	€							
11	€							
	€							
12	€							
	8							
13	•							
	8							
14	<b>E</b>							
	€							
15	€							
	€							
16	Ξ							

Schedule J (Form 990) 2022

59-6002520

Schedule J (Form 990) 2022

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J PART I, LINE

THE ASSOCIATION PAYS MEMBERSHIP FEES FOR AN OFFICER TO CONDUCT VARIOUS

BUSINESS MATTERS. THIS HAS BEEN APPROVED BY THE BOARD OF DIRECTORS.

SCHEDULE J, PART I, LINE 7

OFFICERS AND OTHER MANAGEMENT PERSONNEL ARE ELIGIBLE TO RECEIVE BONUSES.

Schedule J (Form 990) 2022

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2022
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 59-6002520

JACKSONVILLE SYMPHONY ASSOCIATION INC

### FORM 990, PART III, LINE 4A

INDOOR CONCERT SERIES - CONTINUED

TODAY, WITH THE SUPPORT OF COMMITTED CORPORATE AND INDIVIDUAL DONORS, AND STRONG NEW ADMINISTRATIVE AND ARTISTIC LEADERSHIP, THE JACKSONVILLE SYMPHONY IS REACHING NEW HEIGHTS, ENHANCING THE QUALITY OF LIFE OF NORTHEAST FLORIDA RESIDENTS THROUGH INNOVATIVE PERFORMANCES, MUSIC EDUCATION PROGRAMS, COMMUNITY ENGAGEMENT ACTIVITIES AND LOCAL PARTNERSHIPS. THROUGH THE HARD WORK OF OUR DEDICATED BOARD OF DIRECTORS, STAFF AND TALENTED MUSICIANS, WE WERE ABLE TO REACH ALMOST 130,000 PATRONS IN 2022/23.

### FORM 990, PART III, LINE 4B

YOUTH MUSIC PROGRAM - CONTINUED

OUR VP OF MUSIC EDUCATION AND DEI INITIATIVES WORKS WITH SCHOOL DISTRICT ADMINISTRATORS TO DEVELOP AND PROVIDE MUSIC EDUCATION OPPORTUNITIES TO STUDENTS THROUGHOUT THE REGION SUCH AS ENSEMBLE SCHOOL VISITS, YOUTH CONCERTS FOR ELEMENTARY SCHOOL STUDENTS IN JACOBY SYMPHONY HALL, NUTCRACKER SCHOOL PERFORMANCES, AND STUDENTS AT THE SYMPHONY FOR MIDDLE AND HIGH SCHOOL STUDENTS.

WE'VE IMPACTED 42,367 STUDENTS THROUGH OUR MUSIC EDUCATION PROGRAMS SUCH AS THE JACKSONVILLE SYMPHONY YOUTH ORCHESTRAS PROGRAM THAT PROVIDES ALMOST 200 YOUNG MUSICIANS WITH WEEKLY INDIVIDUALIZED, ABILITY-SPECIFIC INSTRUCTION AND FIVE OPPORTUNITIES TO PERFORM ON THE JACOBY SYMPHONY HALL STAGE DURING THE SCHOOL YEAR. TO PROVIDE ACCESS TO SYMPHONIC MUSIC FOR ALL, WE OFFER REDUCED TICKET-PRICE PROGRAMS FOR STUDENTS, SENIORS AND

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

JACKSONVILLE SYMPHONY ASSOCIATION INC

59-6002520

VETERANS, FREE ENSEMBLE PERFORMANCES AT LOCAL VENUES AND FREE TICKETS TO ALMOST 100 COMMUNITY PARTNERS AND NON-PROFIT ORGANIZATIONS. DIVERSITY, EQUITY AND INCLUSION IS A MAJOR FOCUS OF THE SYMPHONY'S FIVE-YEAR STRATEGIC PLAN, WHICH INCLUDED ESTABLISHING A DEI BOARD COMMITTEE AND PROVIDING DEI EDUCATION WORKSHOPS FOR BOARD, STAFF AND MUSICIANS.

### FORM 990, PART VI, SECTION B, LINE 11A

AFTER THE PRESIDENT/CEO AND THE CFO REVIEW THE FORM 990, IT IS THEN REVIEWED BY THE CHAIR OF THE FINANCE COMMITTEE AND THE CHAIR OF THE BOARD, ON BEHALF OF THE FINANCE COMMITTEE. THE FORM IS THEN SHARED WITH THE FULL BOARD OF DIRECTORS PRIOR TO FILING. AFTER FILING, THE FORM 990 IS PLACED ON THE ORGANIZATION'S WEBSITE.

### FORM 990, PART VI, SECTION B, LINE 12A

DURING THE ANNUAL AUDIT, THERE IS A PROCESS TO REVIEW THE ENFORCEMENT OF AND COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, AND ANY ISSUES ARE THEN DISCLOSED TO MANAGEMENT AND THE BOARD OF DIRECTORS VIA A "MANAGEMENT LETTER" FROM THE AUDITORS. STAFF SIGN AN ACKNOWLEDGEMENT FORM UPON DISTRIBUTION OF THE TEAM GUIDE. THERE IS A BOARD OF DIRECTOR'S CONFLICT OF INTEREST POLICY WHICH MANDATES DOCUMENTATION OF ANY ISSUES.

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

COMPENSATION FOR THE ORGANIZATION'S PRESIDENT AND MUSIC DIRECTOR IS APPROVED BY THE BOARD OF DIRECTORS.

## FORM 990, PART VI, SECTION B, LINE 15B

SALARIES FOR THE PRESIDENT/CEO AND MUSIC DIRECTOR ARE APPROVED BY THE BOARD OF DIRECTORS, AND SALARIES ARE MONITORED AS A PART OF THE BUDGETING

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 59-6002520

Name of the organization

JACKSONVILLE SYMPHONY ASSOCIATION INC

PROCESS.

### FORM 990, PART VI, SECTION B, LINE 19

JACKSONVILLE SYMPHONY ASSOCIATION, INC'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT THEIR OFFICE AT 300 WEST WATER ST, JACKSONVILLE, FL.

# FORM 990, PART XI, LINE 9

CHANGE IN VALUE OF BENEFICIAL TRUST.

	l age =
Name of the organization	Employer identification number
JACKSONVILLE SYMPHONY ASSOCIATION INC	59-6002520
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS	
DESCRIPTION	ENDING BOOK VALUE
	BOOK VALUE
PREPAID EXPENSES	87,126.
DEPOSITS	250.
TOTALS	87,376.
	07,570.

Name of the organization	Employer identification number	. ago =
JACKSONVILLE SYMPHONY ASSOCIATION INC	59-6002520	

FORM 990, PART X - DEFERRED REVENUE

-----

DESCRIPTION BOOK VALUE

DEFERRED REVENUE 973,610.

TOTALS 973,610.

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

JACKSONVILLE SYMPHONY ASSOCIATION INC

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

Attach to Form 990.

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

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

OMB No. 1545-0047 2022 Open to Public Inspection

Employer identification number

59-6002520

(9) Section 512(b)(13) controlled Schedule R (Form 990) 2022 (f) Direct controlling Š × entity? Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (f) Direct controlling (e) End-of-year assets NA Public charity status (if section 501(c)(3)) (d) Total income 12-TYPE II (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501 (C) (3) Legal domicile (state or foreign country) (b) Primary activity FL Primary activity FIN. ASSTNCE (a) Name, address, and EIN (if applicable) of disregarded entity 300 WEST WATER STREET, STE 200 JACKSONVILLE, FL 32202 20-5180812 (a)Name, address, and EIN of related organization (1) JACKSONVILLE SYMPHONY FOUNDATION Part II 2 £ <u>4</u> 9 3 3 4 2 9 2 3 5

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

JSA 2E1307 1.000

PUBLIC INSPECTION COPY 51

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

(f) (g) (h) (k) (k) (cone of 20 over a managing ownership of Schedule K-1 partner? (Form 1065)	No Yes No						
(h) Disproportionate altocations?	Yes						
(g) Share of end-of- year assets							
Share of total income							
Predominant income (related, unralated, excluded from tax under sections 512 - 514)							
(d) Direct controlling entity							
(c) Legal domicile (state or foreign							
(b) Primary activity							
(a) Name, address, and EIN of related organization							
Nan	(1)	(2)	(3)	(4)	(2)	(9)	(2)

(1) Yes No (2) (2) (3) (4) (6) (6) (7)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(d) (e) Direct controlling Type of entity (C corp. S corp. or trust)	(f) Share of total income	(g) (h) Share of Percentage Section (h) Share of Percentage (512(b)/(13) controlled entity?	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
(2) (3) (4) (4) (5)	(4)								Yes No
(2) (3) (4) (6)									
(4) (5) (6)	(2)								
(4) (5) (6)									
(5)	(3)								
(5) (6) (7)									
(6)	(4)								-
(6)									
(2)	(5)								-
(7)									
(2)	(9)								-
	(2)								-

2E1308 1.000 JSA

PUBLIC INSPECTION COPY 52

59-6002520

# Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  1 During the tax year, did the organization engage in any of the following transactions with one or many				Yes No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	lelated organizations is	ted in Farts II-IV?		×
<ul> <li>b Gift, grant, or capital contribution to related organization(s)</li> <li>c Gift, grant, or capital contribution from related organization(s)</li> </ul>			1b	×
d Loans or loan guarantees to or for related organization(s)			2 P	<
e Loans or loan guarantees by related organization(s)			1e	
f Dividends from related organization(s)			9-	>
g Sale of assets to related organization(s).			2	×
_			4	×
i Exchange of assets with related organization(s)			<b>=</b> ;	×
Jesse of tachment, equipment, of other assets to related organization(s).	****		17	×
k Lease of facilities, equipment, or other assets from related organization(s)			1k	×
Performance of services or membership or fundraising solicitations for related organization(s)			= .	×
n caronifers of services of membership of fundraising solicitations by related organization(s)			- T	×
			10	: ×
p Reimbursement paid to related organization(s) for expenses.			5	*
			<u>0</u>	:   ×
r Other transfer of cash or property to related organization(s)			1	>
s Other transfer of cash or property from related organization(s).			- 1s	+
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	this line, including cove	red relationships and transa	action threshold	·si
(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved	ermining Stved
(1)				
(2)				
(3)				
(4)				
(5)				
(9)				
h C L C L C L C L C L C L C L C L C L C		Sch	Schedule R (Form 990) 2022	990) 2022

PUBLIC INSPECTION COPY 53

2E1309 1.000

59-6002520

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

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

According to the control of the cont		Name, address, and EIN of entity  (a)  (b)  Legal domicile (c)  (c)  Legal domicile (related, excluded soft)  (d)  Re all partners (related, excluded soft)  (e)  (f)  (f)  Share of share of state or foreign income (related, excluded soft)  (g)  (h)  (h	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant Are all partners income (related, section unrelated, excluded from tax under organizations?	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership
(2)         (3)         (4)         (6)         (6)         (7)         (8)         (9)         (10)         (11)         (12)         (13)         (14)         (15)         (16)         (17)         (18)         (19)	(1)				sections 512 - 514)	Yes					Yes	
(4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	(2)											
(4) (6) (6) (7) (9) (10) (11) (12) (13) (14) (15) (16)	(3)											
(5) (9) (10) (11) (12) (13) (14) (15) (16)	(4)											
(9) (9) (10) (11) (12) (13) (14) (15)	(2)											
(1) (9) (10) (11) (12) (13) (14) (16)	(9)											
(40) (11) (12) (13) (14) (15) (16)	(7)											
(10)         (11)         (12)         (13)         (14)         (15)         (16)	(8)											
(10)         (11)         (12)         (13)         (14)         (15)         (16)	(6)											
(11)       (12)       (13)       (14)       (15)       (16)	(10)											
(12)         (13)         (14)         (15)         (16)	(11)											
(14)	(12)											
(15)	(13)											
(16)	(14)											
(16)	(15)											
	(16)											

Schedule R (Form 990) 2022

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.