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2020

OMB No. 1545-0052

Return of Private Foundation

Form 990-PF

Department of the Treasury Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

or	caler	ndar year 2020, or tax year	beginning 01-01-20)20 , aı	nd e	nding 12-31-	·2020	
Name of foundation RYMAN HOSPITALITY PROPERTIES FOUNDATION						A Employer id	entification numbe	r
RY	MAN HO	OSPITALITY PROPERTIES FOUNDATION				20-2573370		
		l street (or P.O. box number if mail is no LORD DRIVE	ot delivered to street address)	Room/suite		B Telephone nu	mber (see instructio	ns)
						(615) 316-6000)	
		, state or province, country, and ZIP or TN 37214	foreign postal code	•		C If exemption	application is pendin	g, check here
i Cl	neck al	I that apply: I that apply: I nitial return	☐ Initial return of a	former public charity		D 1. Foreian or	ganizations, check he	ere
		Final return	Amended return	,		_	ganizations meeting	▶ ⊔
		Address change	ge Name change				k here and attach co	
I Ch	neck tv	pe of organization: 🗹 Section 5		foundation			undation status was i n 507(b)(1)(A), chec	
		1 4947(a)(1) nonexempt charitable				under section	11 307 (b)(1)(A), clied	K Here
		ket value of all assets at end		☑ Cash ☐ Accru	ıal	F If the founda	ation is in a 60-mont	n termination 🖂
		rom Part II, col. (c), ▶\$ <u>17,859</u>	Other (specify) (Part I, column (d) must	be on cash basis.)		under sectio	n 507(b)(1)(B), chec	k here 🕨 🗀
DΕ	rt I	Analysis of Revenue and	Evnences (The total		I			(d) Disbursements
Гч		of amounts in columns (b), (c), and (equal the amounts in column (a) (see	d) may not necessarily	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., schedule)	received (attach	180,000				
	2	Check ▶ ☐ if the foundation is a Sch. B	not required to attach					
	3	Interest on savings and temporal						
	4	Dividends and interest from secu	rities					
	5a	Gross rents						
	ь	Net rental income or (loss)						
E	6a	Net gain or (loss) from sale of as	sets not on line 10					
Revenue	ь 7	Gross sales price for all assets or Capital gain net income (from Pa				0		
~	8	Net short-term capital gain .	•					
	9	Income modifications						
	10a	Gross sales less returns and allow	1					
	ь	Less: Cost of goods sold						
	c	Gross profit or (loss) (attach scho	edule)					
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11		180,000		0		
	13	Compensation of officers, directo		0		0		C
	14	Other employee salaries and wag	ges					
Ž,	15	Pension plans, employee benefits	5					
35	16a	Legal fees (attach schedule) .						
Expenses	ь	Accounting fees (attach schedule	.)	1,461		0		1,461
	_ c	Other professional fees (attach s	chedule)					
and Administrative	17	Interest						
<u> </u>	18	Taxes (attach schedule) (see inst	tructions)					
Ē	19	Depreciation (attach schedule) a	•					
Ē	20	Occupancy	•					
Ĭ	21	Travel, conferences, and meeting						
	22	Printing and publications						
	23	Other expenses (attach schedule		21		0		21
Operaring	24	Total operating and administr	rative expenses.					
i de		Add lines 13 through 23		1,482		0		1,482
5	25	Contributions, gifts, grants paid		221,500				221,500
	26	Total expenses and disbursen	nents. Add lines 24 and	222,982		0		222,982
	27	Subtract line 26 from line 12:		222,962				222,902
	a	Excess of revenue over expen	ses and					
	۱.	disbursements		-42,982				
	b	Net investment income (if negative Adjusted net income (if negative)	•			0		
	С	Adjusted net income (if negation	ve, enter -0-)					

Page 2

17,859

17,859

17,859

17,859

17,859

1

2

3 4

5

6

60,841

-42,982

17,859

17,859 Form **990-PF** (2020)

0

60,841

60,841

60,841

		Less: allowance for doubtful accounts ▶
	4	Pledges receivable ▶
		Less: allowance for doubtful accounts ▶
	5	Grants receivable
	6	Receivables due from officers, directors, trustees, and other
		disqualified persons (attach schedule) (see instructions)
	7	Other notes and loans receivable (attach schedule)
		Less: allowance for doubtful accounts ▶
اع	8	Inventories for sale or use
Assets	9	Prepaid expenses and deferred charges
¥	10a	Investments—U.S. and state government obligations (attach schedule)
	b	Investments—corporate stock (attach schedule)
	c	Investments—corporate bonds (attach schedule)
	11	Investments—land, buildings, and equipment: basis ▶
		Less: accumulated depreciation (attach schedule) ▶
	12	Investments—mortgage loans
	13	Investments—other (attach schedule)
	14	Land, buildings, and equipment: basis ▶
- 1		

17	Accounts payable and accrued expenses		
	instructions. Also, see page 1, item I)	60,841	
16	Total assets (to be completed by all filers—see the		
15	Other assets (describe)		
	Less: accumulated depreciation (attach schedule) ▶		
14	Land, buildings, and equipment: basis ▶		
13	Investments—other (attach schedule)		
12	Investments—mortgage loans		
	Less: accumulated depreciation (attach schedule) ▶		
11	investments—land, buildings, and equipment. basis		l

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Foundations that do not follow FASB ASC 958, check here 🕨 🗀

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Paid-in or capital surplus, or land, bldg., and equipment fund

Foundations that follow FASB ASC 958, check here ▶

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Accounts receivable

Grants payable

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) ▶

Net assets with donor restrictions .

Other liabilities (describe ▶_

18

19 20

21

22

23

24

25

26 27

28

30

Part III

Liabilities

Assets or Fund Balances

Net 29

2

3

3

			kind(s) of property sold (e.g se; or common stock, 200 s			How acqu P—Purch D—Donat	ase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	1					2 201141			
	-								
•									
•									
	(a)		(f)		1 ((g)		(1	h)
	(e) Gross sales price		Depreciation allowe	d		other basis			r (loss)
			(or allowable)		plus expe	ense of sale		(e) plus (r) minus (g)
a									
<u>b</u>									
c d									
e e									
	Complete only for assets	showi	ing gain in column (h) and	owned h	v the foundation o	n 12/31/69		,	I)
			(i)			(k)		Gains (Col. (I	h) gain minus
	(i) F.M.V. as of 12/31/69		Adjusted basis			of col. (i)			less than -0-) or
			as of 12/31/69		over col.	. (j), if any		Losses (fro	om col.(h))
a									
b									
<u>d</u>									
е									
				í If gai	in, also enter in Pa	art I. line 7	1		
2	Capital gain net income	or (ne	et capital loss)		ss), enter -0- in P		}	_	
_					->		, ,	2	
3	=		(loss) as defined in section	-					
	in Part I, line 8	rt I, IIr	ne 8, column (c) (see instru	-			. }	3	
							<u> </u>		
Part	t V Qualification U	Jnder	Section 4940(e) for	Reduce	ed Tax on Net	Investme	nt Inc	come	
ECT	ION 4940(e) REPEA	LED (ON DECEMBER 20, 20	19 - DO	NOT COMPLE	ETE			
1	Reserved								
	(a) Reserved		(b) Reserved		(c) Reserved			(d) Reserved	
							<u> </u>	-	
2	Reserved						2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
3	Reserved						3		
4	Reserved						4		
5	Reserved						5		
6	Reserved						6		
7	Reserved						7		
8	Reserved ,						8		
-				_	- ,				

							<u>'</u>	age v
Par		ling Activities for Which	Form 4720 May Be	Required (continued	1)			
ia	During the year did the foundation						Yes	No
	(1) Carry on propaganda, or otherv	vise attempt to influence legisl	ation (section 4945(e))?	Yes	✓ No	,		
	(2) Influence the outcome of any s	pecific public election (see sec	tion 4955); or to carry					
	on, directly or indirectly, any vo	ter registration drive?		· · · Yes	✓ No	,		
	(3) Provide a grant to an individual	for travel, study, or other sim	ilar purposes?		✓ No			
	(4) Provide a grant to an organization	ion other than a charitable, etc	c., organization described					
	in section 4945(d)(4)(A)? See i	nstructions		· · 🗌 Yes	✓ No	,		
	(5) Provide for any purpose other t	han religious, charitable, scien	tific, literary, or					
	educational purposes, or for the	prevention of cruelty to child	ren or animals?	· ·	✓ N			
b	If any answer is "Yes" to $5a(1)-(5)$,	did any of the transactions fa	ail to qualify under the ex	ceptions described in		´		
	Regulations section 53.4945 or in a	current notice regarding disas	ter assistance? See instr	ructions		5b		
	Organizations relying on a current r	otice regarding disaster assist	ance check here					
C	If the answer is "Yes" to question 5	a(4), does the foundation clair	n exemption from the					
	tax because it maintained expenditu	ure responsibility for the grant	?	· · 🔲 Yes	□ No			
	If "Yes," attach the statement requi	red by Regulations section 53.	4945-5(d).	□ 1es		'		
a	Did the foundation, during the year,	, receive any funds, directly or	indirectly, to pay premi	ums on				
b	Did the foundation, during the year,	, pay premiums, directly or inc	lirectly, on a personal be		. ✓ No	6b		No
	If "Yes" to 6b, file Form 8870.	, , ,	,, 1					
'a	At any time during the tax year, wa	s the foundation a party to a r	prohibited tax shelter tra	nsaction?				
	If "Yes", did the foundation receive			∟ res	✓ No	7b		
	Is the foundation subject to the sec				•	1.5		
	excess parachute payment during the	, , , ,						
		<u> </u>			✓ No		<u> </u>	<u> </u>
Par	and Contractors	Officers, Directors, Trust	tees, Foundation Ma	anagers, Hignly Paid	I Emp	ioyees,		
1	List all officers, directors, truste							
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans		e) Expen		
	. ,	devoted to position	· -0-)	deferred compensatio		other al	llowand	ces
ee A	Additional Data Table							
]						
		1						
		1						
		1						
2	Compensation of five highest-pa	id employees (other than t	hose included on line :	1—see instructions). If	none,	enter "	NONE	."
				(d) Contributions to				
a) [Name and address of each employee	paid (b) Title, and average hours per week	(c) Compensation	employee benefit) Expens		
	more than \$50,000	devoted to position	(c) compensation	plans and deferred compensation		other all	owanc	es
ONE	=			Compensation				
ONE	=							
ota	I number of other employees paid ov	er \$50,000 						- (
					F	orm 99 0	N-DE	(2020

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "No	ONE".
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	4
	-
Total. Add lines 1 through 3	0
	5 000 DE (2020)

2a |

2b

organizations check here

and do not complete this part.)

Tax on investment income for 2020 from Part VI, line 5.

Income tax for 2020. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Page 8

2.564

2.564

2.564

2,564

222,982

222.982

222.982

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2c

3

4

5

6

7

1a

1b

2

3a 3b

4

5

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Part XI

1

2a

3

4 5

6

1

2

3

4

5

b

Part XII

Page 9

2,564

2,564

Form	99	0-1	PF	(2	0
Pa	rt	X	••	T	

9	0-	PF	= ((2	02	0)
	ı	1	1			_	_

-PF (20	020)		
1111	Undistributed Income (see instruc	tions)	_
		(a)	_

F (2	020)	
1	Undistributed Income (see instructions)	

020)	
Undistributed Income (see instruc	t
	Г

Form **990-PF** (2020)

2020

(b)

Years prior to 2019

Corpus

1,600,151

220.418

1,820,569

239.811

1,580,758

239.811 328,410

365.818

320.073 346,039

328.410 365,818

320.073

346.039

220,418

(c)

2019

Excess distributions carryover, if any, to 2020: a From 2015. **b** From 2016. c From 2017. . . . d From 2018. e From 2019. f Total of lines 3a through e.

4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ a Applied to 2019, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

d Applied to 2020 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2015 not

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2021.

10 Analysis of line 9: a Excess from 2016. . .

b Excess from 2017. .

c Excess from 2018. . . .

d Excess from 2019. . .

e Excess from 2020. . .

6 Enter the net total of each column as

indicated below:

1 Distributable amount for 2020 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2020: a Enter amount for 2019 only.

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

ORGANIZATIONS REQUESTING FUNDS MUST BE TAX EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ALIGNED WITH ONE OF OUR FOCUS AREAS. ORGANIZATIONS RECEIVING CONTRIBUTIONS MUST BE IN COMPLIANCE WITH FEDERAL EQUAL EMPLOYMENT OPPORTUNITY LAWS AND ALL OTHER FEDERAL, STATE, AND LOCAL LAWS AND REGULATIONS. IN ADDITION, THE FOLLOWING TYPES OF ORGANIZATIONS ARE INELIGIBLE: INDIVIDUALS, TRUSTS OR ENDOWMENTS INTERNATIONAL/FOREIGN INSTITUTES POLITICAL, LOBBYING, VETERAN OR LABOR PROGRAMS RELIGIOUS, CIVIC, SOCIAL OR FRATERNAL ORGANIZATIONS

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Part XV Supplementary Informa	tion (continued)			_
3 Grants and Contributions Paid	During the Year or Appro	ved for Futur	e Payment	_
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	221,500
b Approved for future payment				
				_
Total			▶ 3b	0
				Form 990-PF (2020)

Enter gross	s amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Progran	n service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
	<u>_</u>					
		 				
	and contracts from government agencies					
	ership dues and assessments					
3 Interes	st on savings and temporary cash nents					
	nds and interest from securities					
	ntal income or (loss) from real estate:					
	-financed property.					
	lebt-financed property	<u> </u>				
	nvestment income.					
	r (loss) from sales of assets other than					
invento	pry					
9 Net inc	come or (loss) from special events:					
	profit or (loss) from sales of inventory					
11 Other	revenue: a					
			0		0	0
13 Total.	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			13	}	0
(See w	orksheet in line 13 instructions to verify calcu	llations.)				
Part XV	<u>. </u>	_		· · ·		
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's expression of the second sec					•
	instructions.)					

Part XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations	
1 Did the organ	pization directly or indirectly engage in any of the following with any other organization described in section 501	Г

		Exempt Organi	zations									
		ganization directly or in than section 501(c)(3)							section 501		Yes	No
a Tran	nsfers f	from the reporting foun	dation to a r	oncha	aritable exe	empt organizatio	n of:					
(1)	Cash.									1a(1)		No
(2) Other assets									1a(2)		No	
		sactions:										
		of assets to a nonchar	itahle evemn	t oras	nization					1b(1)		No
		ases of assets from a r		-						1b(2)		No
					-					- ` -		
` '		al of facilities, equipmer	•							1b(3)		No
		bursement arrangemen								1b(4)		No
(5)	Loans	or loan guarantees.								1b(5)		No
(6)	Perfor	mance of services or m	embership o	r fund	raising sol	icitations				1b(6)		No
c Sha	ring of	facilities, equipment, n	nailing lists,	other	assets, or	paid employees.				1c		No
of th	he goo	ver to any of the above ds, other assets, or ser	vices given b	y the	reporting t	foundation. If the	e foundation re	eceived less than fair	market valu			
		nsaction or sharing arra						·				
(a) Line	No.	(b) Amount involved	(c) Name of	nonch	aritable exer	mpt organization	(d) Descript	tion of transfers, transac	tions, and sha	ring arrar	ngemen	ts
	-											
3 - T - tl		alatian dinastro an indin		ماختین لم								
		ndation directly or indire	•		<i>'</i>	•		-	– 1 –	7		
desc	cribed	in section 501(c) (other	r than sectio	n 501	(c)(3)) or i	n section 527? .			Yes	∠ No		
b If "Y	res," co	omplete the following s	chedule.									
		(a) Name of organization	on		(t) Type of organizat	ion	(c) Descri	ption of relation	onship		
	Unde	er penalties of perjury,	I declare tha	t I ha	ve examin	ed this return, in	cluding accom	panving schedules ar	nd statemen	ts. and t	o the	best
		y knowledge and belief										
	whic	h preparer has any kno	owledge.									
Sign	١,	*****				2021 04 26	***	***		he IRS di	cuss th	iis
Here						2021-04-26	\	1-1-1	return	ı he prepar	or chow	un
	 						— y —		below	ne prepar	CI SIIOW	VII
	'	Signature of officer or t	rustee			Date	' Title		(see ii	nstr.) 🔽	Yes 🗆] No
		1					_		(333			
		Print/Type preparer's	name	Prep	arer's Sign	nature	Date		PTIN			
								Check if self-	,	D00400	556	
		TEDDA IZ ADMOTO	ONC					employed ▶ □]	P00499	220	
Paid		TEDRA K ARMSTRO	JING									
rep	arer		CD4C D:::=									
			CPAS PLLC						Firm's E	IN ▶83-	15142	11
Jse (JIIIY		00 WEST 5	ID 41/	ENITE CAL	700						
		Firm's address ► 31	.00 WEST EN	ID AVI	ENUE SIE	/00				_		
		N.A	ASHVILLE, TN	N 372	.03				Phone n	o. (615)	292-3	3011
									Ec	rm QQ(L-DE (2020

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter hours per week Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred

			compensation	
COLIN V REED	CHAIRMAN	0	0	C
ONE GAYLORD DRIVE NASHVILLE, TN 37214	0.25			
MARK FIORAVANTI	PRESIDENT	0	0	C

NASHVILLE, TN 37214				
MARK FIORAVANTI	PRESIDENT	0	0	0
ONE GAYLORD DRIVE NASHVILLE, TN 37214	0.25			
SCOTT J LYNN	SECRETARY	0	0	0

PIARK LIOKAVANTI	PRESIDENT	0		l
ONE GAYLORD DRIVE NASHVILLE, TN 37214	0.25			
SCOTT J LYNN	SECRETARY	0	0	0
ONE GAYLORD DRIVE	0.25			

NASHVILLE, TN 37214				
SCOTT J LYNN	SECRETARY	0	0	0
ONE GAYLORD DRIVE NASHVILLE, TN 37214	0.25			
BRIAN ABRAHAMSON	ASST. SECRETARY	0	0	0

SCOTT J LYNN	SECRETARY	0	0	0
ONE GAYLORD DRIVE NASHVILLE, TN 37214	0.25			
BRIAN ABRAHAMSON	ASST. SECRETARY	0	0	0
ONE GAYLORD DRIVE NASHVILLE, TN 37214	0.25			

NASHVILLE, IN 37214				
BRIAN ABRAHAMSON	ASST. SECRETARY	0	0	0
ONE GAYLORD DRIVE NASHVILLE, TN 37214	0.25			
JENNIEED HITCHECON	TDEACUBER			

ONE GAYLORD DRIVE NASHVILLE, TN 37214	0.25			
JENNIFER HUTCHESON	TREASURER	0	0	C

NASHVILLE, TN 37214				
JENNIFER HUTCHESON	TREASURER	0	0	0
ONE GAYLORD DRIVE	0.25			

JENNIFER HUTCHESON	TREASURER	0	0	
ONE GAYLORD DRIVE NASHVILLE, TN 37214	0.25			

ASST. TREASURER

0.25

TODD SIEFERT

ONE GAYLORD DRIVE NASHVILLE, TN 37214

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ADVENTURE SCIENCE CENTER NONE PC GRANT FOR SUPPORT OF 15,000 800 FORT NEGLEY BLVD PROGRAM MISSION FOR NASHVILLE, TN 37203 EDUCATION AND YOUTH

			ENRICHMENT	
AMERICAN HEART ASSOCIATION 1818 PATTERSON STREET NASHVILLE, TN 37203	NONE	PC	GRANT FOR SUPPORT OF PROGRAM MISSION FOR HEALTH	10,000
AMERICAN HOTEL & LODGING EDUCATIONAL FND 1250 I STREET NW SUITE 1100	NONE	PC	GRANT FOR SUPPORT OF PROGRAM MISSION FOR EDUCATION	15,000

Total .

За

221,500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor			
a Paid during the year				
CUMBERLAND RIVER COMPACT 2 VICTORY AVENUE 500	NONE	PC	GRANT FOR SUPPORT OF PROGRAM MISSION FOR	5,000

NASHVILLE, TN 37213			CONSERVATION EDUCATION	
FRIST ART MUSEUM919 BROADWAY NASHVILLE, TN 37203	NONE	PC	GRANT FOR SUPPORT OF PROGRAM MISSION FOR ARTS	5,000
MARTY STUARTS CONGRESS OF	NONE	PC	GRANT FOR SUPPORT OF	50,000

FRIST ART MUSEUM919 BROADWAY NASHVILLE, TN 37203	NONE	PC	PROGRAM MISSION FOR ARTS	5,000
MARTY STUARTS CONGRESS OF COUNTRY MUSIC 256 WEST BEACON STREET DHTI ADEL DHTA MS 30350	NONE	PC	GRANT FOR SUPPORT OF PROGRAM MISSION FOR ARTS	50,000

NASHVILLE, TN 37203	NONE		PROGRAM MISSION FOR ARTS	3,000
MARTY STUARTS CONGRESS OF COUNTRY MUSIC 256 WEST BEACON STREET PHILADELPHIA, MS 39350	NONE	PC	GRANT FOR SUPPORT OF PROGRAM MISSION FOR ARTS	50,000

Total			▶ 3a	221,500
MARTY STUARTS CONGRESS OF COUNTRY MUSIC 256 WEST BEACON STREET PHILADELPHIA, MS 39350	NONE	PC	GRANT FOR SUPPORT OF PROGRAM MISSION FOR ARTS	50,000
NASHVILLE, TN 37203			PROGRAM MISSION FOR ARTS	

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or husiness)

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
MENTAL HEALTH AMERICA OF THE MIDSOUTH	NONE	PC	GRANT FOR SUPPORT OF PROGRAM MISSION FOR HEALTH	2,000

NASHVILLE, TN 37211			- MENTAL HEALTH AWARENESS	
NASHVILLE ANGELSPO BOX 160124 NASHVILLE, TN 37216	NONE	PC	GRANT FOR SUPPORT OF PROGRAM MISSION FOR YOUTH	2,5
NASHVILLE BURLIC EDUCATION	NONE	DC.	GRANT FOR SUPPORT OF	5.0

	NASHVILLE ANGELSPO BOX 160124 NASHVILLE, TN 37216	NONE	PC	GRANT FOR SUPPORT OF PROGRAM MISSION FOR YOUTH	2,500
,	NASHVILLE PUBLIC EDUCATION FOUNDATION 1207 18TH AVE S STE 202	NONE	PC	GRANT FOR SUPPORT OF PROGRAM MISSION FOR EDUCATION	5,000

NASHVILLE, TN 37216		. •	PROGRAM MISSION FOR YOUTH	_,,,,,
NASHVILLE PUBLIC EDUCATION FOUNDATION 1207 18TH AVE S STE 202 NASHVILLE, TN 37212	NONE	PC	GRANT FOR SUPPORT OF PROGRAM MISSION FOR EDUCATION	5,000

NASHVILLE PUBLIC EDUCATION FOUNDATION 1207 18TH AVE S STE 202 NASHVILLE, TN 37212	NONE	PC	GRANT FOR SUPPORT OF PROGRAM MISSION FOR EDUCATION	5,00

	 		-,
FOUNDATION		PROGRAM MISSION FOR	
1207 18TH AVE S STE 202		EDUCATION	
NASHVILLE, TN 37212			

221,500

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
NASHVILLE PUBLIC LIBRARY FOUNDATION 615 CHURCH STREET	NONE	PC	GRANT FOR SUPPORT OF PROGRAM MISSION FOR EDUCATION	5,000

615 CHURCH STREET NASHVILLE, TN 37219			EDUCATION	
NATIONAL WILD TURKEY FEDERATION PO BOX 530 EDGEFIELD, SC 298240530	NONE	PC	GRANT FOR SUPPORT OF PROGRAM MISSION FOR CONSERVATION EDUCATION	30,000

NATIONAL WILD TURKEY FEDERATION PO BOX 530 EDGEFIELD, SC 298240530	NONE	PC	GRANT FOR SUPPORT OF PROGRAM MISSION FOR CONSERVATION EDUCATION	30,000
PENCIL FOUNDATION 421 GREAT CIRCLE ROAD SUITE 100 NASHVILLE.TN 37228	NONE	PC	GRANT FOR SUPPORT OF PROGRAM MISSION FOR EDUCATION	15,000

Total			▶ 3a	221,500
PENCIL FOUNDATION 421 GREAT CIRCLE ROAD SUITE 100 NASHVILLE, TN 37228	NONE	PC	GRANT FOR SUPPORT OF PROGRAM MISSION FOR EDUCATION	15,000
PO BOX 530 EDGEFIELD, SC 298240530			PROGRAM MISSION FOR CONSERVATION EDUCATION	

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

TENNESSEE STATE MUSEUM FOUNDATION 505 DEADERICK STREET NASHVILLE, TN 37243	NONE	PC	GRANT FOR SUPPORT OF PROGRAM MISSION FOR EDUCATION	20,000
THE COMMUNITY FOUNDATION	NONE	PC	GRANT FOR SUPPORT OF	5,000

NASHVILLE, TN 37243				
THE COMMUNITY FOUNDATION 3833 CLEGHORN AVE 400 NASHVILLE, TN 37215	NONE	PC	GRANT FOR SUPPORT OF PROGRAM MISSION FOR COMMUNITY	5,000
UNITED WAY OF GREATER NASHVILLE 250 VENTURE CIR	NONE	PC	COMMUNITY GRANT FOR GENERAL SUPPORT	10,000

THE COMMUNITY FOUNDATION 3833 CLEGHORN AVE 400 NASHVILLE, TN 37215	NONE	PC	GRANT FOR SUPPORT OF PROGRAM MISSION FOR COMMUNITY	5,00
UNITED WAY OF GREATER NASHVILLE 250 VENTURE CIR NASHVILLE TN. 37728	NONE	PC	COMMUNITY GRANT FOR GENERAL SUPPORT	10,00

NASHVILLE, IN 3/215			COMMUNITY	
UNITED WAY OF GREATER NASHVILLE 250 VENTURE CIR NASHVILLE, TN 37228	NONE	PC	COMMUNITY GRANT FOR GENERAL SUPPORT	10,000

250 VENTURE CIR NASHVILLE, TN 37228		GENERAL SUPPORT	
Total	 	▶ 3a	221,500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business)

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	or substantial contributor			
a Paid during the year				
WESTERN KENTUCKY UNIVERSITY 1906 COLLEGE HEIGHTS BLVD BOWLING GREEN, KY 42101	NONE	PC	MATCHING GRANT FOR EDUCATION	2,000

YMCA OF MIDDLE TENNESSEE 3088 SMITH SPRINGS ROAD ANTIOCH, TN 37013	NONE	PC	GRANT FOR SUPPORT OF PROGRAM MISSION FOR YOUTH	25,00

YMCA OF MIDDLE TENNESSEE 3088 SMITH SPRINGS ROAD ANTIOCH, TN 37013	NONE	PC	GRANT FOR SUPPORT OF PROGRAM MISSION FOR YOUTH	25,000
Total			▶ 3a	221,500

efile GRAPHIC print - DO NOT	PROCESS	As Filed D	ata -			DLN	: 93491123019251
TY 2020 Accounting Fees Schedule							
Name: RYMAN HOSPITALITY PROPERTIES FOUNDATION EIN: 20-2573370							
Category	Am	ount	Net	Investment Income	Adjusted Ne Income	t	Disbursements for Charitable Purposes
RETURN PREPARATION FEES		1,461		0			1,461

Name: RYMAN HOSPITALITY PROPERTIES FOUNDATION

OTHER BENEFITS HAVE BEEN REPORTED ON PART I. LINES 13 OR 14.

EIN: 20-2573370

(General Explanation Attachment							
	Identifier	Return Reference	Explanation					
	1	COMPENSATION	· '	FORM 990-PF, PART I, LINE 13: ALL OFFICERS AND DIRECTORS SERVE ON A VOLUNTEER BASIS WITHOUT COMPENSATION. THEREFORE, NO COMPENSATION OR				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491123019251		
TY 2020 Other Expenses Schedule						
Namo	e: RYMAN HOSPIT	TALITY PROPERTI	ES FOUNDATION			
EIN	N: 20-2573370					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
SECRETARY OF STATE FILING FEES	21	0		21		

efile GRAPHIC print - DO	NOT PROCESS As Filed Data	1 -		DLN: 93491123019251			
Schedule B	Sche	dule of Contributors		OMB No. 1545-0047			
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		n to Form 990, 990-EZ, or 990-PF. s.gov/Form990 for the latest inform	ation.	2020			
Name of the organization RYMAN HOSPITALITY PROF	PERTIES FOUNDATION		Employer i	dentification number			
			20-2573370)			
Organization type (chec	k one).						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number	501(c)() (enter number) organization					
	4947(a)(1) nonexempt cl	haritable trust not treated as a pr	ivate foundation				
	☐ 527 political organization	ו					
Form 990-PF	☑ 501(c)(3) exempt private	foundation					
	4947(a)(1) nonexempt cl	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	☐ 501(c)(3) taxable private	foundation	undation				
	tion filing Form 990, 990-EZ, or 99 property) from any one contributor						
Special Rules							
under sections 50 received from any	on described in section 501(c)(3) fi 9(a)(1) and 170(b)(1)(A)(vi), that c y one contributor, during the year, t e 1h, or (ii) Form 990-EZ, line 1. Co	checked Schedule A (Form 990 o total contributions of the greater o	r 990-EZ), Part II, line 13	, 16a, or 16b, and that			
during the year, to	on described in section 501(c)(7), (otal contributions of more than \$1,0 ne prevention of cruelty to children	000 <i>exclusively</i> for religious, char	ritable, scientific, literary,				
during the year, c If this box is chec purpose. Don't co	on described in section 501(c)(7), (contributions exclusively for religious ked, enter here the total contribution mplete any of the parts unless the le, etc., contributions totaling \$5,00	is, charitable, etc., purposes, but ons that were received during the General Rule applies to this org	no such contributions tot year for an exclusively re panization because it rece	aled more than \$1,000. eligious, charitable, etc., eived <i>nonexclusively</i>			
990-EZ, or 990-PF), but i	that isn't covered by the General t must answer "No" on Part IV, line rt I, line 2, to certify that it doesn't i	e 2, of its Form 990; or check the	box on line H of its Form	rm 990, ı 990-EZ			
For Paperwork Reduction Action Form 990, 990-EZ, or 990	t Notice, see the Instructions PF.	Cat. No. 30613X	Schedule B (Form 996	0, 990-EZ, or 990-PF) (2020)			

Employer identification number

RYMAN HOSPITAL	ITY PROPERTIES FOUNDATION	20-2573370	
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if ad-	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RYMAN HOSPITALITY PROPERTIES INC ONE GAYLORD DRIVE NASHVILLE, TN 37214	\$ 180,000	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.)
(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.)
(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.)