

2021

Application for Tourism Grant

Organization	Ashland New Plays Festival		
Mailing Address			
Contact Name	Michele Lansdowne	Phone	541.630.0061
Email			
Secondary Contact	Peggy Moore	Phone	541.821.8293
Email			
Federal Tax ID		IRS Class (exemption)	510(c) 3 non-profit

Grant Request	
Total Tourism Request (\$5000 minimum*)	\$ 8410.

*Requests that do not meet this minimum requirements will not be considered

- 1) Briefly describe the purpose and objectives of your organization and mission statement
(please limit to 200 words).

Ashland New Plays Festival (ANPF) is a long-established local organization that is committed to increasing both the excellence and the diversity of voices in American theater while engaging and enriching Ashland's cultural community in the process. ANPF assists playwrights in the development of new works through public readings and offers an educational forum to the community through discussions and workshops. ANPF also works collaboratively with regional and national theaters (including the Oregon Shakespeare Festival) to develop new works for full production. ANPF seeks to fulfill its mission through the following year-round events:

1. The annual fall New Plays Festival
2. A winter/spring Invitational or single-play workshop and production
3. A summer single-play workshop and production
4. Workshops for local playwrights and readings of their works
5. Learning/working opportunities for local students and theater professionals

2) Briefly describe how the City grant would be used **(please limit to 500 words)**.

We would use your grant to support our 2021 Fall Festival in October and to aid marketing efforts to promote our events more widely. Our plan is to make this a hybrid production with both in-person audiences and online audiences. The production will add to the richness and diversity of Ashland's theater culture and to audience active participation in learning about and creating plays. Marketing efforts will help increase awareness of our city's growing role in the development of exciting new voices and visions in the theater, making Ashland an even more attractive, multi-venue destination for tourists passionate about the arts. ANPF's Fall Festival is the cornerstone of our work. Over 50 volunteer readers from all over the Rogue Valley meet for months to winnow 400 submissions down to twelve plays, from which the Artistic Director selects four. The winning playwrights gather in Ashland for a week to converse, revise and rehearse while housed in our B&Bs and fed in our restaurants. Some of Ashland's finest actors from the Oregon Shakespeare Festival, Southern Oregon University and the community perform multiple readings of each work to an audience of around 1,200 members. Playwrights repeatedly tell us that working with us has been invaluable for their development of new works for the stage.

Our local community benefits significantly from the cultural richness and the intimate connection to theater that ANPF provides. Community members who serve as readers for our Fall Festival have a unique chance to learn about, learn from and aid the emergence of new voices in the arts - a process distinctly different from, and far more democratic than, the agent-driven selection process at other national play festivals. Audiences at all our events get to see works in development that sometimes reflect and sometimes expand their perspectives and experiences and then give the playwrights extensive feedback about those works at the talkbacks that follow each performance. ANPF's drive to increase the diversity of voices available in our region, spurred by our spring 2016 Women's Invitational, helped double the number of Fall Festival submissions by women playwrights. The number of plays submitted by writers of color is also on the rise. In addition, our productions offer significant opportunities for local theater professionals. All our events employ primarily local actors, directors and crew. They give some two dozen local writers the chance to attend workshops with our guest playwrights. They benefit students at SOU, who intern on our production teams, sharpening their skills to prepare for their entry into the profession, and who are often featured in our casts. Your investment in our work would thus help us continue our commitment to seeking out and developing emerging and underrepresented voices.

You would also help us develop Ashland as a focal-point for West Coast theater enthusiasts interested in new works. We already have a stellar reputation among those in the know. In 2014 Fodor's listed Ashland New Plays Festival as one of the top-three reasons to visit Ashland, along with the Oregon Cabaret Theatre and OSF. And in 2018 a Pulitzer Prize awarded to one of our 2016 Women's Invitational winners, "Cost of Living," highlighted our role as an incubator of nationally important work. We are seeing more and more tourists from the Bay area especially attending our productions as we become better known in the Pacific Northwest.

- 3)

[illegible]

- I have reviewed the 2012 Economic Development, Cultural, Tourism, and Sustainability
4) Grants policy and understand the requirements associated with receiving tourism funding.
Please initial below that this statement is true.

ML

- Per the list of eligible Tourism activities listed in the 2012 Economic Development,
5) Cultural, Tourism, and Sustainability Grants policy, explain how your activities qualify.

This policy is attached for your reference. **(please limit to 250 words)**

Our events draw tourists eager for an arts experience of readings of new plays unlike other theatre experience in Ashland and uncommon on the West Coast. According to audience surveys, the number of people attending our events from more than 50 miles away has jumped from 16% in 2017 to 28% in 2018, with an additional increase through 2019. A striking 20% identified themselves as first-time attendees, up from 13% in 2017.

In 2020, due to the pandemic, our productions were held online only and we saw increased participation from theatre enthusiasts across the country who were able to access our productions online for the first time. This may turn out to be a blessing in disguise because we increased awareness of ANPF across a broader reach and we are hoping to attract these new audience members we have reached online to come to Ashland as tourists to enjoy our performances live. Since 2021 will be a hybrid combination of live and online, we hope to continue this trend of building audiences through online performances and attracting them to Ashland in future years. Our Artistic Director, Jackie Apodaca, says, "I have personally heard from audience members from out of area who 'found' us after coming to Ashland for OSF in the last couple years and are so excited we will be having in-person events in fall and planning their trips around our Fall Festival!"

Our marketing activities will 1) identify opportunities to stimulate increased tourist attendance and 2) publicize our events to do the same, thus drawing more people from outside the area to our events and to hotels/motels, restaurants and other retail businesses in Ashland. Our marketing will concentrate on drawing tourists in the shoulder season in late October.

- 6) If you do not receive the full amount of your request, describe how your organization would use a smaller amount of funds. Be specific. **(please limit to 500 words).**

Less funding will mean that our efforts will be proportionately reduced and our impact on the local economy will be less than what we could contribute. The cut will also hurt us just at the point where ANPF is gathering significant momentum. Because the fall New Plays Festival is our flagship event, we would do everything possible to preserve the gains we have made with it and make cuts first to our planned marketing and outreach. We would be reluctant to do so, since we are aware how much marketing could help us to better identify potential new audience members, especially those outside the Rogue Valley.

Because we plan on doing a hybrid of both live and online productions in 2021, our production costs will increase both through software required and through additional staffing necessary for the online productions. We recognize that the pandemic represents challenges in maintaining audience sizes in live productions so we hope to balance that limitation with the online approach that also increases our presence in the Northwest theatre community. We will need sufficient funding to be able to present the online version of the productions.

- Please explain how you will measure success or desired outcomes, based on Section III, Grant Reporting, of the 2012 Economic Development, Cultural, Tourism, and
- 7) Sustainability Grants policy. This policy is attached for your reference. **(please limit to 500 words)**

Surveys taken at our events and online after events let us see the economic ripple effect they have on the local economy: how many people drive in from afar and stay in a hotel or B&B; who dines out as part of their evening's entertainment or buys gas on their way home. We also track how many residents we employ and local services we use and promote. Survey responses and ticket sales both offer evidence of the value that our community, and others outside it, place on our events. And extensive debriefs with our winning playwrights after their week-long residence and multiple public performances of their work help us continue to refine and strengthen our events. Their conviction that ANPF is uniquely rewarding to the development of their art is helping spread word of our excellence, driving submission and ticket numbers upward and helping to raise our visibility on the national as well as local stage.

Organization Board Member

(use additional sheets as necessary)

Name	Peggy Moore, President
------	------------------------

Name	Bill Grove, Vice President
------	----------------------------

Name	Bill Saltzstein, Treasurer
------	----------------------------

Name	Kate Wolf-Pizor, Secretary
------	----------------------------

Name	Jane Bardin
------	-------------

Name	Tristan Cameron
------	-----------------

Name	Obed Medina
------	-------------

Name	Eric Poppick
------	--------------

Name	Jim Risser
------	------------

Name	
------	--

Name	
------	--

Name	
------	--

Name	
------	--

Customer Demographic Profile*

The primary goal of the grant award process is to allocate funds to organizations that are providing economic, tourism, cultural and/or sustainability programs, services or events that reach a demographically diverse customer base, both locally and from outside our region. The following questions are intended to provide guidance for the possible types of customer demographics that would help the grant review/award subcommittee understand the customer types that your application would likely reach.

Organization	Ashland New Plays Festival
Program/Event Name	Fall Festival 2021
For the Twelve Month Period of	july 1, 2021- June 30, 2022

1. Customer Age (percentage)

Youth 0 to 17 years	6	%
Adult 18 to 39 years	3	%
Adult 40 to 64 years	24	%
Adult 65 and over	66	%
Unknown	1	%
Total	100	%

II. Staff Residence (percentage)

Ashland	70	%
Rogue Valley	20	%
Other	10	%
Total	100	%

III. Customer Residence (percentage)

Ashland	40	%
Rogue Valley	20	%
Other (within 50 miles)	10	%
Other (greater than 50 miles)	30	%
Total	100	%

IV. Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event?

30 _____ %

* if your organization tracks this data or other related data in other formats, please feel free to submit that format directly. This form is provided as a template and is not required to be completed in this format, but customer demographic information is an application submittal requirement

Grants Program Budget*

Please use this form to identify costs associated with the program, activity or event that you are requesting funds for.

***This form is provided as a template to use. If your organization tracks grant related financials in a different reporting format, please submit in that format.**

Program/Event Name	
Project Period:	July 1, 2021 to June 30, 2022

REVENUE		
Source	Funding title	Amount
City of Ashland Grant Funds:	Tourism: Fall Festival 2021	\$ 8410
Jackson County Funds/ Identify:	0	\$
State Funds/ Identify:	0	\$
Federal Funds/ Identify:	0	\$
Other funds/ Identify:	Ticket Sales	\$ 10000
Other funds/ Identify:	Script Fees	\$ 9000
Other funds/ Identify:		\$
TOTAL REVENUE		\$ 27410

EXPENDITURES		
Personal Services		
Total Salaries:	% of Time to Project/Event:	Salaries specific to Project/Event:
\$	%	\$
Total Benefits:	% of Time to Project/Event:	Benefits specific to Project/Event:
\$	%	\$
Total Project/Event-Specific Personal Services		\$
Materials & Services		
Advertising		\$ 850
Operations		\$ 500
Production		\$ 800
Readers		\$ 100
Total Project/Event Specific Materials & Services		\$ 2250
TOTAL EXPENDITURES		\$ 27410

Signature Page

Thank you for your time and efforts in preparing this information for consideration by the Grants Committee.

By signing below you certify that:

You, the grantee, understand that you must comply with all federal, state, and local requirements applicable for the activities funded by this grant. Award of a grant by the City does not waive the grantee's obligation to obtain, at grantee's sole expense, all applicable permits that may be required for grantees program or project.

And, that a grant will be conditioned on submission or other approvals to the City of a Certificate of General Liability Insurance Per City Contract, naming the City of Ashland, its officers and employees as additional insured.

And, that you the undersigned have legal authority to submit the above information on behalf of the organization named below.

Signature

Michele Lansdowne

Name (print)

Grants Coordinator

Title

Ashland New Plays Festival

Organization

Short Form

OMB No. 1545-0047

Form **990-EZ**

Return of Organization Exempt From Income Tax

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

2019

Open to Public Inspection

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning January 1, 2019, and ending December 31, 2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization Ashland New Plays Festival
Number and street (or P.O. box if no street address) [REDACTED] Room/suite [REDACTED]
City [REDACTED] State [REDACTED] Postal code [REDACTED]

D Employer identification number [REDACTED]

E Telephone number [REDACTED]

F Group Exemption Number n/a

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) [REDACTED]

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: www.ashlandnewplays.org

J Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) ☐

Check if the organization used Schedule O to respond to any question in this Part I ☐

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	77,580.61
2	Program service revenue including government fees and contracts	34,187.37
3	Membership dues and assessments	0
4	Investment income	0.02
5a	Gross amount from sale of assets other than inventory	
5b	Less: cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	0
6	Gaming and fundraising events:	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
6c	Less: direct expenses from gaming and fundraising events	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	0
7a	Gross sales of inventory, less returns and allowances	482.00
7b	Less: cost of goods sold	293.62
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	188.38
8	Other revenue (describe in Schedule O)	0
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	111,956.38
10	Grants and similar amounts paid (list in Schedule O)	0
11	Benefits paid to or for members	0
12	Salaries, other compensation, and employee benefits	18,879.24
13	Professional fees and other payments to independent contractors	55,043.28
14	Occupancy, rent, utilities, and maintenance	4,571.27
15	Printing, publications, postage, and shipping	2,693.21
16	Other expenses (describe in Schedule O)	26,718.82
17	Total expenses. Add lines 10 through 16	107,905.82
18	Excess or (deficit) for the year (subtract line 17 from line 9)	4,050.56
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	68,396.64
20	Other changes in net assets or fund balances (explain in Schedule O)	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	72,447.20

Part II **Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	59,092. ⁶⁷	22 63,143.23
23	Land and buildings		23
24	Other assets (describe in Schedule O)	9,303.97	24 9,303.97
25	Total assets	68,396. ⁶⁴	25 72,447.20
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	68,396. ⁶⁴	27 72,447.20

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
-----------------	---

Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

What is the organization's primary exempt purpose? new play readings & development

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 ANPF presents new plays, including an annual festival, workshops & educational talks that involve & reach thousands of community members; downloadable plays and podcast interviews reach thousands more

(Grants \$ 34,187.37) If this amount includes foreign grants, check here ☐

107,905.82

(Grants \$ 34,187.37) If this amount includes foreign grants, check here ☐

28a

29

--	--

1

1

(Grants \$) If this amount includes foreign grants, check here ☐

29a

30 _____

1

1

(Quanto €)

10

21 Other program services (describe in Schedule C) _____

30a

31 Other program services (describe in Schedule O) _____
(Grants \$ _____) If this amount includes foreign grants, check box ☐ ☐

2

32 **Total program service expenses** (add lines 28a through 31a) ▶

31a
00

Part IV		List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated; see the
----------------	--	---

32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Peggy Moore, President	20	0	none	0
Beth Falkenstein, Vice-President	20	0	none	0
Roger Pearce, Secretary	10	0	none	0
William Grove, Treasurer	10	0	none	0
Jim Risser, Director	5	0	none	0
Jane Bardin, Director	5	0	none	0
Eric Pappick, Director	10	0	none	0
Kate Wolf-Pizer, Director	5	0	none	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		<input checked="" type="checkbox"/>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II, and enter the total amount involved		<input checked="" type="checkbox"/>
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		<input checked="" type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities		<input checked="" type="checkbox"/>
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<input checked="" type="checkbox"/>
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		<input checked="" type="checkbox"/>
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ Oregon		
42a The organization's books are in care of ▶ [REDACTED] Telephone no. ▶ [REDACTED] Located at ▶ [REDACTED] ZIP + 4 ▶ [REDACTED]		
b 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)? If "Yes," enter the name of the foreign country ▶		<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ n/a		<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 n/a		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		<input checked="" type="checkbox"/>

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No
- 46 X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 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 Yes No
- 47 X
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
- 48 X
- 49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
- 49a X
- b If "Yes," was the related organization a section 527 organization? Yes No
- 49b X
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ▶

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No
- 52 X Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Date

Roger Pearce April 21, 2020

Roger Pearce, Secretary

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no. ▶			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

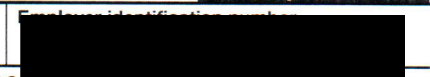
OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

Ashland New Plays Festival



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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<i>not applicable</i>						
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33¹/₃% support test—2019. 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		<input type="checkbox"/>
b 33¹/₃% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	36,015	62,229	53,487	67,002	77,581	296,404
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	28,187	36,462	35,974	24,148	34,187	160,978
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	
6 Total. Add lines 1 through 5	64,202	98,691	89,461	93,170	111,768	457,382
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	10,000	9,000	9,992	22,105	51,097
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						
8 Public support. (Subtract line 7c from line 6.)	64,202	88,691	80,461	83,178	89,663	406,285

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	64,202	98,691	89,461	93,170	111,768	457,382
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	22	17	0	0	0	39
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	22	17	0	0	0	39
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	64,224	98,708	89,461	93,170	111,768	457,421
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	89 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	92 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	Under 1 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	Under 1 %

19a 33¹/₃% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33¹/₃%, and line 17 is not more than 33¹/₃%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33¹/₃% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹/₃%, and line 18 is not more than 33¹/₃%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

(Not applicable)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections 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)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
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 Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

(Not applicable)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

(Not applicable)

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

Ashland New Plays Festival

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ 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, 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **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 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Ashland New Plays Festival

Employer identification number

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
<u>1</u>	[REDACTED]	\$ <u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	[REDACTED]	\$ <u>17,818</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	[REDACTED]	\$ <u>5,447</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Ashland New Plays Festival

Employer identification number

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	None in 2019		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

(Not applicable)

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

Ashland New Plays Festival

Employer identification number

30-0554983

Line 16 detail:

Advertising & Promotion	1,905.80
Website Construction, Hosting, Maintenance	6,158.34
Computer Programs/Software	2,864.19
Audition Expenses	342.95
Banking/Merchant (Ticketing) Fees	2,308.64
Phone/Office Supply	695.90
Box Office/Production Supply	758.52
Reader Training & Events	2,827.88
Member Receptions	1,878.03
Business Permits/Licenses	345.00
Board Development	283.61
Gifts	263.97
Insurance	1,589.68
Travel & Lodging (Actors, Directors, ADs)	3,929.81
Prepaid Expenses for January 2020 Production	566.50
Line 16 Total:	26,718.82

Line 24 detail:

Sound System (speakers, sound board, microphones)	9,303.97
--	----------

(End of Schedule O)

2021

Application for Tourism Grant

Organization			
Mailing Address			
Contact Name		Phone	
Email			
Secondary Contact		Phone	
Email			
Federal Tax ID		IRS Class (exemption)	

Grant Request	
Total Tourism Request (\$5000 minimum*)	\$

*Requests that do not meet this minimum requirements will not be considered

- 1) Briefly describe the purpose and objectives of your organization and mission statement ***(please limit to 200 words)***.

2) Briefly describe how the City grant would be used (***please limit to 500 words***).

- 3)

[illegible]

- I have reviewed the 2012 Economic Development, Cultural, Tourism, and Sustainability
4) Grants policy and understand the requirements associated with receiving tourism funding.
Please initial below that this statement is true.

- Per the list of eligible Tourism activities listed in the 2012 Economic Development,
5) Cultural, Tourism, and Sustainability Grants policy, explain how your activities qualify.
This policy is attached for your reference. **(please limit to 250 words)**

- 6) If you do not receive the full amount of your request, describe how your organization would use a smaller amount of funds. Be specific. **(please limit to 500 words).**

- 7) Please explain how you will measure success or desired outcomes, based on Section III, Grant Reporting, of the 2012 Economic Development, Cultural, Tourism, and Sustainability Grants policy. This policy is attached for your reference. **(please limit to 500 words)**

Organization Board Member

(use additional sheets as necessary)

Name	
------	--

Name	
------	--

Name	
------	--

Name	
------	--

Name	
------	--

Name	
------	--

Name	
------	--

Name	
------	--

Name	
------	--

Name	
------	--

Name	
------	--

Name	
------	--

Name	
------	--

Customer Demographic Profile*

The primary goal of the grant award process is to allocate funds to organizations that are providing economic, tourism, cultural and/or sustainability programs, services or events that reach a demographically diverse customer base, both locally and from outside our region. The following questions are intended to provide guidance for the possible types of customer demographics that would help the grant review/award subcommittee understand the customer types that your application would likely reach.

Organization	
Program/Event Name	
For the Twelve Month Period of	

1. Customer Age (percentage)

Youth 0 to 17 years	_____ %
Adult 18 to 39 years	_____ %
Adult 40 to 64 years	_____ %
Adult 65 and over	_____ %
Unknown	_____ %
Total	_____ %

II. Staff Residence (percentage)

Ashland	_____ %
Rogue Valley	_____ %
Other	_____ %
Total	_____ %

III. Customer Residence (percentage)

Ashland	_____ %
Rogue Valley	_____ %
Other (within 50 miles)	_____ %
Other (greater than 50 miles)	_____ %
Total	_____ %

IV. Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event?

_____ %

* if your organization tracks this data or other related data in other formats, please feel free to submit that format directly. This form is provided as a template and is not required to be completed in this format, but customer demographic information is an application submittal requirement

Grants Program Budget*

Please use this form to identify costs associated with the program, activity or event that you are requesting funds for.

***This form is provided as a template to use. If your organization tracks grant related financials in a different reporting format, please submit in that format.**

Program/Event Name	
Project Period:	July 1, 2021 to June 30, 2022

REVENUE		
Source	Funding title	Amount
City of Ashland Grant Funds:		\$
Jackson County Funds/ Identify:		\$
State Funds/ Identify:		\$
Federal Funds/ Identify:		\$
Other funds/ Identify:		\$
Other funds/ Identify:		\$
Other funds/ Identify:		\$
TOTAL REVENUE		\$

EXPENDITURES		
Personal Services		
Total Salaries:	% of Time to Project/Event:	Salaries specific to Project/Event:
\$	%	\$
Total Benefits:	% of Time to Project/Event:	Benefits specific to Project/Event:
\$	%	\$
Total Project/Event-Specific Personal Services		\$
Materials & Services		
		\$
		\$
		\$
		\$
Total Project/Event Specific Materials & Services		\$
TOTAL EXPENDITURES		\$

Signature Page

Thank you for your time and efforts in preparing this information for consideration by the Grants Committee.

By signing below you certify that:

You, the grantee, understand that you must comply with all federal, state, and local requirements applicable for the activities funded by this grant. Award of a grant by the City does not waive the grantee's obligation to obtain, at grantee's sole expense, all applicable permits that may be required for grantees program or project.

And, that a grant will be conditioned on submission or other approvals to the City of a Certificate of General Liability Insurance Per City Contract, naming the City of Ashland, its officers and employees as additional insured.

And, that you the undersigned have legal authority to submit the above information on behalf of the organization named below.

Sue Blaize
Signature

Name (print)

Title

Organization



Confirmation

[Home](#) | [Security Profile](#) | [Logout](#)

Your Form 990-N(e-Postcard) has been submitted to the IRS

- **Organization Name:** ASHLANDS BED & BREAKFAST NETWORK
- **EIN:** [REDACTED]
- **Tax Year:** 2019
- **Tax Year Start Date:** 06-01-2019
- **Tax Year End Date:** 05-31-2020
- **Submission ID:** [REDACTED]
- **Filing Status Date:** 08-25-2020
- **Filing Status:** Pending

Note: [Print](#) a copy of this filing for your records. Once you leave this page, you will not be able to do so.

MANAGE FORM 990-N SUBMISSIONS

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2019

Open to Public Inspection

... or the 2019 Calendar year, or tax year beginning 2019-06-01 and ending 2020-05-31**B** Check if available☐ Terminated for Business☒ Gross receipts are normally \$50,000 or less**C** Name of Organization: ASHLANDS BED & BREAKFAST
NETWORK**D** Employee Identification
Number [REDACTED]**E** Website:**F** Name of Principal Officer: Adam P. Lemon
[REDACTED]

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

2021

Application for Tourism Grant

Organization	Ashland Gallery Association		
Mailing Address	[REDACTED]		
Contact Name	Cheryl Kempner	Phone	[REDACTED]
Email	[REDACTED]		
Secondary Contact	Christine Yee	Phone	[REDACTED]
Email	[REDACTED]		
Federal Tax ID	[REDACTED]	IRS Class (exemption)	[REDACTED]

Grant Request	
Total Tourism Request (\$5000 minimum*)	\$ 31,800

*Requests that do not meet this minimum requirements will not be considered

- 1) Briefly describe the purpose and objectives of your organization and mission statement
(please limit to 200 words).

For 27 years the Ashland Gallery Association has been creating and preserving a visual arts presence in Ashland. Our objectives include showcasing local visual arts, supporting locally owned small business members, increasing tourism, and strengthening the economic, cultural and social resiliency of the City of Ashland. We seek to effectively communicate the promotion and sale of art and increase public awareness of Ashland's visual arts. With an average of 74,600 page views each month the AGA website proves to be valuable in the success of our mission to promote local visual arts and increase tourism.

Today our Association includes 20 galleries, associate businesses, working studios and neighboring arts-related organizations, as well as 28 individual artist members. Collectively, we promote Ashland as an attractive destination and strive to maintain and grow our city's reputation as a desirable and welcoming arts center.

With the Covid-19 economic impacts our members continue to struggle to keep their businesses afloat. City funding, along with the resiliency of our organization, has enabled the AGA to support our members through an enhanced Social Media program and increased Website exposure. Looking forward, we plan to continue our mission to draw visitors to Ashland.

2) Briefly describe how the City grant would be used *(please limit to 500 words)*.

Ashland Gallery Guide Publication Production: design, development, and printing

The complimentary Ashland Gallery Guide is AGA's most prominent marketing tool for tourism and economic development. This Guide is a visually attractive, annual publication packed with information about Ashland's visual arts scene.

The AGA prints 12,000 copies of the Guide annually and distributes them regionally to galleries, museums, hotels, B & B's, wineries, and Chambers of Commerce. An electronic version of the Gallery Guide is available on the AGA website with direct links to individual artist, gallery, and business websites.

Due to the shutdowns from the Covid-19 pandemic the AGA did not print a 2021 Gallery Guide. We repurposed thousands of 2020 Guides with the addition of a new cover and updated information. With support from City Grant Funds, we look forward to producing a new guide for 2022.

AGA Marketing Program Coordinator

The Marketing Program Coordinator is responsible for developing and maintaining relationships with media and partner businesses, writing articles and press releases promoting Ashland as a traveler's destination, and arranging advertising trades. The Coordinator also writes bi-monthly E-Newsletters promoting gallery exhibits, submits event information to community calendars, and promotes Ashland's visual arts community through an expansive social media reach. In the last month we have received a 33.2 % increase in Instagram interactions and a 12% increase in Facebook page views. This position is crucial to our mission of promoting Tourism.

AGA Websites Updates & Maintenance

With an average of 74,600 page views each month our three websites are a valuable tool for bringing tourists to Ashland. Funds are requested to continue to upgrade and maintain our primary website (www.ashlandgalleries.com) that features monthly gallery exhibits, individual artists, events, online Gallery Guide, and information about Ashland's art scene.

AGA First Friday Art Walk: Gallery Tour Map & monthly promotion

We look forward to resuming the citywide First Friday Art Walk that creates an economic and tourism boost each month for member and non-member businesses. This free social, community-building event showcases local artists, musicians, food and wine. Residents and visitors enjoy an evening out to view artwork and meet artists. A monthly online version of the Tour Map is available on our website.

A Taste of Ashland: Event Coordinator, supplies and promotion

"A Taste of Ashland" (ATOA), the AGA's principal fundraiser, is an Art, Food and Wine Festival held annually in April. Covid-19 guidelines caused AGA to reimagine this event in 2020 as a virtual event. In the past this two-day event contributed to the City's economy and tourism, attracting several hundred new and returning visitors to Ashland. In 2019, approximately 30% of attendees visited from more than 50 miles away, many eating in local restaurants and staying overnight. This year AGA is collaborating with local restaurants to offer an "AGA fixed price menu," sharing revenue with participating restaurants.

We are requesting tourism funds to bring back the traditional ATOA in April 2022. Grant funding is imperative to hold this 2022 event because of lost revenue in both 2020 and 2021.

- 3)

[illegible]

- I have reviewed the 2012 Economic Development, Cultural, Tourism, and Sustainability
4) Grants policy and understand the requirements associated with receiving tourism funding.
Please initial below that this statement is true.

CK



- Per the list of eligible Tourism activities listed in the 2012 Economic Development,
5) Cultural, Tourism, and Sustainability Grants policy, explain how your activities qualify.
This policy is attached for your reference. **(please limit to 250 words)**

The combined presence of the arts, including visual arts, theater and film, have defined Ashland as one of the top cultural destinations on the West Coast, drawing visitors from across the nation. The AGA collaborates with Ashland & Medford Chambers of Commerce, Oregon Shakespeare Festival, Ashland Independent Film Festival, the Ashland B&B network, Art and Visitor Centers.

Statistics historically show that of those who attend our "A Taste of Ashland" event, approximately 30% visit Ashland from outside the valley, many of those attendees staying to shop, dine, attend theater, and/or stay in local lodging for the two-day event.

The Ashland Gallery Guide, with 12,000 copies widely distributed throughout the year, promotes Ashland as a rich visual arts destination. "A Taste of Ashland" Food and Beverage Guide promotes our regional wineries, local restaurants, galleries and sponsor businesses.

The AGA Marketing Coordinator promotes Ashland art events through a variety of outreaches, including monthly press releases, E-Newsletters, website calendar postings, and social media. AGA plans to continue our advertising trade partnerships with the OSF, Ashland Film Festival, Oregon Cabaret Theatre, Rogue Valley Symphony, Neuman Hotel Group, Camelot Theatre, and Britt Music Festival. The AGA's three websites contribute to increased awareness of Art events.

6) If you do not receive the full amount of your request, describe how your organization would use a smaller amount of funds. Be specific. (please limit to 500 words).

The AGA continues to face a financial shortage as a result of the Pandemic. Our annual sources of revenue are membership fees, grant funds, and our primary fundraiser "A Taste of Ashland." We review our budget annually and make every effort to minimize costs every year. Our paid support staff contribute considerable time for which they are not compensated. We are a volunteer driven organization with a strong board committed to maintaining a dynamic presence in our community, keeping in place visual arts opportunities for the public even during the Pandemic. The collective resiliency of the AGA Board and its members along with the support of City funding has allowed us to continue our mission. Our membership for 2020 was completed prior to Covid-19 impact but we continue to witness our artist and business members struggling. Consequently, AGA has had a reduction of 75% in membership revenue for 2021. Our primary fundraiser, "A Taste of Ashland," typically brings in \$10,500 profit annually. This year's festival was first delayed and then replaced by the virtual event last August. This alternative event allowed us to stay visible and connected to the public, promote our galleries and business partners, and salvage some income from ticket sales and expenses already incurred from the event. Last year there was no profit. Our ticket sales for 2020 was approximately 25% of 2019. We have modified our 2021/2022 budget to reflect projections of decreases in revenue. If our budget cannot be funded we will be forced to make some or all of the following modifications or discontinue these important resources.

-Ashland Gallery Guide Publication: The Ashland Gallery Guide is our primary marketing tool. This publication provides nationwide visibility for local artists and businesses significantly contributing to the success of Ashland's artists and galleries and to the reputation of the city as a recognized art community. Therefore, it is essential that we receive funding from the City to assist with remaining costs for Gallery Guide production after advertising revenues are collected. With current budget restrictions we are exploring reducing the size and production costs of the Guide while maintaining the integrity and value of this resource for the City and our members.

-AGA Websites Upgrades & Maintenance: Our primary website continues to need upgrades and maintenance. Without grant funding we will not have the funds to cover this expense.

-Marketing Program Coordinator: The AGA Marketing Coordinator is vital to the implementation of the AGA programs and is involved in all aspects of promotions, defraying costs through advertising trades. Our enhanced social media reach is depending upon funding for this position.

-A Taste of Ashland Event Coordinator, supplies, and promotion: The annual "A Taste of Ashland" fund raiser is a labor-intensive, 2-day event and possible because of the many hours of volunteer time supported by a paid Event Coordinator. The City's funding for this position is key to AGA's ability to host this popular event.

7) Please explain how you will measure success or desired outcomes, based on Section III, Grant Reporting, of the 2012 Economic Development, Cultural, Tourism, and Sustainability Grants policy. This policy is attached for your reference. (please limit to 500 words)

Objectives:

A primary objective of the AGA is to attract year-round visitors to Ashland by continuing to promote our city as an exciting visual arts destination. The AGA collaborates with Ashland & Medford Chambers of Commerce, Oregon Shakespeare Festival, Ashland Independent Film Festival, the Schneider Art Museum, the B&B network, and Visitor Centers in a united effort to bring visitors to Ashland, giving them an opportunity to explore all that Ashland offers. Even in these challenging times, with an updated website and increased social media presence, the AGA has broadened our reach, raising the awareness of Ashland as a West Coast vacation destination with many opportunities beyond the theatre.

Statistical data to measure desired outcomes:

- Tracking the number of people traveling to Ashland from over 50 miles to attend AGAs cultural events and staying in Ashland lodging. This information is gathered from PayPal ticket sales, event data collection, and surveys.
- 12,000 Gallery guides are published each year. Estimates of numbers in circulation each year are based on distribution and requests for restocking.
- Tracking the number of page visits to AGA's three websites through data received from our Website Technician.
- Expanded social media presence measured and tracked by the Marketing Coordinator.
- Measure increase in cultural events offered by the AGA through demographic surveys of participants' residence, gender, and age group.
- Monitoring attendance on First Friday, as evidenced by participating galleries visitor counts.
- Encourage past and prospective members to join the AGA. With improvement in the economy AGA hopes to increase membership through active recruitment.

Organization Board Member

(use additional sheets as necessary)

Name	Ann Di Salvo, Secretary/President
------	-----------------------------------

Name	Cheryl Kempner, Treasurer
------	---------------------------

Name	Jeanne LaRae Lagano, Artist Representative
------	--

Name	Elan Chardin, Howard Hanson Gallery
------	-------------------------------------

Name	Paige Gerhard, Marketing Coordinator
------	--------------------------------------

Name	Scott Malbaum, SOU Museum Director
------	------------------------------------

Name	Bonnie Morgan, Member at Large
------	--------------------------------

Name	
------	--

Name	
------	--

Name	
------	--

Name	
------	--

Name	
------	--

Name	
------	--

Customer Demographic Profile*

The primary goal of the grant award process is to allocate funds to organizations that are providing economic, tourism, cultural and/or sustainability programs, services or events that reach a demographically diverse customer base, both locally and from outside our region. The following questions are intended to provide guidance for the possible types of customer demographics that would help the grant review/award subcommittee understand the customer types that your application would likely reach.

Organization	Ashland Gallery Association
Program/Event Name	Promotion of small businesses and visual arts
For the Twelve Month Period of	July 1, 2021 -- June 30, 2022

I. Customer Age (percentage)

Youth 0 to 17 years	10	%
Adult 18 to 39 years	30	%
Adult 40 to 64 years	40	%
Adult 65 and over	20	%
Unknown	0	%
Total	100	%

II. Staff Residence (percentage)

Ashland	86	%
Rogue Valley	14	%
Other	0	%
Total	100	%

III. Customer Residence (percentage)

Ashland	40	%
Rogue Valley	20	%
Other (within 50 miles)	10	%
Other (greater than 50 miles)	30	%
Total	100	%

IV. Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event?

30 %

* if your organization tracks this data or other related data in other formats, please feel free to submit that format directly. This form is provided as a template and is not required to be completed in this format, but customer demographic information is an application submittal requirement

USING TOTALS FROM

PROPOSED BUDGET

July 2020-June 2021 (as of April 19,2021)

July 2021-June 2022

	Income	Expenses		Proposed INCOME	Proposed EXPENSES
OPEN STUDIOS	cancelled	300	OPEN STUDIOS	Wait & see	
TASTE	2,998	1,208	TASTE	10,000	11,000
MEMBERSHIP	5,900	00	MEMBERSHIP	10,000	00
GRANTS	19,050 Total 11,550 City Tourism 5,000 OCF 2,500 OR Covid-19	500	GRANTS	10,000	
ADVERTISING		Only trade ads	ADVERTISING		Only trade ads
GALLERY GUIDE		2,800	GALLERY GUIDE		17,000
PROFESSIONAL		4,569	PROFESSIONAL		5,000
Marketing Coordinator		3,700	Marketing Coordinator		4,800
WEBSITE		2,147	WEBSITE		2,000
1 st FRIDAY		555	1 st FRIDAY		200
PHONE		100	PHONE		100
PayPal		96	PayPal		300
MISCELLANEOUS Office, Dues, Insurance, Licenses, Postage		715	MISCELLANEOUS		800
Travel/mileage		127	TRAVEL		200
	TOTAL INCOME	TOTAL EXPENSES		Proposed Income	Proposed Expenses
	\$27,948	\$16,817		\$30,000	\$29,600

Typically: Taste of Ashland brings in \$20,000 and has expenses of \$11,000

Membership brings in \$20,000 and Gallery Guide has expenses of \$20,000

Signature Page


Thank you for your time and efforts in preparing this information for consideration by the Grants Committee.

By signing below you certify that:

You, the grantee, understand that you must comply with all federal, state, and local requirements applicable for the activities funded by this grant. Award of a grant by the City does not waive the grantee's obligation to obtain, at grantee's sole expense, all applicable permits that may be required for grantees program or project.

And, that a grant will be conditioned on submission or other approvals to the City of a Certificate of General Liability Insurance Per City Contract, naming the City of Ashland, its officers and employees as additional insured.

And, that you the undersigned have legal authority to submit the above information on behalf of the organization named below.



Signature

Cheryl Kempner

Name (print)

Treasurer

Title

Ashland Gallery Association

Organization

Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.**Open to Public Inspection**

A For the 2019 calendar year, or tax year beginning		, and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ASHLAND GALLERY ASSOCIATION		D Employer identification number [REDACTED]
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite [REDACTED]		E Telephone number [REDACTED]
	City or town State ZIP code [REDACTED]		F Group Exemption Number ▶
	Foreign country name Foreign province/state/county Foreign postal code		
	G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶		H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: ▶ www.ashlandgalleries.com			
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 59,434			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	33,978
	2 Program service revenue including government fees and contracts	2	19,736
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory 5a		
	b Less: cost or other basis and sales expenses 5b		
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c		0
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b		
c Less: direct expenses from gaming and fundraising events 6c			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d		0	
7a Gross sales of inventory, less returns and allowances 7a			
b Less: cost of goods sold 7b			
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c		0	
8 Other revenue (describe in Schedule O) 8		5,720	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9		59,434	
Expenses	10 Grants and similar amounts paid (list in Schedule O) 10		
	11 Benefits paid to or for members 11		
	12 Salaries, other compensation, and employee benefits 12		
	13 Professional fees and other payments to independent contractors 13		13,406
	14 Occupancy, rent, utilities, and maintenance 14		
	15 Printing, publications, postage, and shipping 15		188
	16 Other expenses (describe in Schedule O) 16		44,007
17 Total expenses. Add lines 10 through 16 ▶ 17		57,601	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9) 18		1,833
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19		29,353
	20 Other changes in net assets or fund balances (explain in Schedule O) 20		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21		31,186

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2019)

HTA

2021

Application for Tourism Grant

Organization	Mt. Ashland Association		
Mailing Address			
Contact Name	Michael Stringer	Phone	
Email			
Secondary Contact	Hiram Towle	Phone	
Email	htowle@mtashland.com		
Federal Tax ID		IRS Class (exemption)	Education

Grant Request	
Total Tourism Request (\$5000 minimum*)	\$ 15,000

*Requests that do not meet this minimum requirements will not be considered

- 1) Briefly describe the purpose and objectives of your organization and mission statement ***(please limit to 200 words)***.

Mt. Ashland is a community-focused ski area that is just up the road from the City of Ashland. The ski area is owned and operated by the non-profit Mt. Ashland Association, operating under a special use permit from the US Forest Service. The Association's mission is to provide and promote a healthy, quality experience in an alpine environment.

In the months of December through April, Mt. Ashland serves as a recreational and social hub of our community. It also serves as an economic engine, powering our community through the time of year when jobs are scarce and cultural opportunities like Oregon Shakespeare Festival plays are few. Finally, it serves as a tourist draw, bringing visitors from around the Pacific Northwest and beyond to experience the thrills of our exciting terrain with a charming small town just minutes away.

In the winter of 2020-21, the ski area had more than 24,000 tourist visits, bringing in more than \$7 million in economic activity to the City of Ashland, including purchases at hotels, restaurants, and shops as well as wages paid to Ashland residents.

2) Briefly describe how the City grant would be used ***(please limit to 500 words)***.

The Mt. Ashland Association requests grant funding from the City of Ashland's Tourism Grant program to support our Free Shuttle Bus system for the 2021-22 winter season. This program enriches our community and provides employment opportunities while enhancing Ashland's overall quality of life. Its impact reaches well beyond our local economy and ensures that a demographically diverse group of people from around our region and beyond positively contribute to the local Ashland economy.

The Free Shuttle will operate 47 days during the 2021-22 ski season. Two Mt. Ashland shuttle buses will provide free transportation every hour, on the hour on Saturdays, Sundays, and select holidays to and from the ski area. The service begins at 7am at Ashland Hills Hotel & Suites. The last shuttle leaves Mt. Ashland each operating day at 5pm. Offering free and frequent shuttle service is a tremendous boost to the City of Ashland and helps attract overnight visitors which contribute to our local economy in winter and early spring.

The shuttle service also reduces skiers' carbon footprint, offers a realistic transportation option to the mountain for low-income skiers and riders, and saves space in our parking lot for more guests on busy days when the parking lot fills to capacity.

During the 2019-20 ski season, Mt. Ashland gave more than 6,300 free rides to and from the ski area, a 14% increase over the previous season despite ending the service in early March due to the pandemic. This resulted in a net reduction of more than 53 tons of carbon dioxide emissions.

We also see many families coming up to the mountain on our shuttles to enjoy the views and snowy landscape. During Winter and Spring Break, we are open daily with free bus service. The free shuttle program is a great way to entice demographically diverse visitors from afar during the months of December through March.

- 3)

[illegible]

- I have reviewed the 2012 Economic Development, Cultural, Tourism, and Sustainability
4) Grants policy and understand the requirements associated with receiving tourism funding.
Please initial below that this statement is true.

MBS

- Per the list of eligible Tourism activities listed in the 2012 Economic Development,
5) Cultural, Tourism, and Sustainability Grants policy, explain how your activities qualify.
This policy is attached for your reference. **(please limit to 250 words)**

The proposed activities are proven to increase hotel/motel occupancy and restaurant/retail business in Ashland in the months of December through March, when occupancy rates are low compared to summer months. This diversification helps local businesses weather the winter months, keeping their staff gainfully employed. By strengthening ties with Ashland businesses, we can help attract dollars from outside the community that are circulated locally to the benefit of all residents.

Offering free transportation between the city of Ashland and Mt. Ashland is a great way to leverage the strengths of Ashland's tourism and repeat visitors. The service is popular with Ashland's traditional visitors, who often do not travel to Ashland in vehicles equipped to handle winter driving conditions. In fact, most such visitors expect a free public transportation option when visiting ski resorts.

The more services available to lower the threshold for tourists to visit Mt. Ashland supports our ability to offer more than 130 living-wage jobs during winter. This is an important way to support all of Ashland's local summer seasonal businesses who might otherwise lose their seasonal employees to other communities.

- 6) If you do not receive the full amount of your request, describe how your organization would use a smaller amount of funds. Be specific. **(please limit to 500 words).**

If the Mt. Ashland Association does not receive the full requested amount, we will be forced to use donations from our pool of donors that would ordinarily be directed to school program scholarships for low-income youth and other great programs we provide for our community.

- Please explain how you will measure success or desired outcomes, based on Section III, Grant Reporting, of the 2012 Economic Development, Cultural, Tourism, and Sustainability Grants policy. This policy is attached for your reference. **(please limit to 500 words)**

Mt. Ashland takes accurate reporting of the number of passengers riding on each bus trip. We also track the home zip code of our guests, so we have an accurate projection of the number of tourists who ride our free shuttle buses.

As usual, we are happy to report ridership that occurs as a result of offering the service. We measure success by how many people ride the bus each day that bus service is offered. We also measure success by how much carbon dioxide emissions are reduced. The more tourists who ride our bus means that less carbon is emitted into the atmosphere, which is a desired outcome of the program.

The more tourists who ride the bus also means that the City of Ashland can attract a group of tourists to our city who expect free shuttle bus service like at other tourist destinations.

Organization Board Member

(use additional sheets as necessary)

Name	Annette Batzer
------	----------------

Name	Curt Burrill
------	--------------

Name	Chris Cook
------	------------

Name	Robert Hague
------	--------------

Name	Anne Jenkins
------	--------------

Name	Erik Larsen
------	-------------

Name	Brad Niva
------	-----------

Name	Hank O'Dougherty
------	------------------

Name	Allen Purdy
------	-------------

Name	Adam Reiss
------	------------

Name	Mary Smelcer
------	--------------

Name	
------	--

Name	
------	--

Customer Demographic Profile*

The primary goal of the grant award process is to allocate funds to organizations that are providing economic, tourism, cultural and/or sustainability programs, services or events that reach a demographically diverse customer base, both locally and from outside our region. The following questions are intended to provide guidance for the possible types of customer demographics that would help the grant review/award subcommittee understand the customer types that your application would likely reach.

Organization	Mt. Ashland Association
Program/Event Name	Free Mt. Ashland Shuttle Bus
For the Twelve Month Period of	July 2021 through June 2022

1. Customer Age (percentage)

Youth 0 to 17 years	34	%
Adult 18 to 39 years	25	%
Adult 40 to 64 years	32	%
Adult 65 and over	8	%
Unknown	1	%
Total	100	%

II. Staff Residence (percentage)

Ashland	43	%
Rogue Valley	50	%
Other	7	%
Total	100	%

III. Customer Residence (percentage)

Ashland	30	%
Rogue Valley	31	%
Other (within 50 miles)	5	%
Other (greater than 50 miles)	23	%
Total	100	%

IV. Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event?

15 _____ %

* if your organization tracks this data or other related data in other formats, please feel free to submit that format directly. This form is provided as a template and is not required to be completed in this format, but customer demographic information is an application submittal requirement

Grants Program Budget*

Please use this form to identify costs associated with the program, activity or event that you are requesting funds for.

***This form is provided as a template to use. If your organization tracks grant related financials in a different reporting format, please submit in that format.**

Program/Event Name	Free Mt. Ashland Shuttle Bus
Project Period:	July 1, 2021 to June 30, 2022

REVENUE		
Source	Funding title	Amount
City of Ashland Grant Funds:	2021 Tourism Grant	\$ 15,000
Jackson County Funds/ Identify:		\$
State Funds/ Identify:		\$
Federal Funds/ Identify:		\$
Other funds/ Identify:	Share Winter Foundation	\$ 5,000
Other funds/ Identify:	Mt. Ashland's Donors & Sponsors	\$ 8,445
Other funds/ Identify:		\$
TOTAL REVENUE		\$ 28,445

EXPENDITURES		
Personal Services		
Total Salaries:	% of Time to Project/Event:	Salaries specific to Project/Event:
\$ 17,460	100 %	\$ 17,460
Total Benefits:	% of Time to Project/Event:	Benefits specific to Project/Event:
\$ 0	%	\$
Total Project/Event-Specific Personal Services		\$ 17,460
Materials & Services		
Diesel Fuel		\$ 7,275
Maintenance		\$ 2,474
Contingencies		\$ 1,237
		\$
Total Project/Event Specific Materials & Services		\$ 10,985
TOTAL EXPENDITURES		\$ 28,445

Signature Page

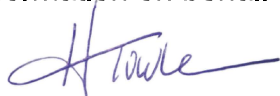
Thank you for your time and efforts in preparing this information for consideration by the Grants Committee.

By signing below you certify that:

You, the grantee, understand that you must comply with all federal, state, and local requirements applicable for the activities funded by this grant. Award of a grant by the City does not waive the grantee's obligation to obtain, at grantee's sole expense, all applicable permits that may be required for grantees program or project.

And, that a grant will be conditioned on submission or other approvals to the City of a Certificate of General Liability Insurance Per City Contract, naming the City of Ashland, its officers and employees as additional insured.

And, that you the undersigned have legal authority to submit the above information on behalf of the organization named below.



Signature

Hiram Towle

Name (print)

General Manager

Title

Mt. Ashland Ski Area

Organization

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019**Open to Public
Inspection****A** For the 2019 calendar year, or tax year beginning 7/01, 2019, and ending 6/30, 2020**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C MT. ASHLAND ASSOCIATION**D** Employer identification number**E** Telephone number**G** Gross receipts \$ 3,172,816.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.MTASHLAND.COM**H(c)** Group exemption number ▶**K** Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other ▶ **L** Year of formation: 1992 **M** State of legal domicile: OR**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE MISSION OF THE MT. ASHLAND ASSOCIATION IS TO PROVIDE AND PROMOTE A HEALTHY QUALITY EXPERIENCE IN AN ALPINE ENVIRONMENT WHILE REMAINING A VALUED COMMUNITY RESOURCE THAT PROVIDES RECREATIONAL, EDUCATIONAL, AND ECONOMIC OPPORTUNITIES FOR FUTURE GENERATIONS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	292
	6	Total number of volunteers (estimate if necessary)	6	60
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	308,333.	288,595.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,076,382.	2,223,175.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,396.	20,904.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	518,444.	342,526.
			2,907,555.	2,875,200.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,456,833.	1,465,255.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 118,922.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,102,262.	1,191,672.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,559,095.	2,656,927.
	19	Revenue less expenses. Subtract line 18 from line 12	348,460.	218,273.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	4,646,185.	4,932,010.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,310,162.	1,377,714.
		3,336,023.	3,554,296.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	ANNETTE BATZER	PRESIDENT			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	RICHARD W. BREWSTER, CPA	RICHARD W. BREWSTER, CPA			
	Firm's name	RICHARD W. BREWSTER, CPA, PC			Firm's EIN
	Firm's address				Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
2 CUPANIA CIRCLE
MONTEREY PARK, CA 91755-7406

DEPARTMENT OF THE TREASURY

Date: DEC 20 1996

MT ASHLAND ASSOCIATION
[REDACTED]

Employer Identification Number:
[REDACTED]

Case Number:
[REDACTED]

Contact Person:

EO CUSTOMER SERVICE

Contact Telephone Number:
[REDACTED]

Our Letter Dated:

September 30, 1993

Addendum Applies:

No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

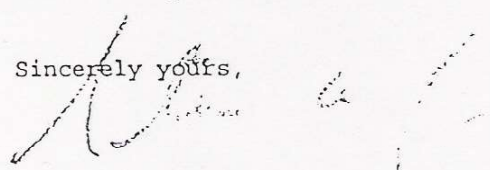
Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,


Steven A. Jensen
District Director

Letter 1050 (DO/CG)

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
2 CUPANIA CIRCLE
MONTEREY PARK, CA 91755

DEPARTMENT OF THE TREASURY

Date: **SEP 30 1993**

MT ASHLAND ASSOCIATION
[REDACTED]

Employer Identification Number:
[REDACTED]

Case Number:
[REDACTED]

Contact Person:

JACK HAWN

Contact Telephone Number:
[REDACTED]

Accounting Period Ending:

June 30

Foundation Status Classification:

509(a)(2)

Advance Ruling Period Begins:

April 30, 1992

Advance Ruling Period Ends:

June 30, 1996

Addendum Applies:

No

*1996
yes
not a private F.
D.*

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in section 509(a)(2).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we

Letter 1045 (DO/CG)

MT ASHLAND ASSOCIATION

will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1984, you are liable for social securities taxes under the Federal Insurance Contributions Act on amounts of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Internal Revenue Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

Contributions to you are deductible by donors beginning April 30, 1992.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally \$25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If you are required to file a return you must file it by the 15th day of

Letter 1045 (DO/CG)

MT ASHLAND ASSOCIATION

the fifth month after the end of your annual accounting period. We charge a penalty of \$10 a day when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty we charge cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. We may also charge this penalty if a return is not complete. So, please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

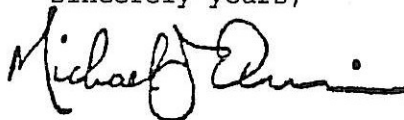
This determination is based on evidence that your funds are dedicated to the purposes listed in section 501(c)(3) of the Code. To assure your continued exemption, you should keep records to show that funds are spent only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), you must have evidence that the funds will remain dedicated to the required purposes and that the recipient will use the funds for those purposes.

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



Michael J. Quinn
District Director

Enclosure(s) :
Form 872-C

Letter 1045 (DO/CG)

Form **872-C**

(Revised 9-90)

Department of the Treasury
Internal Revenue Service**Consent Fixing Period of Limitation Upon
Assessment of Tax Under Section 4940 of the
Internal Revenue Code**

(See instructions on reverse side.)

OMB No. 1545-0056

To be used with Form
1023. Submit in
duplicate.

Under section 6501(c)(4) of the Internal Revenue Code, and as part of a request filed with Form 1023 that the organization named below be treated as a publicly supported organization under section 170(b)(1)(A)(vi) or section 509(a)(2) during an advance ruling period,

Mt. Ashland Association

(Exact legal name of organization as shown in organizing document)



(Number, street, city or town, state, and ZIP code)

} and the District Director of
Internal Revenue, or
Assistant Commissioner
(Employee Plans and
Exempt Organizations)

Consent and agree that the period for assessing tax (imposed under section 4940 of the Code) for any of the 5 tax years in the advance ruling period will extend 8 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

Ending date of first tax year June 30, 1992
(Month, day, and year)

Name of organization (as shown in organizing document)

MT. ASHLAND ASSOCIATION

Date

9/16/93

Officer or trustee having authority to sign

Signature ▶

For IRS use only

District Director or Assistant Commissioner (Employee Plans and Exempt Organizations)

Date

9/28/93

By ▶

For Paperwork Reduction Act Notice, see page 1 of the Form 1023 Instructions.

2021

Application for Tourism Grant

Organization	ScienceWorks Hands-On Museum		
Mailing Address	[REDACTED]		
Contact Name	Erin Endress	Phone	[REDACTED]
Email	[REDACTED]		
Secondary Contact	Aaron Moffatt	Phone	[REDACTED]
Email	[REDACTED]		
Federal Tax ID		IRS Class (exemption)	

Grant Request

Total Tourism Request (\$5000 minimum*)	\$ 27,383
---	-----------

*Requests that do not meet this minimum requirements will not be considered

- 1) Briefly describe the purpose and objectives of your organization and mission statement *(please limit to 200 words)*.

ScienceWorks Hands-On Museum is Southern Oregon's regional science center. For nearly 20 years, we have successfully fulfilled our mission to be a champion of science, inspiring curiosity, wonder, and exploration through engaging and interactive experiences.

ScienceWorks serves local residents, tourists, and students and teachers at schools in nine counties in Southern Oregon and Northern California. We are the only regional science center located between Eugene to the north and Redding to the south - a 3-hour drive in either direction.

In a normal year, approximately 50,000 individuals of all ages from across the U.S. and internationally visit ScienceWorks. Since opening in 2002, ScienceWorks has served nearly one million visitors and 100,000 K-12 students. We are committed to sharing and leveraging resources through collaborations with other community organizations.

2) Briefly describe how the City grant would be used *(please limit to 500 words)*.

The City grant would be used to attract more tourists to Ashland by designing and producing an advertising campaign targeted to residents outside of a 50-mile radius of ScienceWorks in our 9-county service area, to include:

- Rosebud Media - print and digital ads
- Marketing staff labor
- Certified folder (for travel centers)
- Printing costs for rack cards, flyers

- 3) If your grant request is for date specific events, programs or activities, please complete the following table (use additional pages as necessary):

[illegible]

I have reviewed the 2012 Economic Development, Cultural, Tourism, and Sustainability
4) Grants policy and understand the requirements associated with receiving tourism funding.
Please initial below that this statement is true.

ee

Per the list of eligible Tourism activities listed in the 2012 Economic Development,
5) Cultural, Tourism, and Sustainability Grants policy, explain how your activities qualify.
This policy is attached for your reference. **(please limit to 250 words)**

ScienceWorks has established itself as one of the top tourist attractions in Ashland and is featured on the Top 10 Lists of Things to Do in Ashland on TripAdvisor. In a normal year, ScienceWorks visitors undoubtedly have a positive impact on hotel/motel occupancy, restaurant, and retail sales in Ashland. Our demographic tracking shows that ScienceWorks attracts a different, and younger, tourist audience than does OSF. ScienceWorks' visitors are typically families (adults aged 35-44 with elementary school-aged children) who make day-trips to Ashland from towns both north and south on the I-5 corridor. In 2019, approximately 25% of our visitors, over 14,000 people, resided more than 50 miles from Ashland, 45% of visitors were ages 0-17, and 32% of visitors were ages 18-39. The average tourist group size of 2 adults and 2 kids spends 2 hours at the Museum.

Because ScienceWorks is open year-round, this benefit extends through the October-April months when Ashland historically has fewer tourists. In particular, ScienceWorks' attendance is strong during the holiday season months of November and December.

- 6) If you do not receive the full amount of your request, describe how your organization would use a smaller amount of funds. Be specific. **(please limit to 500 words).**

If we do not receive the full amount requested, we will focus more heavily on digital advertising as opposed to higher-priced print advertising.

- 7) Please explain how you will measure success or desired outcomes, based on Section III, Grant Reporting, of the 2012 Economic Development, Cultural, Tourism, and Sustainability Grants policy. This policy is attached for your reference. **(please limit to 500 words)**

Success will be measured by the development and roll-out of the advertising campaign, and by tracking the number of visitors to ScienceWorks Hands-On Museum during the grant period who reside beyond a 50-mile radius of the museum.

Organization Board Member

(use additional sheets as necessary)

Name	Aaron Moffatt
------	---------------

Name	Krynn Lukacs, PhD.
------	--------------------

Name	Shel Silverberg
------	-----------------

Name	Mike Mayerle
------	--------------

Name	Candy Hoppe
------	-------------

Name	Anna Dunlap
------	-------------

Name	Shannon Downey
------	----------------

Name	Shane Sevcik
------	--------------

Name	Scott Lewis
------	-------------

Name	
------	--

Name	
------	--

Name	
------	--

Name	
------	--

Customer Demographic Profile*

The primary goal of the grant award process is to allocate funds to organizations that are providing economic, tourism, cultural and/or sustainability programs, services or events that reach a demographically diverse customer base, both locally and from outside our region. The following questions are intended to provide guidance for the possible types of customer demographics that would help the grant review/award subcommittee understand the customer types that your application would likely reach.

Organization	ScienceWorks Hands-On Museum
Program/Event Name	ScienceWorks Hands-On Museum
For the Twelve Month Period of	1/1/2019 - 12/31/2019

I. Customer Age (percentage)

Youth 0 to 17 years	45	%
Adult 18 to 39 years	32	%
Adult 40 to 64 years	16	%
Adult 65 and over	7	%
Unknown		%
Total	100	%

II. Staff Residence (percentage)

Ashland	67	%
Rogue Valley	29	%
Other	4	%
Total	100	%

III. Customer Residence (percentage)

Ashland	25	%
Rogue Valley	20	%
Other (within 50 miles)	30	%
Other (greater than 50 miles)	25	%
Total	100	%

IV. Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event?

10 %

* if your organization tracks this data or other related data in other formats, please feel free to submit that format directly. This form is provided as a template and is not required to be completed in this format, but customer demographic information is an application submittal requirement

Grants Program Budget*

Please use this form to identify costs associated with the program, activity or event that you are requesting funds for.

***This form is provided as a template to use. If your organization tracks grant related financials in a different reporting format, please submit in that format.**

Program/Event Name	ScienceWorks Hands-On Museum
Project Period:	July 1, 2021 to June 30, 2022

REVENUE		
Source	Funding title	Amount
City of Ashland Grant Funds:	Tourism	\$ 27,383
Jackson County Funds/ Identify:		\$
State Funds/ Identify:		\$
Federal Funds/ Identify:		\$
Other funds/ Identify:		\$
Other funds/ Identify:		\$
Other funds/ Identify:		\$
TOTAL REVENUE		\$ 27,383

EXPENDITURES		
Personal Services		
Total Salaries:	% of Time to Project/Event:	Salaries specific to Project/Event:
\$ 41,600	10 %	\$ 4,160
Total Benefits:	% of Time to Project/Event:	Benefits specific to Project/Event:
\$ 6230	10 %	\$ 623
Total Project/Event-Specific Personal Services		\$ 4,783
Materials & Services		
Print and digital materials production and ad placements		\$ 22,600
		\$
		\$
		\$
Total Project/Event Specific Materials & Services		\$ 22,600
TOTAL EXPENDITURES		\$ 27,383

Signature Page

Thank you for your time and efforts in preparing this information for consideration by the Grants Committee.

By signing below you certify that:

You, the grantee, understand that you must comply with all federal, state, and local requirements applicable for the activities funded by this grant. Award of a grant by the City does not waive the grantee's obligation to obtain, at grantee's sole expense, all applicable permits that may be required for grantees program or project.

And, that a grant will be conditioned on submission or other approvals to the City of a Certificate of General Liability Insurance Per City Contract, naming the City of Ashland, its officers and employees as additional insured.

And, that you the undersigned have legal authority to submit the above information on behalf of the organization named below.



Signature

Erin M. Endress

Name (print)

Interim Executive Director

Title

ScienceWorks Hands-On Museum

Organization

(Rev. January 2020)

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)▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019**Open to Public
Inspection****A** For the 2019 calendar year, or tax year beginning , 2019, and ending ,**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C SCIENCEWORKS HANDS-ON MUSEUM**D** Employer identification number**E** Telephone number**G** Gross receipts \$ 1,138,297.**F** Name and address of principal officer:

SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes ☐ No ☒**H(b)** Are all subordinates included? Yes ☐ No ☐
If "No," attach a list. (see instructions)**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.SCIENCEWORKSMUSEUM.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 2001 **M** State of legal domicile: OR**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SCIENCE CENTER WITH HANDS-ON EXHIBITS, EDUCATIONAL PROGRAMS FOR STUDENTS AND TEACHERS, AND PUBLIC PROGRAMS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	49
	6	Total number of volunteers (estimate if necessary)	6	300
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	680.
7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	407,729.	422,545.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	635,186.	715,526.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	376.	226.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,179.	1,138,297.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,050,470.	1,138,297.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	615,338.	756,401.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 103,562.		
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	496,072.	530,543.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,111,410.	1,286,944.
	19	Revenue less expenses. Subtract line 18 from line 12	-60,940.	-148,647.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	1,611,721.	1,657,675.	
22	Net assets or fund balances. Subtract line 21 from line 20	206,725.	401,326.	
		1,404,996.	1,256,349.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	DANIEL W. RUBY Type or print name and title		EXECUTIVE DIR.	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	RICHARD W. BREWSTER, CPA	RICHARD W. BREWSTER, CPA		
	Firm's name ▶ RICHARD W. BREWSTER, CPA, PC			
	Firm's address ▶	Firm's EIN ▶		
			Phone no.	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 01/21/20

Form 990 (2019)

2021
Application for Tourism Grants



presents

The Secret
Storyworld
Change the Story. Change the World

A community building project that "Writes the World" by encouraging reading, writing and collaborating.

Organization	Art Now		
Mailing Address	[REDACTED]		
Contact Name	Cynthia Salbato	Phone	[REDACTED]
Email	[REDACTED]		
Secondary Contact	Jane Almquist	Phone	[REDACTED]
Email	[REDACTED]		
Federal Tax ID	[REDACTED]	IRS Class (exemption)	501c3
Grant Request	Total Tourism Request: \$5,000.00		

Briefly describe the purpose and objectives of your organization and mission statement (please limit to 200 words).

ArtNow's Secret Storyworld is a community-based storytelling game of art installations, events and DIY creativity kits that bring our best stories to life.

WE BELIEVE that the stories we tell shape our lives. And that even more powerfully the stories we tell together as a community shape our world. The Secret Storyworld helps kids and families tell a better story to live a better life to create a better world.

WE PROVIDE a yearlong story landscape of monthly art installations, storygames and events. These experiences give children and families the creative tools to explore their lives and their world and use their imagination – rather than willpower – to build empowered habits for creativity, mindfulness, problem solving, relationship building, health and more.

2) Briefly describe how the City grant would be used (please limit to 500 words).

We seek partial funding for The Secret Storyworld Map, a printed and digital guide that bridges the special places and landmarks of Ashland with the 12 imagined realms of our Secret Storyworld. This illustrated map created in collaboration with Ashland digital artist Xan Drake and programmer Matthew Beers PhD can be used as an analog printed map to send citizens and visitors out into our community to engage in games of personal and community discovery. It can also be used interactively on phones and tablets to lead storytellers on guided quests for greater health, wealth, creativity and community.

THE MAP An artistic map of Ashland will be layered with the imagined 12 realms of the Storyworld, making it possible to bridge the fantastical world of the imagination with the world of everyday life.

This Map leads to places, characters and monthly events. These events include:

- July's Superhero Bootcamp
- August's Campfire Forest Sleep under the Stars
- September's Mythic Muse Marketplace
- October's Monster Ball
- November's Treasure Bazaar
- December's Gnomecoming

- January's Time Traveler's NY Ball
- February's Lunar NY Power Pet Procession
- March's Wizard School
- April's Night at the Mystery Museum
- May's Fairy Tale Theater Premiere
- June's Fairy Godmother Traveling Tea Party

THE STORIES The 12 Storyworld realms and their story writing games combine story genres and social skills: Children and families write the stories and then collaborate to bring them into the community. Currently a group of our Secret Book Club members ages 8-12 are designing and installing an illustrated mystery throughout downtown Ashland and Lithia Park with characters they created as part of our Mystery Mindfulness game.

We currently provide custom story writing software, monthly journals and weekly virtual meetings that guide storytellers through these monthly games. The Storyworld Map will help us safely bridge the virtual Storyworld with our community. The map with its many filters provides a guide to the monthly, weekly and daily family-friendly games, crafts and activities. This gameplay helps busy families find adventure, creating stronger, happier kids and more present and connected adults.

Each realm and game correspond to special places and landmarks in Ashland. The tallest building i.e., Ashland Springs Hotel is the location for our Time Travel Goal Setting Game. Oregon Shakespeare Festival is the location of our Fairy Tale Theater Happiness Game. Ashland YMCA is the locale of our Superhero Fitness Game. Embedded in our daily lives, these games guide us to fully engage and interact as our best selves in our community.

THE UNDERLYING EXPERIMENT: A new more positive imagined reality anchored in our community. We humans have the special ability to unite millions of strangers around common myths: ideas like nationality, human rights, gods, laws, capitalism, etc. These ideas exist in our imaginations, yet they bind us together and motivate us to cooperate on complex tasks. These small games use story to unite our community to make positive change.

The Secret Storyworld Map helps us demonstrate that storytelling game play can change lives for the better and make Ashland Oregon's storytelling capital.

3) If your grant request is for date specific events, programs or activities, please complete the following table

July, we activate our super fitness powers at the Superhero Bootcamp storygame with the Ashland Y as our story landscape. Social skill: Fitness	June 30	July 29
August, we fill our bucket with outdoor adventure in the Campfire Forest with Ashland Parks as our story landscape. Social skill: Rest and Recreation	July 31	August 29
September, we take to the Seas of Creativity with TreeHouse Books to bring children's creative projects and businesses to the Marketplace in our Mythic Muse Marketplace storygame. Social skill: Project management and DIY	August 31	September 29
In October we work with the Ashland Schools Foundation to tame our Monsters (Fear, Angry, Shame, Jealous and Procrastination) and get them to the Monster Ball . Social skill: Problem solving	September 30	October 29
November, we team with the Ashland Food Coop to express gratitude and giving with our financial literacy Treasure Bazaar storygame. Social skill: Gratitude	October 31	November 29
In December, Gnomes find their way to Ashland homes and businesses to make Ashland the happiest Gnome for the Holidays . Social skill: Community Service	November 30	December 29
January, we time travel into the past and the future to welcome 2022 in the Time Travel Hotel Storygame. Ashland Springs Hotel is our story landscape. Social skill: Goal setting	December 31	January 29
February is a month of loving kindness actions in our downtown Power Pet Care of Creatures storygame. Social skill: Kindness	January 31	February 29
In March we go to Wizard School at Treehouse Books to activate our powers of reading, writing and creating. Social skill: Inspirational practices	February 29	March 29
April, we solve a mystery in the Mystery Museum at Science Works. Social skill: Mindfulness and Critical thinking	March 31	April 29
In May we learn the Happily Ever After Actions at the Fairy Tale Theater at OSF. Social skill: Positive Psychology	April 30	May 29
June, we cultivate love and friendship at the Fairy Godmothers Traveling Tea party with Ashland Parks as our story landscape. Social skill: Interpersonal skills	May 30	June 29

Explain how your activities support Tourism. (238 of 250 words)

The Secret Storyworld Map guides Ashland citizens and visitors on safe expeditions throughout our town's landmarks and businesses. This iteration of our community project builds on our earlier success of designing downtown events that weave Ashland businesses together along a common storyline such as Wizard School, Pirate Treasure Hunts, Fairy Tea Parties, Monster Balls.

This Map helps us complete the transformation of our in-person events reimagined to accommodate social distancing. The Storyworld Map will help us engage our community in rich community events and interactivity. Our programs serve thousands of Rogue Valley residents and visitors annually and provide collaborative support to our fellow Ashland businesses and service providers. We gauge our success by the exponential growth of our annual events and that TreeHouse Books is a return destination for Ashland visitors.

Visitors will enter our bookstore and take a printed map or use their phone to follow the map to Wizard School, Superhero Bootcamp, Mystery Museum, Fairytale Theater, all located in and around Ashland landmarks like Lithia Park, OSF, Science Works, Ashland Springs Hotel, SOU and more.

Our Storyworld casts every citizen and visitor in the role of hero. They are welcomed and given fun tasks to complete and clues to solve to find their way through town. They become a superhero, an aspiring wizard student, a secret agent on a quest. They will meet with allies and helpers along their path, all coded into our interactive map.

If you do not receive the full amount of your request, how will your organization use a smaller amount of funds. Be specific. (146 of 500 words).

Our board and partners, specifically Matthew Beers, volunteer much of our time and talents to this project. Limited funding will not halt our project or progress, just slow it. Each year The Secret Storyworld grows more robust and encompasses more and more groups and individuals. We will continue along our path with a modified plan, employing fewer professionals and collaborating with fewer businesses. Which only means it will take us a little longer to achieve our ultimate outcomes.

The Secret Storyworld Map will be simplified and move through production at a slower pace, likely completed in time for December's Gnome for the Holiday rather than July's Superhero Bootcamp. In addition, we will commit to a few cornerstone events at this time.

What this grant brings to our project is validation from our city government, which eases the path to greater participation from our businesses and citizens.



Organization Board Member Information Reporting Sheet

(use additional sheets as necessary)

Name	Cynthia Salbato	Phone	
Address			
Occupation		Title	President
Term of office	From: 2020	To: 2022	
Name	Laura Knapp	Phone	
Address			
Occupation		Title	Treasurer
Term of office	From: 2020	To: 2022	
Name	Jane Almquist	Phone	
Address			
Occupation		Title	Secretary
Term of office	From: 2020	To: 2022	
Name	Suzanne Mathis McQueen	Phone	
Address			
Occupation		Title	Director
Term of office	From: 2016	To:	
Name	Christina Begley	Phone	
Address			
Occupation		Title	Director
Term of office	From: 2021	To:	

Customer Demographic Profile*

The primary goal of the grant award process is to allocate funds to organizations that are providing economic, tourism, cultural and/or sustainability programs, services or events that reach a demographically diverse customer base, both locally and from outside our region. The following questions are intended to provide guidance for the possible types of customer demographics that would help the grant review/award subcommittee understand the customer types that your application would likely reach.

Organization	Art Now
Program/Event Name	The Secret Storyworld
For the Twelve Month Period of	July 2021-June 2022

1. Customer Age (percentage)

Youth 0 to 17 years	40%
Adult 18 to 39 years	30%
Adult 40 to 64 years	20%
Adult 65 and over	5%
Unknown	5%
Total	100 %

II. Staff Residence (percentage)

Ashland	100%
Rogue Valley	0%
Other	0 %
Total	100%

III. Customer Residence (percentage)

Ashland	50%
Rogue Valley	25%
Other (within 50 miles)	15%
Other (greater than 50 miles)	10%
Total	100 %

IV. Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event?

_____ 5 %

note: This 5% is tiny but it is still a very big deal for us. We now have customers who come at special times and visit our store and participate in our events over consecutive days. It tends to correlate with birthdays and special occasions, but it is happening more and more frequently. We aspire to build on our success.

Grants Program Budget*

Please use this form to identify costs associated with the program, activity or event that you are requesting funds for.

Program/Event Name	Art Now The Secret Storyworld
Project Period:	July 1, 2021 to June 30, 2022

REVENUE		
Source	Funding title	Amount
City of Ashland Grant Funds:		\$5,000.00
Jackson County Funds/ Identify:		\$
State Funds/ Identify:		\$
Federal Funds/ Identify:		\$
Other funds/ Identify:	Event Production	\$2,000.00
Other funds/ Identify:	Weekly classes	\$2,500.00
Other funds/ Identify:	DIY storyGame Kits at Treehouse	\$1,200.00
TOTAL REVENUE		\$ 10,700.00

EXPENDITURES		
Personal Services		
Total Salaries:	% of Time to Project/Event:	Salaries specific to Project/Event:
\$0.00	%	\$ 0.00
Total Benefits:	% of Time to Project/Event:	Benefits specific to Project/Event:
\$0	%	\$ 0.00
Total Project/Event-Specific Personal Services		\$ 0.00
Materials & Services		
Map Design and Production		\$ 3,500.00
Software Interface		\$ 1,200.00
Event Production		\$ 2,400.00
		\$
Total Project/Event Specific Materials & Services		\$ 7,100.00
TOTAL EXPENDITURES		\$ 7,100.00

Please explain how you will measure success or desired outcomes. (248 of 250 words)

PERFORMANCE MEASURES

Engagement with families and visitors is at the core of our storygames activities and events. The Secret Storyworld Map moves our events and game play out into the open spaces of our town, allowing families and visitors to safely engage with our community. In our quest to create and sustain innovative safe tourism related events, we will measure our success in the following ways:

We will track Secret Storyworld Map distribution. Currently, our first iteration of an Ashland map-- the Map to Gnome and its corresponding treasure hunts-- is requested on an almost daily basis from visitors and citizens alike.

Business and school evaluation forms will be distributed to participating partners, which will then be distilled into ongoing reports. These reports will track statistical summary of:

Online activity, specifically who is playing our games, the views of our videos stimulated by QR codes, stories and games generated.

Recap of each storygame events, including attendance and testimonials.

In 2020 we successfully pivoted from in person events and activities to social distancing activities and QR codes for our annual events including Wizards, Mythic Muse Pirate and Monster Ball while retaining our partnerships with most participating businesses (we experienced a slight dip: 16-18 businesses participated in our 2020 events, down from 2019's 18-22 businesses.)

Our mobile Storyworld Map will allow us to collaborate better with more businesses and landmarks throughout all of Ashland. The interactive Map can be an important organizing hub for both community engagement and business collaboration.

Signature Page

Thank you for your time and efforts in preparing this information for consideration by the Grants Committee.

By signing below, you certify that:

You, the grantee, understand that you must comply with all federal, state, and local requirements applicable for the activities funded by this grant. Award of a grant by the City does not waive the grantee's obligation to obtain, at grantee's sole expense, all applicable permits that may be required for grantees program or project.

And, that a grant will be conditioned on submission or other approvals to the City of a Certificate of General Liability Insurance Per City Contract, naming the City of Ashland, its officers and employees as additional insured.

And, that you the undersigned have legal authority to submit the above information on behalf of the organization named below.

Signature *Cynthia Salbato*

Name (print): Cynthia Salbato Date: 4/28/2021

Title: President

Organization: Art Now

Form 990-N

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2019

Open to Public Inspection

A For the 2019 Calendar year, or tax year beginning 2019-08-01 and ending 2020-07-31

B Check if available

☐ Terminated for Business

☒ Gross receipts are normally \$50,000 or less

C Name of Organization: ARTNOW

D Employee Identification

Number

E Website:

Art Now

F Name of Principal Officer: Cynthia L. Salbato

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

2021

Application for Tourism Grant

Organization	Klamath Bird Observatory		
Mailing Address	[REDACTED]		
Contact Name	Debra Agnew	Phone	[REDACTED]
Email	[REDACTED]		
Secondary Contact	John Alexander	Phone	[REDACTED]
Email	[REDACTED]		
Federal Tax ID	[REDACTED]	IRS Class (exemption)	501(c)(3)

Grant Request	
Total Tourism Request (\$5000 minimum*)	\$ 30,000

*Requests that do not meet this minimum requirements will not be considered

- 1) Briefly describe the purpose and objectives of your organization and mission statement
(please limit to 200 words).

MISSION STATEMENT: The Klamath Bird Observatory advances bird and habitat conservation through science, education, and partnerships.

Klamath Bird Observatory is an Ashland-based scientific non-profit organization that achieves bird conservation in the Pacific Northwest and throughout the Western Hemisphere. We developed our award-winning conservation model in the beautiful and wildlife-rich Klamath-Siskiyou Bioregion of southern Oregon and northern California. We now apply this model more broadly to care for our shared birds throughout their international migratory ranges. Emphasizing high-caliber science and the role of birds as indicators of the health of the land, we specialize in cost-effective bird monitoring and research projects that improve natural resource management.

Also, recognizing that conservation occurs across many fronts, we nurture a conservation ethic in our local, regional, and international communities through our outreach and educational programs. Our education programs have a demonstrated track record of attracting out-of-town tourists to travel to Ashland in pursuit of bird watching and other outdoor recreational hobbies.

2) Briefly describe how the City grant would be used **(please limit to 500 words)**.

This year, KBO's Community Education program goals emphasize adapting the program in response to the changing needs of our communities. We anticipate that Covid-19 guidelines and best practices for social activities will evolve over the course of this funding cycle. We are equipped to offer both virtual and in-person activities that are designed to draw tourists to Ashland, or to stimulate interest in visiting Ashland and staying overnight at a time when it is safest to do so.

Last year, we used City of Ashland funds to develop new strategies for engaging people in our Community Education program who live more than 50 miles away from Ashland. For the 2021-22 funding cycle, we plan to continue and ramp-up these efforts by continuing to design virtual presentations that feature Ashland birds, bird watching destinations, and local businesses to stimulate interest in visiting Ashland and staying overnight. We have been strategically marketing our virtual presentations to a wider geography through social media and online platforms and intend to extend our marketing efforts by establishing collaborations with communities throughout Oregon, Washington, California, Canada and Mexico that will share our virtual and in-person event announcements through their communication channels.

A few examples of our Community Education events include tabling First Friday events at art galleries, where visitors can "ask a scientist" and learn about bird science and conservation from experts in a relaxed and inspirational atmosphere; Talk & Walks that focus on urban birding, and both local "resident" and migratory birds; and relaxed Pub Talks presented in partnership with Ashland businesses and organizations. In addition, we intend to hold our Wings and Wine gala in 2021 and 2022, or will plan smaller, upscale events as an alternative. Events where the public can interact with our scientists are highly popular and are most likely to occur between October and April.

KBO has produced a series of handouts that are of interest to tourists. These brief and informative guides and tip sheets cover a variety of bird and habitat conservation issues. This funding cycle we plan to re-print these handouts, and create new materials that list Ashland hotels, restaurants, and other attractions where visitors can readily observe birds. We plan to distribute these materials through the Ashland Chamber of Commerce, local Audubon chapters, and other venues where tourists might seek information about where to go and what to do in Ashland.

Ashland tourists and residents will also be invited to contribute to KBO science through our Community Science opportunities. We are designing safe, fun, friendly, interactive, and novel opportunities for Ashland's progressive tourist base and the local community to contribute to the body of knowledge that informs more sustainable decision making. We will now do this through a mix of virtual platforms and place-based projects, such as backyard bird count events, and more traditional collaborative field-based studies that follow social-distancing and face-covering protocols. These community-driven investigations engage the public with the natural world and help to connect all of us with each other and our birds.

- 3)

[illegible]

- I have reviewed the 2012 Economic Development, Cultural, Tourism, and Sustainability Grants policy and understand the requirements associated with receiving tourism funding.
Please initial below that this statement is true.

DLA

- Per the list of eligible Tourism activities listed in the 2012 Economic Development, Cultural, Tourism, and Sustainability Grants policy, explain how your activities qualify.
This policy is attached for your reference. **(please limit to 250 words)**

We plan to use funds from the City of Ashland to support our continued and adaptive development of a low-impact, revenue-generating, and educationally enriching tourist sector -- Conservation Birding. City of Ashland Grant funds directly support our efforts as the primary organization in Ashland to grow this unique tourist sector. Conservation Birding targets visitors who are interested in bird watching and will travel to our ecologically unique area to enjoy the beauty and diversity of our bird life. Birdwatchers spend \$36 billion annually in pursuit of their hobby. In doing so, they enrich the economies of the bird-friendly places they visit. As households and communities recover from the impacts of COVID-19, and our state moves through re-opening phases, even more birdwatchers will travel here in pursuit of their hobby.

In 2019, our Community Education events resulted in more than 30 overnight stays representing >\$5,000 in revenues. Several local businesses and artists participated in our events, earning >\$5,000. Our Talks and Walks events attracted 106 participants, including 6 households who traveled from out of town to participate. 147 participants attended our Wings and Wine Gala, including 24 out of town participants. We estimate that our 2019 programs resulted in more than 30 overnight stays and more than \$5,000 in revenues for our community. In 2020-21, through collaborative marketing, digital outreach, and frequent virtual Community Education events, we will engage a geographically larger audience of birders and focus on increasing these historical trends.

- 6) If you do not receive the full amount of your request, describe how your organization would use a smaller amount of funds. Be specific. **(please limit to 500 words).**

If we receive less than the full amount of our request, as in past years, we will be limited in our ability to implement new innovations, such as post-event economic analyses, expanded marketing, and staff time dedicated to our Community Education events. However, as in past years, because of our scaled approach to planning, we will be able to continue a successful Community Education program in a scaled-back fashion, with fewer events for tourists and residents.

- Please explain how you will measure success or desired outcomes, based on Section III, Grant Reporting, of the 2012 Economic Development, Cultural, Tourism, and Sustainability Grants policy. This policy is attached for your reference. **(please limit to 500 words)**

Klamath Bird Observatory has an excellent track record for finances and expenditures, as indicated by the results of our previous A-133 audits, in which no findings were reported. As in past years, we will comply with the evaluation and reporting requirements. As we adapt our marketing strategy for and the presentation of our Community Education program, we will adapt our approach to measuring our success. When virtual events are held, we will record event participant home cities and their distances from Ashland, whether participants have visited Ashland in the past or plan to visit in the future, and whether our events influence participants to buy from or make donations to Ashland businesses or organizations. We will measure success of virtual events by the number of participants living 50 miles or more outside of Ashland who plan to visit in the future, and by the amount of revenue or donations our virtual events generate for Ashland businesses and organizations. When traditional in-person events are held, we will record event participant home cities and their distances from Ashland, their lodging choices (e.g., hotel, motel, bed & breakfast), number of nights lodging, and other aspects of attendee spending in Ashland. We will measure success of in-person events by the number of participants who traveled 50 miles or more to visit Ashland, and the amount of tourism dollars they are estimated to have spent in Ashland. In addition to our excellence in financial monitoring, our ability to measure outcomes is evident through the reports submitted for past City of Ashland Economic Development, Cultural, and Tourism and Sustainability Grants that we received.

Organization Board Member

(use additional sheets as necessary)

Name	Shannon Rio
------	-------------

Name	Larry Leichliter
------	------------------

Name	Lisa Michelbrink
------	------------------

Name	Bari Frimkess
------	---------------

Name	Cydne Jensen
------	--------------

Name	Amanda Alford
------	---------------

Name	Dick Ashford
------	--------------

Name	Jeffrey Lalande
------	-----------------

Name	Jacob McNab (non-voting)
------	--------------------------

Name	
------	--

Name	
------	--

Name	
------	--

Name	
------	--

Customer Demographic Profile*

The primary goal of the grant award process is to allocate funds to organizations that are providing economic, tourism, cultural and/or sustainability programs, services or events that reach a demographically diverse customer base, both locally and from outside our region. The following questions are intended to provide guidance for the possible types of customer demographics that would help the grant review/award subcommittee understand the customer types that your application would likely reach.

Organization	Klamath Bird Observatory
Program/Event Name	Community Education
For the Twelve Month Period of	01/2020 - 01/2021

1. Customer Age (percentage)

Youth 0 to 17 years	_____	%
Adult 18 to 39 years	_____	%
Adult 40 to 64 years	_____	%
Adult 65 and over	_____	%
Unknown	100	%
Total	100	%

II. Staff Residence (percentage)

Ashland	75	%
Rogue Valley	25	%
Other	_____	%
Total	100	%

III. Customer Residence (percentage)

Ashland	60	%
Rogue Valley	25	%
Other (within 50 miles)	10	%
Other (greater than 50 miles)	5	%
Total	100	%

IV. Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event?

15 _____ %

* if your organization tracks this data or other related data in other formats, please feel free to submit that format directly. This form is provided as a template and is not required to be completed in this format, but customer demographic information is an application submittal requirement

Grants Program Budget*

Please use this form to identify costs associated with the program, activity or event that you are requesting funds for.

***This form is provided as a template to use. If your organization tracks grant related financials in a different reporting format, please submit in that format.**

Program/Event Name	Community Education
Project Period:	July 1, 2021 to June 30, 2022

REVENUE		
Source	Funding title	Amount
City of Ashland Grant Funds:	ECTS grant	\$ 30,000
Jackson County Funds/ Identify:		\$
State Funds/ Identify:		\$
Federal Funds/ Identify:		\$
Other funds/ Identify:	Klamath Bird Observatory In-kind	\$ 10,000
Other funds/ Identify:	Sponsorships	\$ 5000
Other funds/ Identify:	Kinsman Foundation grant	\$ 5000
TOTAL REVENUE		\$ 50,000

EXPENDITURES		
Personal Services		
Total Salaries:	% of Time to Project/Event:	Salaries specific to Project/Event:
\$ 180,000	20 %	\$ 36,000
Total Benefits:	% of Time to Project/Event:	Benefits specific to Project/Event:
\$ 48,850	20 %	\$ 9770
Total Project/Event-Specific Personal Services		\$ 45,770
Materials & Services		
Advertising, printing, postage, merchandise, permits, and misc. expenses		\$ 4230
		\$
		\$
		\$
Total Project/Event Specific Materials & Services		\$ 4230
TOTAL EXPENDITURES		\$ 50,000

Signature Page

Thank you for your time and efforts in preparing this information for consideration by the Grants Committee.

By signing below you certify that:

You, the grantee, understand that you must comply with all federal, state, and local requirements applicable for the activities funded by this grant. Award of a grant by the City does not waive the grantee's obligation to obtain, at grantee's sole expense, all applicable permits that may be required for grantees program or project.

And, that a grant will be conditioned on submission or other approvals to the City of a Certificate of General Liability Insurance Per City Contract, naming the City of Ashland, its officers and employees as additional insured.

And, that you the undersigned have legal authority to submit the above information on behalf of the organization named below.



Signature

Debra Agnew

Name (print)

Science Communication Specialist

Title

Klamath Bird Observatory

Organization

Form 990
(Rev. January 2020)
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)

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public
Inspection

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KLAMATH BIRD OBSERVATORY		D Employer identification number [REDACTED]
	Doing business as		E Telephone number [REDACTED]
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code [REDACTED]		
	F Name and address of principal officer: JOHN ALEXANDER [REDACTED]		G Gross receipts \$ 732,252.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: WWW.KLAMATHBIRD.ORG		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(c) Group exemption number ▶	
L Year of formation: 2000		M State of legal domicile: OR	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: KBO ADVANCES BIRD AND HABITAT CONSERVATION THROUGH SCIENCE, EDUCATION, AND PARTNERSHIPS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	14
	6 Total number of volunteers (estimate if necessary)	6	61
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 744,010.	Current Year 679,897.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	196.	1,259.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,642.	22,402.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	770,848.	703,558.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		528,887.	512,765.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,605.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		203,897.	187,544.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		732,784.	700,309.
19 Revenue less expenses. Subtract line 18 from line 12	38,064.	3,249.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 280,013.	End of Year 287,156.
	21 Total liabilities (Part X, line 26)	101,321.	105,215.
	22 Net assets or fund balances. Subtract line 21 from line 20	178,692.	181,941.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date
	JOHN ALEXANDER, EXECUTIVE DIRECTOR Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	DWAINE R DAWSON, CPA	DWAINE R DAWSON, CPA	11/11/20
	Firm's name ▶ DAWSON P.C. CERTIFIED PUBLIC ACCOUNTANT	Firm's EIN ▶ [REDACTED]	Phone no. [REDACTED]

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No