

2020-21 Tourism Grant Application

Application Information

Created 7/6/2020, 5:05 PM

Organization Name Ashland Folk Collective

Mailing Address [REDACTED]

Contact Name Jacqueline Aubert

Contact's Phone Number [REDACTED]

Contact's Email [REDACTED]

Secondary Contact Daniel Sherrill

Secondary Contact Phone Number [REDACTED]

Secondary Contact Email [REDACTED]

Federal Tax ID (XX-XXXXXXX) [REDACTED]

IRS Class (exemption) 501(c)(3)

Tourism (only use numbers) 8,000

Briefly describe the purpose and objectives of your organization and mission statement (limit to 500 words).

Through live music performances the Ashland Folk Collective focuses on building a thriving music scene in the Rogue Valley engaging audiences of all demographics. With mentorship and support from the Britt Festival, the AFC is poised to fill a musical void in the Rogue Valley, concerts with capacities from 100 people to 800 people. In our third year of producing concerts, the AFC will produce their first 3-day Festival with 4-5 stages running in venues in downtown Ashland.

Briefly describe how the City grant would be used and how your activities meet the eligibility criteria in the 2012 policy for Economic Development, Cultural, Tourism, and Sustainability Grants which can be found at ashland.or.us/ECTSGrants (limit to 1,000 words).

We will use this grant to pay artist guarantees for our Winter Festival called, "Ashland Folk Festival."

Our festival is set to take place Friday, Feb 19 through Sunday Feb 21 to drum up tourism during a month that typically does not have any events, including shows at the Shakespeare Festival. We will hire 4 stage managers and a full time sound engineer crew to run our stages creating new local jobs. Our Festival will have several stages running simultaneously utilizing spaces like the Black Swan Theatre, Brickroom, and

other bars and restaurants enabling partnership between existing businesses and our organization. To date we have fans who come from Eugene, Bend, Shasta, & Redding for just a single show, this festival will attract many tourists to our town.

If your grant request is for date specific events, programs or activities, please enter those below using the format: program/event title; anticipated event start date; anticipated event end date; funding request. Use next question if more room is needed.

- Folk Music Festival " Ashland Folk Collective Festival"
- Start Date: Feb 19, 2021
- End Date: Feb 21, 2021
- Funding Request: \$8,000.00

Additional date specific events, programs or activities. Enter as: program/event title; anticipated event start date; anticipated event end date; funding request.

Please explain how you will measure success or desired outcomes, based on the Grant Reporting Section above.

Our event will have advance tickets which will allow us to know the exact number of attendees to our Festival and through this ticketing platform all attendee information will be recording including location, contact details, and age. Within the ticketing process we will include a questionnaire with questions; "Will you be staying overnight in a hotel?" & "Are you traveling to Ashland solely to attend the Folk Festival."

Tourism - Per the list of eligible Tourism activities above, please explain how your activities qualify (limit 250 words).

Our event take place over 3 days, requiring out of town attendees to stay in hotels. All of our musical performers will require hotel stays. We will not sell food/beverages at our festival providing bars and restaurants with more customers. We will also partner with local businesses who can host a stage, such as the Brickroom, creating more business.

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

The money we receive will go directly to paying our musicians. To produce a music festival we have to "guarantee" our artists payment in contract before the performance and with \$8,000 we will be able to buy popular artists who will attract more out of town attendees (people who will drive anywhere to see the artist they love). If we receive a smaller amount we will still use the money to pay our guarantees and we will have to choose different artists that cost less.

Board Members

1. Name Erin Endress

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Secretary

Term of Office (Start and End Dates in format MM/DD/YYYY)

09/01/2019- 9/01/2024

2. Name Danny Sherrill

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Director

Term of Office (Start and End Dates in format MM/DD/YYYY)

01/01/2019-01/01/2024

3. Name Danny Stone

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Treasurer

Term of Office (Start and End Dates in format MM/DD/YYYY)

01/01/2019-01/01/2024

4. Name Jacqui Aubert

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]
Occupation [REDACTED]

Title President

Term of Office (Start and End Dates in format MM/DD/YYYY)

01/01/2019-01/01/2024

5. Name

Phone (XXX) XXX-XXXX

Address (Street Address, City, State, Zip Code)

Occupation

Title

Term of Office (Start and End Dates in format MM/DD/YYYY)

6. Name

Phone (XXX) XXX-XXXX

Address (Street Address, City, State, Zip Code)

Occupation

Title

Term of Office (Start and End Dates in format MM/DD/YYYY)

7. Name

Phone (XXX) XXX-XXXX

Address (Street Address, City, State, Zip Code)

Occupation

Title

Term of Office (Start and End Dates in format MM/DD/YYYY)

8. Name

Phone (XXX) XXX-XXXX

Address (Street Address, City, State, Zip Code)

Occupation

Title

Term of Office (Start and End Dates in format MM/DD/YYYY)

Organizational Client Demographic

Organization Ashland Folk Collective

Program/Event Name Monthly Concert Series

For the Twelve-Month Period of (MM/YYYY to MM/YYYY) 01//01/2019 to 12/31/19

Percentage of Youth 0 to 17 years (only use numbers) 6

Percentage of Adult 18 to 39 years (only use numbers) 35

Percentage of Adult 40 to 64 years (only use numbers) 37

Percentage of Adult 65 and over (only use numbers) 22

Unknown (only use numbers) 1

Customer Age Total 100

Ashland (only use numbers) 100

Rogue Valley (only use numbers) 100

Other (only use numbers) 1

Staff Residence Total 100

Ashland (only use numbers) 50

Rogue Valley (only use numbers) 28

Other (within 50 miles) (only use numbers) 14

Other (greater than 50 miles) (only use numbers) 8

Customer Residence Total 100

Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? (only use numbers) 22

Grant Program Budget

Program/Event Name for Project Period July 1, 2020 to June 30, 2021

Ashland Folk Festival

Source: City of Ashland Grant Funds - Funding Title Engage Ashland

Source: City of Ashland Grant Funds - Funding Amount (only use numbers) 8000

Source: Jackson County Funds/Identify - Funding Title

Source: Jackson County Funds/Identify - Funding Amount (only use numbers)

Source: State Funds/Identify - Funding Title Oregon Cultural Trust: Small Operating Support

Source: State Funds/Identify - Funding Amount (only use numbers) 10,000

Source: Federal Funds/Identify - Funding Title

Source: Federal Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title Oregon Community Fund: Covid-19 Relief

Source: Other Funds/Identify - Funding Amount (only use numbers) 4200

Source: Other Funds/Identify - Funding Title Individual Donations

Source: Other Funds/Identify - Funding Amount (only use numbers) 15000

Source: Other Funds/Identify - Funding Title Ticket Sales

Source: Other Funds/Identify - Funding Amount (only use numbers) 30000

Total Revenue/Funding Amount (only use numbers) 67,200

Total Salaries (only use numbers) 30000

Salaries: Percentage of Time to Project/Event (only use numbers) 85

Salaries Specific to Project/Event (only use numbers) 18,000

Total Benefits (only use numbers) 0

Benefits: Percentage of Time to Project/Event (only use numbers) 0

Benefits Specific to Project/Event 48000

Total Project/Event-Specific Personnel Services (must equal sum of specific to project/event fields)

1. Materials and Services Description Insurance

1. Materials and Services Amount (only use numbers) 3,000

2. Description of Materials and Services Sound Production

2. Materials and Services Amount (only use numbers) 5,000

3. Description of Materials and Services Musicians

3. Materials and Services Amount (only use numbers) 15,000

4. Description of Materials and Services Advertising

4. Description of Materials and Services 4,500

Total Project/Event Specific Materials and Services (must equal sum of materials and services amount fields) 27,500

Signature

I have submitted my organization's most recent Form 990 IRS filing (summary page only), 501(c) letter verifying non-profit status and corporate bylaws separately to natalie.thomason@ashland.or.us before the deadline. (Past grant recipients only need to submit the most recent Form 990 IRS filing). Yes

By checking below your organization acknowledges the statement above and will provide the documents requested prior to receiving funding? Yes

Signature (Type Full Name) Jacqueline Aubert

Title President

Organization Ashland Folk Collective



Confirmation

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



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

- **Organization Name:** ASHLAND FOLK COLLECTIVE
- **EIN:** [REDACTED]
- **Tax Year:** 2019
- **Tax Year Start Date:** 01-01-2019
- **Tax Year End Date:** 12-31-2019
- **Submission ID:** [REDACTED]
- **Filing Status Date:** 06-08-2020
- **Filing Status:** Accepted

[< MANAGE FORM 990-N SUBMISSIONS](#)

ASHLAND FOLK COLLECTIVE NON-PROFIT CORPORATION BYLAWS

Article I. Name

The name of this Corporation is Ashland Folk Collective, herein referred to as “the Corporation”.

Article II. Principal Office

The registered office for the transaction of the business of the Corporation shall be located in the state of Oregon. The board of directors may, at any time, change the location of the registered office within Oregon.

Article III. Purposes and Powers

Section 1. Purposes

Ashland Folk Collective is a non-profit corporation and shall be operated exclusively for educational and charitable purposes. Subject to limitations stated in the Articles of Incorporation, the purposes of the Corporation are to engage in any lawful activities, none of which are for profit, for which corporations may be organized under Chapter 65 of the Oregon Revised Statutes (or its corresponding future provisions) and Section 501(c)(3) of the Internal Revenue Code of 1954 (or its corresponding future provisions).

The Ashland Folk Collective provides music performances and music education for the public as well as a supportive, co-learning environment for emerging artists.

Section 2. Powers

The corporation shall have the power, directly or indirectly, alone or in conjunction or cooperation with others, to do any and all lawful acts that may be necessary or convenient to affect the charitable purposes for which the Corporation is organized, and to aid or assist other organizations or persons whose activities further accomplish, foster, or attain such purposes. The powers of the Corporation may include, but are not limited to, the acceptance of contributions from the public and private sectors, whether financial or in-kind contributions.

Section 3. Non-profit Status and Exempt Activities Limitation

(a) Non-profit Legal Status. Ashland Folk Collective is organized exclusively for charitable and educational purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

(b) Exempt Activities Limitation. No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to its members, trustees, officers or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the Purposes clause hereof. No

substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

(c) Distribution Upon Dissolution. Upon the dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

Article IV. Membership

Section 1. No Membership Classes

The corporation shall have no members who have any right to vote or title or interest in or to the Corporation, its properties and franchises.

Section 2. Non-Voting Affiliates

The board of directors may approve classes of non-voting affiliates with rights, privileges and obligations established by the board. Affiliates may be individuals, businesses and other organizations that seek to support the mission of the Corporation. The board, a designated committee of the board, or any duly elected officer in accordance with board policy, shall have authority to admit any individual or organization as an affiliate, to recognize representatives of affiliates and to make determinations as to affiliates' rights, privileges and obligations. At no time shall affiliate information be shared with or sold to other organizations or groups without the affiliate's consent. At the discretion of the board of directors, affiliates may be given endorsement, recognition and media coverage at fundraising activities, other events or on the Corporation's websites. Affiliates have no voting rights and are not members of the Corporation.

Section 3. Dues

Any dues for affiliates shall be determined by the board of directors.

Article V. Board of Directors

Section 1. General Powers.

The business and affairs of the Corporation shall be governed by its board of directors. The board may delegate power and authority as allowed under state and federal law.

Section 2. Board Members

(a) Number. The number of directors of the Corporation shall consist of no less than three (3) and no more than seven (7) directors.

(b) Qualification. Membership on the board of directors shall be open to all persons with a demonstrated commitment to the organization's mission.

(c) Election. Directors may be elected at any board meeting by the majority vote of the existing board of directors.

(d) Term of Office. The term of office of each director shall be two (2) years, commencing immediately upon election. However, the term may be extended until a successor has been elected. Directors may be elected to successive terms of office and may serve on the board for a maximum of six (6) consecutive years. After serving six consecutive years, a person may be reappointed to a director role after a break of one (1) year.

(e) Removal. Any director may be removed, with or without cause, by a vote of two-thirds (2/3) of the existing board.

(f) Resignation. Any director may resign at any time by giving written notice to any officer of the board. Any resignation shall take effect at the date of the receipt of the notice or at any later time specified in the notice. The acceptance of the resignation shall not be necessary to make it effective.

(g) Vacancies. The board of directors may fill vacancies due to the expiration of a director's term of office, resignation, death or removal. The board of directors may also appoint new directors to fill a previously unfilled board position, subject to the maximum number of directors under these Bylaws.

(h) No Salaries. Directors shall not receive salaries for their board services but may be reimbursed for authorized expenses related to board service.

(i) Compensation for Professional Services by Directors. Directors are not restricted from being remunerated for professional services provided to the Corporation. Such remuneration shall be reasonable and fair to the Corporation, and must be reviewed and approved in accordance with the Corporation's conflict of interest policy and state law.

Section 3. Meetings

(a) Annual Meeting. The annual meeting of the directors shall be held on a date and at a place determined by the board of directors. The annual meeting shall be held upon at least seven (7) days' notice. The notice may be delivered orally, in person, via telephone, via mail or private courier, or via electronic notice. In person and telephone notice is

effective when communicated; mail or private courier notice is effective five (5) days after deposit in the US Mail or on the date shown on the return receipt if sent by registered or certified mail; and electronic notice is effective when received or two (2) days after the notice is sent. Notice of all board meetings shall specify the date, time and place of meeting. The purpose of the meeting need not be specified.

(b) Regular Meetings. In addition to the annual meeting described in Section 3(a) above, the board of directors shall have a minimum of one (1) regular meeting each calendar year at times and places determined by the board. Regular board meetings shall be held upon at least seven (7) days' notice.

(c) Special Meetings. Special meetings of the board may be called by the President, Deputy President, Secretary, Treasurer or any two (2) other directors of the board of directors. A special meeting must be preceded by at least two (2) days' notice to each director.

Section 4. Meeting Processes

(a) Quorum. A majority of the board directors in office, immediately before the meeting begins and including at minimum one officer of the board, shall constitute a quorum for the transaction of business at that meeting of the board. No business shall be considered official at any meeting at which a quorum is not present. Any business that is considered at a meeting at which a quorum is not present may be subsequently considered for approval using a "circular resolution" process, in which a written motion setting forth the action to be taken is approved by the affirmative vote of a majority of the directors in office.

(b) Majority Vote. Except as otherwise required by law or by the Articles of Incorporation, the act of the majority of the directors present at a meeting at which a quorum is present shall be the act of the board.

(c) Hung Board Decisions. On the occasion that directors of the board are unable to make a decision based on a tied number of votes, the President shall have the power to swing the vote based on his/her discretion.

(d) Participation. Directors may participate in a regular, special or annual meeting through the use of any means of communication by which all directors participating may simultaneously communicate with each other during the meeting, including but not limited to in-person, internet video meeting or by telephonic conference call.

(e) Proxies. There shall be no voting by proxy.

(f) Action by Consent. Any action required or permitted to be taken at a meeting of the board may be taken without a meeting if consent in writing, setting forth the action to be taken, shall be signed by all the board's directors.

Article VI. Committees

Section 1. Committees.

By resolution adopted by a majority of the directors then in office, the board may designate one or more committees, each consisting of two or more directors, and may invest the committee with such powers and responsibilities as it sees fit. All voting members of committees exercising the authority of the board must be directors. All committees or their representatives shall present a progress report at each board meeting while the committee is active.

Section 2. Limitations on the Powers of Committees.

No committee may authorize payment of a dividend or any part of the income or profit of the Corporation to its directors or officers; may approve dissolution, merger or the sale, pledge or transfer of all or substantially all of the Corporation's assets; may elect, appoint, or remove directors or fill vacancies on the board or on any of its committees; nor may adopt, amend or repeal the bylaws or any resolution by the board of directors.

Article VII. Officers

Section 1. Titles

The officers of the Corporation shall consist of a President, Deputy President, Treasurer, Secretary and any other such officers as the board may appoint. All officers of the Corporation must be members of the board of directors.

One person may hold two or more board offices, but the same person cannot be board President, Treasurer and Secretary, and no board officer may act in more than one capacity where action of two or more officers is required, including voting and quorum counts.

The board of directors is responsible for appointing and supervising the Executive Director.

Section 2. Roles

(a) President. The President of the board of directors shall be the chief volunteer officer of the Corporation.

The board President shall lead the board of directors in performing its duties and responsibilities, including, if present, presiding at meetings of the board of directors, and shall perform all other duties incident to the office or properly required by the board of directors.

(b) Deputy President. In the absence of the President or in the event of her/his inability or refusal to act, the Deputy President shall perform the duties of the President and, when so acting, shall have all the powers of the President. The Deputy President shall perform such other duties as from time to time may be assigned by the President or by the board of directors.

(c) Secretary. The Secretary of the board of directors shall have overall responsibility for all record keeping of the board. The Secretary shall keep (or cause to be kept) the minutes of all meetings and actions of directors and committees. The minutes of each

meeting shall state the time and place that it was held and any other information needed to determine what actions were taken and whether the meeting was held in accordance with the law and these Bylaws. The Secretary shall cause notice to be given of all meetings of directors and committees as required by the Bylaws. The Secretary shall have such other powers and perform such other duties as may be prescribed by the board of directors or the board President. The Secretary may appoint, with approval of the board, a director to assist in performance of all or part of the duties of the Secretary.

(d) Treasurer. The Treasurer shall be the lead director for oversight of the financial condition and affairs of the Corporation. The Treasurer shall oversee and keep the board informed of the financial condition of the Corporation and of audit or financial review results. In conjunction with other directors, officers, members of staff or other suitably qualified persons, the Treasurer shall oversee budget preparation and shall ensure that appropriate financial reports, including an account of major transactions and the financial condition of the Corporation, are made available to the board of directors on a timely basis or as may be required by the board of directors. The Treasurer shall perform all duties properly required by the board of directors or the board President. The Treasurer may appoint, with approval of the board, a qualified fiscal agent or member of the staff to assist in performance of all or part of the duties of the Treasurer.

(e) Other Officers. The board of directors may elect or appoint such other officers and agents as it shall deem necessary or desirable. These persons shall hold their offices for such terms and shall have such authority and perform such duties as shall be determined by the board of directors.

Section 3. Terms and Election

(a) Nomination and Election. Officers shall be nominated by the board of directors. They shall be elected or re-elected at the annual meeting, or at any other time via "circular resolution", by a majority vote of a quorum of the board.

(b) Terms. Officers shall serve for a term of one (1) year or until their successors are duly elected, except that no officer shall be elected to the same office for more than three (3) consecutive terms. Terms of office begin immediately upon election.

(c) Removal. Any person elected or appointed by the board may be removed from office by a vote of a majority of the board members then serving on the board. Removal as an officer shall not necessarily mean removal as a board member.

(d) Resignation. Any officer may resign at any time by giving written notice to any officer of the board. Any resignation shall take effect at the date of the receipt of the notice or at any later time specified in the notice. The acceptance of the resignation shall not be necessary to make it effective.

(e) Vacancy. A vacancy in any office shall be filled by the board of directors as soon as possible following the meeting at which the vacancy was reported.

Article VIII. Executive Director

The Executive Director shall be the chief executive officer of the Corporation and, subject to the direction of the board of directors, shall be responsible for the general operation of the Corporation. S/he is also responsible for hiring other staff, in accordance with approved budget guidelines. The Executive Director shall attend all board meetings and provide updates as requested by the board of directors. The Executive Director may be a member of the board of directors.

Article IX. Corporate Indemnity

Ashland Folk Collective will indemnify to the fullest extent not prohibited by law any person who is made or threatened to be made a party to an action, suit or other proceeding to which they may become subject by reason of their positions with the Corporation or their service in it's behalf. This shall be interpreted to extend the most liberal indemnification possible-substantively, procedurally and otherwise. This right to indemnity shall include reimbursement of all reasonable costs of defense including attorneys' fees. Indemnification payments and advances of expenses shall be made on a priority basis but only in such increments and at such times as will not jeopardize the ability of the Corporation to pay its ordinary and necessary obligations as they become due.

Article X. Conflicts of Interest

The board shall adopt and periodically review a conflict of interest policy to protect the Corporation's interest when it is contemplating any transaction or arrangement which may benefit any director, officer, employee, affiliate or member of a committee with board-delegated powers.

Article XI. Amendment of Bylaws

These Bylaws may be amended or repealed, and new Bylaws adopted, by the board of directors by an affirmative vote of two-thirds (2/3) of directors present, if a quorum is present. Prior to the adoption of the amendment, each director shall be given at least seven (7) days' notice of the date, time and place of the meeting at which the proposed amendment is to be considered, and the notice shall state that one of the purposes of the meeting is to consider a proposed amendment to the Bylaws and shall contain a copy of the proposed amendment.

Article XII. Amendment of Articles of Incorporation

Any amendment to the Articles of Incorporation may be adopted by approval of two-thirds (2/3) of the board of directors.

CERTIFICATE OF ADOPTION OF BYLAWS

I do hereby certify that the above stated Bylaws of Ashland Folk Collective were approved by the Corporation's board of directors on Thursday, March 4, 2020, and constitute a complete copy of the Bylaws of the Corporation.

Secretary of the Board
Daniel K Sherrill

Date: **March 4, 2020**

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: FEB 15 2019

ASHLAND FOLK COLLECTIVE
[REDACTED]

Employer Identification Number:
[REDACTED]

DLN:
[REDACTED]

Contact Person:

JOAN C KISER

ID# [REDACTED]

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

509(a)(2)

Form 990/990-EZ/990-N Required:

Yes

Effective Date of Exemption:

November 6, 2018

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

2020-21 Tourism Grant Application

Application Information

Created 7/6/2020, 11:57 AM

Organization Name Ashland Art Center

Mailing Address [REDACTED]

Contact Name Johnna Pope

Contact's Phone Number [REDACTED]

Contact's Email [REDACTED]

Secondary Contact Diane Doyle

Secondary Contact Phone Number [REDACTED]

Secondary Contact Email [REDACTED]

Federal Tax ID (XX-XXXXXXX) [REDACTED]

IRS Class (exemption) 501c3

Tourism (only use numbers) \$8,000

Briefly describe the purpose and objectives of your organization and mission statement (limit to 500 words).

The Mission of the Ashland Art Center (AAC) is to serve as a vital resource for art experience and education, while offering economic and social support to the visual arts community.

The Ashland Art Center is dedicated to spreading awareness of the importance art carries in defining a culture while also serving as a vital outlet for art expression in our community. At AAC, we believe in artists and the value they bring to the world around them. As such we promote artistic endeavors throughout our community by way of education, support, and collaboration. AAC offers an outlet for everyone to showcase their work, and adds value to the local economy in the process by way of:

- Community Art Workshops
- Children's Art Education
- Youth Specific Art Development
- Artist Teaching Opportunities
- Community/Cooperative Art Creation Workspace
- Local and International Community Lectures and Presentations
- Artist Studio Space
- Artist Communication
- Artist Equipment and Supplies
- Artist Exhibiting Opportunities

Briefly describe how the City grant would be used and how your activities meet the eligibility criteria in the 2012 policy for Economic Development, Cultural, Tourism, and Sustainability Grants which can be found at ashland.or.us/ECTSGrants (limit to 1,000 words).

Ashland Art Center sees a large number of tourists each year in both the on and off season. We have students in our classes who come from out of town just to get a valuable learning experience they cannot get anywhere else. The AAC collaborates with the Oregon Shakespeare Festival to increase awareness of all downtown businesses to our out-of-town guests. Grant money in this sector will be used to increase our awareness on a regional level, as well as offering a more streamlined experience for our visitors with a limited time visit.

This year, due to Covid 19 the AAC has had to redirect and refocus their intentions. The AAC has full intentions of reopening to Ashland and travelers meeting the governors safety outlines. We plan to accommodate these rules while still providing the public with an unforgettable art experience.

If your grant request is for date specific events, programs or activities, please enter those below using the format: program/event title; anticipated event start date; anticipated event end date; funding request. Use next question if more room is needed.

Additional date specific events, programs or activities. Enter as: program/event title; anticipated event start date; anticipated event end date; funding request.

Please explain how you will measure success or desired outcomes, based on the Grant Reporting Section above.

The AAC will track and report a number of measures related to the outlined programs and their funding, including:

- Numbers of children in attendance of programs, including low income and children at a disadvantage
- Number of adults participating in our classes
- Number for both children and adults will be compared to prior years to reveal growth within the organization
- Numbers of low income seniors who attend the classes using scholarships, as well as those without
- Number of people who attended events, in comparison to prior years and previous events within the same calendar year
- Number of new people who sign up to receive information about our openings, events, workshops and classes
- Number of visitors from within a certain number of miles
- Number of visitors from out-of-town compared to local guests
- Amount of revenue generated through sales, tuition and membership fees
- Numbers of new art teachers hired
- Numbers of new art teachers placed in schools and community art projects

-Number of artists who attend classes on business skills development, as well as number of such classes offered in comparison to previous years

Tourism - Per the list of eligible Tourism activities above, please explain how your activities qualify (limit 250 words).

The AAC will help the local community by bringing outside business to local hotels, restaurants, and even other galleries and like minded nonprofits. Tourism plays a huge role in the sustainability of the downtown sector. The draw for many of these visitors is in fact the vast culture they can experience here. While a large percentage of tourism in Ashland is due to the Shakespeare festival, many of these visitors patronize our downtown businesses, including the Ashland Art Center. We anticipate a larger number of students in the coming months and years, both local and from surrounding communities. Our robust roster of classes attract both experienced and amateur artists from our region, as well as tourists from all around. These visitors who attend our classes bring in a large amount of revenue to our community in the form of lodging, food, transportation, as well as supporting the many wonderful businesses that make up our downtown corridor.

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

With reduced funding, we will not be able to offer as many of the great programs mentioned above on a scale that we would like to. We will however use any funding received for the betterment of the AAC and of the Ashland community in general. We have plans that include percentage based budget rollbacks of all of the programs mentioned in case of insufficient funding.

With a limited budget we will focus on our two most important sectors, advertising (increasing awareness) and art education. We feel that these are the most important issues for the sustainability of the Ashland Art Center. If funds are available, and our first two priorities are met we will use any remaining funds to focus on our tourism sector as it is important for the sustainability of the downtown area.

We hold fundraisers throughout the year and receive generous donations from local and non-local citizens alike. In the event that we receive less than desired, we will continue those efforts on a increased scale to foster community involvement.

Board Members

1. Name Brandon Goldman

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title President

Term of Office (Start and End Dates in format MM/DD/YYYY)

03/01/2020-Present

2. Name Steve Medaris

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Vice President

Term of Office (Start and End Dates in format MM/DD/YYYY)

03/01/2020-Present

3. Name Diane Doyle

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Board Member

Term of Office (Start and End Dates in format MM/DD/YYYY)

01/01/2018

4. Name Mary Lou LoPreste

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Board Member

Term of Office (Start and End Dates in format MM/DD/YYYY)

03/01/2020

5. Name Stef Steffinger

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code) [REDACTED]

Occupation [REDACTED]

Title Board Member

Term of Office (Start and End Dates in format MM/DD/YYYY) 03/01/2020

6. Name Doug Warner

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code) [REDACTED]

Occupation [REDACTED]

Title Board Member

Term of Office (Start and End Dates in format MM/DD/YYYY)

7. Name

Phone (XXX) XXX-XXXX

Address (Street Address, City, State, Zip Code)

Occupation

Title

Term of Office (Start and End Dates in format MM/DD/YYYY)

8. Name

Phone (XXX) XXX-XXXX

Address (Street Address, City, State, Zip Code)

Occupation

Title

Term of Office (Start and End Dates in format MM/DD/YYYY)

Organizational Client Demographic

Organization Ashland Art Center

Program/Event Name AAC Activities

For the Twelve-Month Period of (MM/YYYY to MM/YYYY) 07/2020-07/2021

Percentage of Youth 0 to 17 years (only use numbers) 50

Percentage of Adult 18 to 39 years (only use numbers) 10

Percentage of Adult 40 to 64 years (only use numbers) 20

Percentage of Adult 65 and over (only use numbers) 20

Unknown (only use numbers)

Customer Age Total 100

Ashland (only use numbers) 75

Rogue Valley (only use numbers) 25

Other (only use numbers)

Staff Residence Total 100

Ashland (only use numbers) 50

Rogue Valley (only use numbers) 10

Other (within 50 miles) (only use numbers) 15

Other (greater than 50 miles) (only use numbers) 25

Customer Residence Total 100

Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? (only use numbers) 40

Grant Program Budget

Program/Event Name for Project Period July 1, 2020 to June 30, 2021

AAC Activities

Source: City of Ashland Grant Funds - Funding Title ECTS Grant

Source: City of Ashland Grant Funds - Funding Amount (only use numbers) 8,000

Source: Jackson County Funds/Identify - Funding Title

Source: Jackson County Funds/Identify - Funding Amount (only use numbers)

Source: State Funds/Identify - Funding Title OCF

Source: State Funds/Identify - Funding Amount (only use numbers) \$5000

Source: Federal Funds/Identify - Funding Title

Source: Federal Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title identified/projected grant income

Source: Other Funds/Identify - Funding Amount (only use numbers) \$25,000

Source: Other Funds/Identify - Funding Title membership/donations

Source: Other Funds/Identify - Funding Amount (only use numbers) \$23,800

Source: Other Funds/Identify - Funding Title

Source: Other Funds/Identify - Funding Amount (only use numbers)

Total Revenue/Funding Amount (only use numbers) \$61,800

Total Salaries (only use number) \$10,500

Salaries: Percentage of Time to Project/Event (only use numbers) 70%

Salaries Specific to Project/Event (only use numbers) 7,350

Total Benefits (only use numbers) 0

Benefits: Percentage of Time to Project/Event (only use numbers)

Benefits Specific to Project/Event 0

Total Project/Event-Specific Personnel Services (must equal sum of specific to project/event fields) 0

1. Materials and Services Description Building Cost and Rent

1. Materials and Services Amount (only use numbers) 118,934.00

2. Description of Materials and Services Marketing Materials

2. Materials and Services Amount (only use numbers) 5000

3. Description of Materials and Services

3. Materials and Services Amount (only use numbers)

4. Description of Materials and Services

4. Description of Materials and Services

Total Project/Event Specific Materials and Services (must equal sum of materials and services amount fields) \$123,934

Signature

I have submitted my organization's most recent Form 990 IRS filing (summary page only), 501(c) letter verifying non-profit status and corporate bylaws separately to natalie.thomason@ashland.or.us before the deadline. (Past grant recipients only need to submit the most recent Form 990 IRS filing). No

By checking below your organization acknowledges the statement above and will provide the documents requested prior to receiving funding? Yes

Signature (Type Full Name) Johnna K. Pope

Title Executive Director

Organization Ashland Art Center

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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
2018
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **01-01-2018**, and ending **12-31-2018**

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

C Name of organization
ASHLAND ARTISAN GALLERY AND ART CENTER INC

Doing business as

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

D Employer identification number

E Telephone number

F Name and address of principal officer

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)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.ASHLANDARTCENTER.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 2007

M State of legal domicile OR

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SERVE AS A VITAL RESOURCE FOR ART EXPERIENCE AND EDUCATION, OFFERING ECONOMIC AND SOCIAL SUPPORT TO THE VISUAL ARTS COMMUNITY

2 Check this box 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)	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	7
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	4
6 Total number of volunteers (estimate if necessary)	65
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	305,961	81,051
9 Program service revenue (Part VIII, line 2g)	318,247	275,826
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2	2
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	624,210	356,879
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	202,154	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)	86,315	91,042
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	337,207	338,893
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	625,676	429,935
19 Revenue less expenses Subtract line 18 from line 12	-1,466	-73,056
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	226,632	157,641
21 Total liabilities (Part X, line 26)	18,268	22,333
22 Net assets or fund balances Subtract line 21 from line 20	208,364	135,308

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: [Redacted] Date: 2019-11-13
JO ANN MANZONE PRESIDENT
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: [Redacted] Preparer's signature: [Redacted] Date: 2019-11-13
Check if self-employed PTIN: P00841564
Firm's name: ▶ DAWSON PC CERTIFIED PUBLIC ACCOUNTANT Firm's EIN: [Redacted]
Firm's address: [Redacted] Phone no: [Redacted]

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

ASHLAND ARTISAN GALLERY AND ART CENTER, INC PROVIDES AN ENVIRONMENT WHERE LOCAL ARTISTS MAY FUNCTION AND RECEIVE SUPPORT AS CREATIVE INDIVIDUALS AND WHERE THEIR ARTISITIC ABILITIES MAY BE HARNESSSED TO REACH A GREATER GOAL OF ARTS EDUCATION, ARTIST SUPPORT AND INTERACTION THROUGHOUT THE COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 411,972 including grants of \$) (Revenue \$ 275,826)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 411,972

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	79
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	4		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a			No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a			No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed OR
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees... List all of the organization's current key employees... List the organization's five current highest compensated employees... List all of the organization's former officers... List all of the organization's former directors or trustees

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes a large blacked-out area in column A.

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f (Contributions, Gifts, Grants) and 1g-1h (Total).

Table for Program Service Revenue with columns for Business Code and revenue amounts. Rows include 2a-2f and 2g Total.

Main revenue table with 5 columns. Rows include 3-5 (Investment income), 6a-6d (Rental income), 7a-7d (Sales of assets), 8a-8c (Fundraising events), 9a-9c (Gaming activities), 10a-10c (Inventory sales), 11a-11d (Miscellaneous Revenue), and 12 Total revenue.

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees	69,443	69,443		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,136	14,136		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	7,463	7,463		
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	12,205		12,205	
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	11,562	11,562		
13 Office expenses	3,033		3,033	
14 Information technology				
15 Royalties				
16 Occupancy	108,519	108,519		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,968	10,968		
23 Insurance	2,725		2,725	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a STUDIO EXPENSES	169,201	169,201		
b SUPPLIES	6,425	6,425		
c MERCHANT FEES	4,409	4,409		
d CONTRACT LABOR	3,577	3,577		
e All other expenses	6,269	6,269		
25 Total functional expenses. Add lines 1 through 24e	429,935	411,972	17,963	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	160,745	1	99,556
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,336	4	333
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 100,265		
	b Less accumulated depreciation	10b 44,270	62,361	10c 55,995
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	2,170	14	1,737
	15 Other assets See Part IV, line 11	20	15	20
16 Total assets. Add lines 1 through 15 (must equal line 34)	226,632	16	157,641	
Liabilities	17 Accounts payable and accrued expenses	14,468	17	16,757
	18 Grants payable		18	
	19 Deferred revenue	1,556	19	964
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	2,244	25	4,612
	26 Total liabilities. Add lines 17 through 25	18,268	26	22,333
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	208,364	32	135,308
33 Total net assets or fund balances	208,364	33	135,308	
34 Total liabilities and net assets/fund balances	226,632	34	157,641	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	356,879
2	Total expenses (must equal Part IX, column (A), line 25)	2	429,935
3	Revenue less expenses Subtract line 2 from line 1	3	-73,056
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	208,364
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	135,308

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b		No
2c		
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: [REDACTED]

Name: ASHLAND ARTISAN GALLERY AND ART
CENTER INC

Form 990 (2018)

Form 990, Part III, Line 4a:

ASHLAND ARTISAN GALLERY AND ART CENTER, INC IS A VISUAL ARTS ORGANIZATION THAT SERVES SOUTHERN OREGON CITIZENS WITH ART EDUCATION, ART EXHIBITIONS AND ART SERVICES THE CENTER'S FOCUS ON ARTIST SUPPORT, ARTS EDUCATION AND ARTISTIC COLLABORATION FILLS MANY SPECIFIC NEEDS WITHIN OUR COMMUNITY BOTH LOCALLY AND REGIONALLY

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 the latest information.

2018
Open to Public Inspection

Name of the organization

Employer identification number

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 **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		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** 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
- b 33 1/3% support test—2017.** 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
- 17a 10%-facts-and-circumstances test—2018.** 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
- b 10%-facts-and-circumstances test—2017.** 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
- 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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	555,993	326,467	558,751	353,086	81,051	1,875,348
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	268,525	258,714	236,871	271,122	275,826	1,311,058
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	824,518	585,181	795,622	624,208	356,877	3,186,406
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				2,009	2,798	4,807
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						0
c Add lines 7a and 7b				2,009	2,798	4,807
8 Public support. (Subtract line 7c from line 6)						3,181,599

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	824,518	585,181	795,622	624,208	356,877	3,186,406
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30	25	22	2	2	81
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	30	25	22	2	2	81
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)	824,548	585,206	795,644	624,210	356,879	3,186,487

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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	99.850 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, 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 on line 12 of 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.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
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.		
	3c		
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.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.		
	4c		
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).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).		
	7		
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).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
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 .		
	9b		
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 .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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? <i>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.</i>	Yes	No
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 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)	1	
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN:

Name: ASHLAND ARTISAN GALLERY AND ART
CENTER INC

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)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization _____ Employer identification number _____

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		78,967	24,945	54,022
c Leasehold improvements				
d Equipment		8,482	6,509	1,973
e Other		12,816	12,816	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				55,995

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
PAYROLL TAXES	2,112
ADMIN GRANT LIABILITY	2,500
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	4,612

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows numbered (1) through (12).

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	GRANTS MADE TO INDIVIDUALS SELECTED WITHIN THE BOUNDARIES OF OUR MISSION STATEMENT

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

**Open to Public
Inspection**

Department of the Treasury

Name of the organization

ASHLAND ARTISAN GALLERY AND ART
CENTER INC

Employer identification number

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS ARTIST MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION'S CURRENT BOARD OF DIRECTORS ELECTS THE INCOMING DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	BOARD DECISIONS ARE SUBJECT TO BEING MODIFIED/REVERSED BY A TWO THIRDS VOTE OF THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE SECRETARY/TREASURER OF THE ORGANIZATION REVIEWS THE RETURN PRIOR TO FILING, THEN MAKES A COPY OF THE RETURN AVAILABLE TO THE BOARD SUBSEQUENT TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD REVIEWS THE CURRENT COORDINATOR SALARY AND THE ORGANIZATION'S CURRENT FINANCIAL POSITION AND DETERMINES A YEAR-TO-YEAR MAXIMUM SALARY FOR THE COORDINATOR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE AS REQUIRED UPON REQUEST

2020-21 Tourism Grant Application

Application Information

Created 7/8/2020 12:23 PM

Organization Name Art Now

Mailing Address [REDACTED]

Contact Name Cynthia L Salbato

Contact's Phone Number [REDACTED]

Contact's Email [REDACTED]

Secondary Contact Jane Almquist

Secondary Contact Phone Number [REDACTED]

Secondary Contact Email [REDACTED]

Federal Tax ID (XX-XXXXXXX) [REDACTED]

IRS Class (exemption) 501c3

Tourism (only use numbers) \$3500

Briefly describe the purpose and objectives of your organization and mission statement (limit to 500 words).

WE ARE ARTNOW a community based storytelling game of art installations, events and DIY creativity kits that bring our best stories to life.

Co-opted by commercial and political interests, the web of stories that shape our world is broken, dividing us rather than uniting us. ARTNOW'S Secret Book Club puts the connective power of story back into the hands of families and communities. We inspire, entertain, and connect people across language, culture and geography to write better stories, to create better lives and a better world

WE PROVIDE a yearlong story landscape of monthly art installations, story-games and events. These experiences, anchored in growth mindset habits, provide children and families with 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.

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 Book Club helps kids and families tell a better story to live a better life to create a better world

ARTNOW is an Oregon 501(c)3

Briefly describe how the City grant would be used and how your activities meet the eligibility criteria in the 2012 policy for Economic Development, Cultural, Tourism, and Sustainability Grants which can be found at ashland.or.us/ECTSGrants (limit to 1,000 words).

This is the year the Secret Storymobile becomes the hub of The Secret Book Club's community storytelling games that change the story of our town's health, wealth, happiness, and connection. With this mobile community engagement space designed by OSF Property Master Paul James Martin, we discover new ways to safely gather together and connect with local landmarks and businesses.

This multimedia vehicle is outfitted with game stations that include guided storytelling, journaling, mindfulness & movement practices; scientifically verified to build resilience & community.

This resilient community will co-create a year-long story where we discover:

- Our Downtown Businesses have a School of Wizardry that focuses Ashland families and visitors most creative powers,
- our Downtown Gnome population makes for happy (and eco friendly) homes and businesses,
- the happily-ever-after actions of the Fairy Tale Theater at OSF activate happiness in our citizens and visitors,
- we get super fit (and build healthy immune systems) training with the Superheroes at the Ashland Y, and so much more.

The SECRET STORYMOBILE will move to various locations around town to support game play. It will adapt to each of our 12 monthly games and include 5 game stations comprised of scientifically validated positive psychology practices to increase happiness, fitness, mindfulness, and more.

The Secret Storymobile works in conjunction with our MONTHLY ONLINE & LOCATION-BASED STORYGAMES about goal-setting Time Travelers at the Ashland Springs Hotel, mindful Mystery Sleuths at Science Works Museum, Super Fitness powered Superheroes at the Ashland YMCA and so much more. Our place based creative game play empowers Ashland children, families and visitors to tell better stories to create a better life and a better world.

The Secret Storymobile expands the reach of our story games to include more visitors and more community collaboration as we re-envision how we safely come together for inspiration, entertainment and connection.

Our games encompass a wide range of ages due to the art installations of STORY DIORAMAS and GNOME DOORS throughout downtown. Each art installation serves as a STORYWRITING PROMPT and TREASURE HUNT CLUE. The Secret Storymobile will widen our audience even more.

Ashland wants engaged, resilient, positive citizens who take charge of their health, finances, education and more. It also needs new ways to weave these citizens and

visitors into community. We serve our community by combining art, story and positive psychology in a community building game that uses imagination rather than willpower to help us make these positive changes.

Currently, TreeHouse Books is the community hub for our monthly story-based events and activities. We have outgrown this space, especially with COVID-19 restrictions. The Storymobile will allow us to continue to collaborate with Ashland businesses and schools by allowing us a mobile hub for October's Monster Ball with Ashland Schools Foundation to December's Gnome for Door art installations with the City of Ashland, to Wizard School with downtown businesses, Superhero Bootcamp with the Ashland YMCA and more.

Our mobile art installation will enable us to weave our town together in new ways. Our collaborative project combines diverse mediums and includes artisans, designers, technologists, performers, media and event producers in a yearlong community art installation. The Secret Storymobile will become the mobile heart of our project, making it easy to bring families, visitors, artists and businesses together to co-create that more beautiful world that we know is possible.

If your grant request is for date specific events, programs or activities, please enter those below using the format: program/event title; anticipated event start date; anticipated event end date; funding request. Use next question if more room is needed.

- The Secret Storymobile will empower us to revision and continue annual events like The Monster Ball (fundraiser for Ashland Schools Foundation); Oct 30, 2020
- Time Traveler Ball spotlighting the Ashland Springs Hotel in a goal-setting game; January 2021
- Care of Creatures Downtown Kindness Game, February 2021
- Wizardopolis School of Wizardry, March 2021
- Mystery Museum spotlighting Science Works Museum and mindfulness game play, April 2020

Additional date specific events, programs or activities. Enter as: program/event title; anticipated event start date; anticipated event end date; funding request.

- Happily Ever Action Theater featuring OSF and positive psychology game play, May 2021
- Faery Godmothers' Traveling Tea Party spotlighting Lithia Park in a communication game, June 2021
- Superhero Bootcamp Challenge spotlighting health and fitness game play; July 2021
- Back to Hogwarts Downtown celebration; July 31, 2021

Please explain how you will measure success or desired outcomes, based on the Grant Reporting Section above.

Business and school evaluation forms will be distributed to participating partners including Stay Ashland (ABBN), Ashland Schools Foundation, Downtown Businesses and Ashland Chamber of Commerce, which will then be distilled into our report. End of Grant report will be submitted to the City Administrator's Office by Fall 2021. The report will include:

- Financial summary of the utilization of grant funds towards the Secret Storymobile.
- statistical summary of who attends our events. We have strong professional relations with Ashland Bed & Breakfast Network and will collaborate with them to encourage and track visitors through our combined mailing list.
- statistical summary tracking the utilization of the mobile gameplay of the storymobile and the response to the events it generates.
- Recap of our storygame events offered in Ashland, including attendance and testimonials.
- Number of Oregon, Washington and California visitors who participate in our programs & events as a direct result of the City's grant.
- Any other findings that seem pertinent to the intention of the City's grant.

Tourism - Per the list of eligible Tourism activities above, please explain how your activities qualify (limit 250 words).

Engagement with families and visitors is at the core of our storygames activities and events.

The Secret Storymobile moves our events and game play out into the open spaces of our town, allowing visitors to safely engage with our community.

Our goal is to create and sustain new innovative tourism related events. Based on our success in 2019 we anticipate an increase in lodging occupancy AND in restaurant and retail business sales through our events.

Our 2019 Harry Potter themed event exceeded capacity: All 700 event maps featuring the 22 downtown businesses were distributed to families and visitors in the first 30 minutes of the event. Similar results from our Monster Ball in October.

And despite COVID-19, we have been fielding requests for information from visitors from California and Washington planning their summer and fall travel plans for 2020.

Our current allies include: Ashland Springs Hotel, OSF, Ashland Y, Science Works, Ashland Schools Foundation, Live at the Armory, Ashland Art Center, SOU's Digital Media Center, Ashland Public Library, Paddington Station, Ashland COOP, The Black Sheep, Renaissance Rose, Websters, Book Exchange, Fun Again Game, Mix,

Northwest Nature, Zoey's, Music Coop, Oberon's, Martolli's, Varsity Theater, Spice and Tea Company. Crown Jewel, Travel Essentials.

Our mobile engagement space will allow us to collaborate better with more businesses and landmarks throughout all of Ashland. The Secret Storymobile can be an important organizing hub for both community engagement and business collaboration as our town works to generate an outdoor festival atmosphere.

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

More than money, 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. A successful application will put in motion a domino effect of additional support from two of our community's most generous philanthropists. ANY amount of money would be put to great use by our organization.

Specifically, with a lesser amount, we will continue on our path with a modified plan, employing fewer professionals and collaborating with fewer businesses. Which means it will just take us a little longer to achieve our ultimate outcomes. But we are committed to our path and we will arrive at our destination.

Board Members

1. Name Cynthia Salbato

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code) [REDACTED]

Occupation [REDACTED]

Title President

Term of Office (Start and End Dates in format MM/DD/YYYY) 07/01/2017 - 06/30/2021

2. Name Laura Knapp

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

Occupation [REDACTED]

Title Treasurer

Term of Office (Start and End Dates in format MM/DD/YYYY)

07/01/2017-6/30/2021

3. Name Jane Almquist

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Secretary

Term of Office (Start and End Dates in format MM/DD/YYYY)

07/01/2017-6/30/2021

4. Name Suzanne Mathis McQueen

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Director

Term of Office (Start and End Dates in format MM/DD/YYYY) 07/01/2017-6/30/2021

Organizational Client Demographic

Organization Art Now

Program/Event Name The Secret Story Mobile

For the Twelve-Month Period of (MM/YYYY to MM/YYYY) 08/01/20-7/31/21

Percentage of Youth 0 to 17 years (only use numbers) 25

Percentage of Adult 18 to 39 years (only use numbers) 35

Percentage of Adult 40 to 64 years (only use numbers) 35

Percentage of Adult 65 and over (only use numbers) 5

Unknown (only use numbers) 1

Customer Age Total 40

Ashland (only use numbers) 100

Rogue Valley (only use numbers) 1

Other (only use numbers) 1

Staff Residence Total 4

Ashland (only use numbers) 55

Rogue Valley (only use numbers) 20

Other (within 50 miles) (only use numbers) 15

Other (greater than 50 miles) (only use numbers) 10

Customer Residence Total 100

Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? (only use numbers) 10

Grant Program Budget

Program/Event Name for Project Period July 1, 2020 to June 30, 2021 The Secret Storymobile

Source: City of Ashland Grant Funds - Funding Title Tourism Grant

Source: City of Ashland Grant Funds - Funding Amount (only use numbers)

3,500.00

Source: Jackson County Funds/Identify - Funding Title

Source: Jackson County Funds/Identify - Funding Amount (only use numbers)

Source: State Funds/Identify - Funding Title

Source: State Funds/Identify - Funding Amount (only use numbers)

Source: Federal Funds/Identify - Funding Title

Source: Federal Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title Community Fundraising and In-kind donations

Source: Other Funds/Identify - Funding Amount (only use numbers) 10,000.00

Source: Other Funds/Identify - Funding Title

Source: Other Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title

Source: Other Funds/Identify - Funding Amount (only use numbers)

Total Revenue/Funding Amount (only use numbers) \$13,500

Total Salaries (only use numbers) 0

Salaries: Percentage of Time to Project/Event (only use numbers) 0

Salaries Specific to Project/Event (only use numbers) 0

Total Benefits (only use numbers) 0

Benefits: Percentage of Time to Project/Event (only use numbers) 0

Benefits Specific to Project/Event Our project has the commitment of a volunteer staff. This allows us to use funds raised to contract with local artists and craftspeople.

Total Project/Event-Specific Personnel Services (must equal sum of specific to project/event fields)

1. Materials and Services Description Software interface development

1. Materials and Services Amount (only use numbers) 5,000

2. Description of Materials and Services Storymobile Design and Construction

2. Materials and Services Amount (only use numbers) 5,000

3. Description of Materials and Services Event and art installation production

3. Materials and Services Amount (only use numbers) 5,000

4. Description of Materials and Services Our project has the commitment of a volunteer staff. This allows us to use funds raised to contract with local artists and craftspeople.

4. Description of Materials and Services \$15,000.00

Total Project/Event Specific Materials and Services (must equal sum of materials and services amount fields) \$15,000.00

Signature

I have submitted my organization's most recent Form 990 IRS filing (summary page only), 501© letter verifying non-profit status and corporate bylaws separately to natalie.thomason@ashland.or.us before the deadline. (Past grant recipients only need to submit the most recent Form 990 IRS filing). Yes

By checking below your organization acknowledges the statement above and will provide the documents requested prior to receiving funding? Yes

Signature (Type Full Name) Cynthia L. Salbato

Title President

Organization Art Now

Tax Year 2018 Form 990-W (e-Postcard)

Tax Period:
2018 (05/01/2018 - 07/31/2018)

Mailing Address:

[REDACTED]

Gross receipts not greater than:
\$50,000

EIN:
[REDACTED]

Principal Officer's Name and Address:
Cynthia L. Salbato

[REDACTED]

Organization has terminated:
No

Legal Name (Doing Business as):
Art Now

Website URL:
Art Now

2020-21 Tourism Grant Application

Application Information

Created 7/6/2020 8:07 AM

Organization Name Ashland Gallery Association

Mailing Address [REDACTED]

Contact Name Kimberlee Olson

Contact's Phone Number [REDACTED]

Contact's Email [REDACTED]

Secondary Contact Whitney Blackwell

Secondary Contact Phone Number [REDACTED]

Secondary Contact Email [REDACTED]

Federal Tax ID (XX-XXXXXXX) [REDACTED]

IRS Class (exemption) 501(c)(6)

Tourism (only use numbers) 15,000

Briefly describe the purpose and objectives of your organization and mission statement (limit to 500 words).

For 26 years the Ashland Gallery Association has been creating and preserving a visual arts presence in Ashland. The combined presences 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. During these times without OSF theatre, our Association is committed to promoting awareness of alternate cultural and tourist opportunities for visitors to Ashland.

The Ashland Gallery Association's objectives include showcasing local visual arts; supporting locally owned and operated small businesses and individual artists, increasing tourism, and strengthening the economic, cultural and social resiliency of the City of Ashland. Through an array of media, we seek to effectively communicate the promotion and sale of art and increase public awareness of Ashland's visual arts in the belief that art is essential to the welfare and character of our community.

Today our Association has grown to include 86 members that include galleries, individual artists, working studios, associate businesses, and neighboring arts-related organizations. 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, rich with cultural opportunities for people of all ages and socioeconomic groups

With the COVID-19 economic impacts, our members are struggling to keep their businesses afloat. Our Association is committed to supporting our galleries and business members through an enhanced Social Media program, Website exposure, and Visual Arts events that visitors will feel safe attending during these unprecedented times.

Our primary fundraiser, A Taste of Ashland, has been replaced this year with a virtual event scheduled for late August. We are in the process of exploring new fall events and contingency plans for alternate fundraisers should the large gathering restrictions continue into 2021. Our goal is to coordinate efforts with our community partners and keep Ashland on the map as a visual arts tourist destination with opportunities to engage the public and support our city, even during this Pandemic.

With assistance from City grant funds, the AGA has a history of providing year-round contributions to tourism, and the economic and cultural fabric of our community. We believe that maintaining this presence of the visual arts, while supporting our small businesses is crucial to our city, especially during these difficult times.

Briefly describe how the City grant would be used and how your activities meet the eligibility criteria in the 2012 policy for Economic Development, Cultural, Tourism, and Sustainability Grants which can be found at ashland.or.us/ECTSGrants (limit to 1,000 words).

The City Grant would allow us to maintain and expand our current marketing efforts and help us host our yearly events; A Taste of Ashland and Ashland Open Studio Tour 2021 (canceled for 2020).

Ashland Gallery Guide Publication Production

The Ashland Gallery Guide is a visually attractive annual publication packed with information and illustrations showcasing Ashland's visual arts scene. This complimentary Guide, produced mostly with local resources, is the AGA's most prominent marketing tool for economic development and tourism. Providing nationwide visibility for local artists and businesses, this publication significantly contributes to the success of Ashland's artists and galleries and to the reputation of the City as a notable art venue and cultural destination.

The AGA prints 10,000 copies of the Guide annually and distributes them to galleries, museums, hotels, B & B's, and regional wineries. They are also available through So. Oregon Chambers of Commerce, AAA, Oregon & California Art Centers, and Visitor Centers. An electronic version of the Gallery Guide is available on the AGA website with direct links to artist, gallery, and business websites.

AGA Marketing Program Coordinator

The AGA is implementing an expanded social media reach, and this Marketing position is crucial to our mission of promoting Tourism in Ashland. The Marketing Coordinator is

responsible for the advertising, promotion and implementation of the AGA's programs including: developing and maintaining relationships with media and partner businesses, writing articles and press releases promoting Ashland as an attractive destination for travelers, arranging advertising trades, representing AGA in marketing forums, sending monthly e-Newsletter promoting gallery exhibits & events, submitting event information to community calendars and web outlets. The Marketing Coordinator collaborates with the Ashland & Medford Chambers of Commerce, JPR, and member businesses, promoting Ashland's visual arts community through social media.

AGA Websites Updates & Maintenance

The AGA's websites include:

www.ashlandgalleries.com: features all member businesses, monthly gallery exhibits, individual artists, events, online Ashland Gallery Guide

www.atasteofashland.com: promotes annual A Taste of Ashland, participating art galleries, wineries & restaurants, online ticket purchases

www.ashlandost.com: promotes the Ashland Open Studio Tour, previews participating artists & studios, provides a downloadable tour map

Funds are requested to upgrade our primary website (www.ashlandgalleries.com), which is years overdue for a much-needed overhaul. We were recently given a quote of \$1,640.00 for this upgrade. We ask for funds to assist us with the costs of this overhaul. The AGA website is heavily viewed by visitors planning a trip to Ashland and everyone interested in Ashland's visual arts scene, with an average of 96,050 visitors each month, attesting to the value of this resource.

A Taste of Ashland 2020 Virtual Event & Commemorative Coloring Book - August 28 & 29:

A Taste of Ashland, the AGA's principal fundraiser, is typically an Art, Food and Wine Festival held annually in April. This year's event was originally postponed until August. With the health and safety of our community in mind, as well as the state guidelines for large gatherings and festivals, this year's "Taste" was replaced with a virtual event to take place on the same dates. Keeping with the tradition of the event, local restaurants and wineries will be paired with galleries to showcase the art, food, and wine of the region. During this weekend event, ticketed patrons will participate in virtual gallery tours, artist demonstrations, interviews with wine makers, and chef demonstrations. Ticket holders will be enrolled in a raffle with opportunities to win local artwork, weekend lodgings in Ashland, as well as Ashland dining and regional winery giveaways. Raffle gift items will need to be picked up, encouraging participants to travel to Ashland.

Ticket holders will also receive a commemorative "A Taste of Ashland" coloring book, which is in the process of being created by local artists. This adult coloring book will showcase Ashland galleries, restaurants, and regional wineries. Along with information about each, there will be discount incentives included to encourage patrons to visit Ashland in the near future. Local business sponsors will be advertised in the book, as

well. The A Taste of Ashland coloring book will also be available online for purchase at the A Taste of Ashland website.

During past A Taste of Ashland weekends, approximately 25-30% of attendees visited from more than 50 miles away, many staying overnight and utilizing local lodging, restaurants, and other Ashland businesses. Our intention is to stay connected to our past event attendees and encourage them to return to Ashland to take advantage of all that Ashland has to offer, beyond the theater.

A Taste of Ashland 2021 – April 24 & 25

We have high hopes to host A Taste of Ashland Art, Food and Wine Festival in 2021. During this weekend event, patrons will take a walking tour of Ashland, viewing local artwork, tasting local restaurant fare and regional wines. Visitors will be guided by a Food and Beverage Guide. This Guide, with 1,000 copies distributed annually, promotes local food and beverage providers, advertises sponsor businesses, and serves as a year-round reference for residents and visitors.

This two-day event contributes to the City's economy and tourism, attracting new and returning visitors to Ashland. In 2019, approximately 25% of attendees visited from more than 50 miles away, many staying overnight and utilizing local lodging, restaurants, and other Ashland businesses. Our surveys show that many visitors return to Ashland each year for this event.

We have early plans in the works for the following fall fundraisers that will attract people to Ashland, while keeping safety and social distancing in mind. We plan to partner with the Ashland Chamber to make this a collaborative event for the City.

Storefront Silent Auction Art Displays

Utilizing storefront windows, many that are now vacant, people will be invited to Ashland to stroll and view artwork on display for a silent auction. These pieces of art will be on display throughout the month of October. The public will be able to place their bids on lists held at various participating businesses.

Plein Air in the Park & Plaza – Artist Demonstrations & Silent Auction Event (October dates TBD)

Artist demonstrations will be spaced out in the Ashland Plaza and Lithia Park with opportunities for raffle items and/or silent auction pieces of artwork.

If your grant request is for date specific events, programs or activities, please enter those below using the format: program/event title; anticipated event start

date; anticipated event end date; funding request. Use next question if more room is needed.

- Ashland Gallery Guide: Annual publication – design, development, printing & distribution Year-round distribution \$5,000
- AGA Marketing Coordinator Year-round \$3,500.
- Websites Upgrade & Maintenance Year-round \$2,000.
- A Taste of Ashland Virtual Event 2020: Event Coordinator, supplies & promotion August 28 & 29 \$1,000.
- A Taste of Ashland 2021: Event Coordinator, supplies & promotion April 24 & 25 \$3,000.

Additional date specific events, programs or activities. Enter as: program/event title; anticipated event start date; anticipated event end date; funding request.

Silent Auction Storefronts/ Plein Air in the Park & Plaza October \$500.

Please explain how you will measure success or desired outcomes, based on the Grant Reporting Section above.

TOURISM IMPACT

Objectives:

A primary objective of the AGA is to attract year-round visitors to Ashland by establishing our city as an exciting visual arts destination. The AGA collaborates with Ashland & Medford Chambers of Commerce, OSF, AIFF, the B&B network, and Visitor Centers in a united effort to bring visitors to Ashland. With an updated website and increased social media presence, we anticipate a broader reach, raising the awareness of Ashland as a West Coast vacation destination.

Statistical data to measure desired outcomes:

- PayPal ticket data of people attending A Taste of Ashland, including the number visiting from outside the valley, and attendees traveling to Ashland from over 50 miles away.
- Surveys of those visiting over 50 miles away, how many stayed in local lodgings.
- AGA websites traffic and statistical data
- Distribution numbers of Ashland Gallery Guide
- Social Media statistics

Tourism - Per the list of eligible Tourism activities above, please explain how your activities qualify (limit 250 words).

Statistics historically show that of those who attend our events, approximately 25-30% visit Ashland from outside the valley, many of those attendees staying to shop, dine, attend theater, and/or stay in local lodging.

The Ashland Gallery Guide, with 10,000 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. The AGA participates in advertising trade partnerships with the following: Oregon Shakespeare Festival, Ashland Independent Film Festival, Oregon Cabaret Theatre, Rogue Valley Symphony, Ashland Chamber of Commerce, Neuman Hotel Group, Camelot Theatre, Britt Music Festival, and AllAboard Trolley.

The AGA's three websites contribute to increased awareness of Ashland's cultural event opportunities and give tourists reasons to visit without OSF theatre this year. Our website statistics continue to show impressive growth, attesting to the value of this marketing tool for Ashland.

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

The AGA is currently facing a financial crisis as a result of the Pandemic. Our annual sources of revenue are: membership fees, grants, and our primary fundraiser, A Taste of Ashland.

We review our budget annually and make every effort to minimize our costs each year. Our paid support staff contribute considerable time for which they are not compensated. We are a volunteer-driven organization committed to maintaining a strong presence in our community, keeping in place visual arts opportunities for the public, even during the Pandemic.

Our membership for 2020 was completed prior to Covid-19 impacts, but we now see business members struggle from the impacts and anticipate a reduction in membership for 2021.

Our primary fundraiser, A Taste of Ashland, brings in approximately \$10,500 profit annually. This year's festival was first delayed and then replaced by the virtual event to take place in August. We decided to not cancel our event in order to stay visible and connected to the public, promote our galleries and business partners, and salvage some income from tickets sales and expenses already incurred from event. This year there will be little or no profit. Our ticket sales for 2020 are approximately 25% of what it was in 2019.

We have modified our original 2020/2021 budget to reflect our projections of decreases in revenue (See both original from January and modified July version of budget attached, along with grant programs budget). With this year's shortfall in funding, we are uncertain if the AGA will remain sustainable beyond July, 2020.

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 art businesses and significantly contributes to the success of Ashland's artists and galleries and to the reputation of the city as a recognized arts community. Therefore, it is essential that we receive funding from the City to assist with remaining costs in 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 is overdue for much needed upgrades. We have put this upgrade on hold. 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 dependent upon funding for this position.

A Taste of Ashland Event Coordinator, supplies & promotion

The annual A Taste of Ashland fund-raiser is a labor-intensive 2-day event and only 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.

Board Members

1. Name Whitney Blackwell

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code) [REDACTED]

[REDACTED]

Occupation [REDACTED]

Title President

Term of Office (Start and End Dates in format MM/DD/YYYY) 2019 - current

2. Name [REDACTED]

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Secretary

Term of Office (Start and End Dates in format MM/DD/YYYY)

2010 - current

3. Name [REDACTED]

Phone (XXX) XXX-XXXX (541) 552-0100

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Treasurer

Term of Office (Start and End Dates in format MM/DD/YYYY)

2017 - current

4. Name Jeanne LaRae Lagono

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Artist Representative

Term of Office (Start and End Dates in format MM/DD/YYYY) 2014 - current

5. Name Scott Malbaurn

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Member at Large

Term of Office (Start and End Dates in format MM/DD/YYYY)

2014 - current

6. Name Elan Chardin Gombart

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Member at Large

Term of Office (Start and End Dates in format MM/DD/YYYY)

2016 - current

7. Name Sarah F. Burns

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Member at Large

Term of Office (Start and End Dates in format MM/DD/YYYY)

2016 - current

8. Name Claire Clooney

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Member at Large

Term of Office (Start and End Dates in format MM/DD/YYYY)

2017 - current

Organizational Client Demographic

Organization Ashland Gallery Associaton

Program/Event Name First Friday Art Walk / Ashland Open Studio Tour / A Taste of Ashland / Portfolio Day & March Student Art Show

For the Twelve-Month Period of (MM/YYYY to MM/YYYY) July 1, 2020 - June 30, 2021

Percentage of Youth 0 to 17 years (only use numbers) 10

Percentage of Adult 18 to 39 years (only use numbers) 30

Percentage of Adult 40 to 64 years (only use numbers) 40

Percentage of Adult 65 and over (only use numbers) 20

Unknown (only use numbers)

Customer Age Total 100

Ashland (only use numbers) 85

Rogue Valley (only use numbers) 15

Other (only use numbers)

Staff Residence Total 100

Ashland (only use numbers) 40

Rogue Valley (only use numbers) 20

Other (within 50 miles) (only use numbers) 10

Other (greater than 50 miles) (only use numbers) 30

Customer Residence Total 100

Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? (only use numbers) 25

Grant Program Budget

Program/Event Name for Project Period July 1, 2020 to June 30, 2021 Ashland Gallery Association - Promotion of small businesses and visual artists in Ashland - SEE ATTACHED BUDGETS

Source: City of Ashland Grant Funds - Funding Title

Source: City of Ashland Grant Funds - Funding Amount (only use numbers)

Source: Jackson County Funds/Identify - Funding Title

Source: Jackson County Funds/Identify - Funding Amount (only use numbers)

Source: State Funds/Identify - Funding Title

Source: State Funds/Identify - Funding Amount (only use numbers)

Source: Federal Funds/Identify - Funding Title

Source: Federal Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title

Source: Other Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title

Source: Other Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title

Source: Other Funds/Identify - Funding Amount (only use numbers)

Total Revenue/Funding Amount (only use numbers) 57950

Total Salaries (only use numbers)

Salaries: Percentage of Time to Project/Event (only use numbers)

Salaries Specific to Project/Event (only use numbers)

Total Benefits (only use numbers)

Benefits: Percentage of Time to Project/Event (only use numbers)

Benefits Specific to Project/Event

Total Project/Event-Specific Personnel Services (must equal sum of specific to project/event fields)

1. Materials and Services Description

1. Materials and Services Amount (only use numbers)

2. Description of Materials and Services

2. Materials and Services Amount (only use numbers)

3. Description of Materials and Services

3. Materials and Services Amount (only use numbers)

4. Description of Materials and Services

4. Description of Materials and Services

Total Project/Event Specific Materials and Services (must equal sum of materials and services amount fields)

Signature

I have submitted my organization's most recent Form 990 IRS filing (summary page only), 501(c) letter verifying non-profit status and corporate bylaws separately to natalie.thomason@ashland.or.us before the deadline. (Past grant recipients only need to submit the most recent Form 990 IRS filing). Yes

By checking below your organization acknowledges the statement above and will provide the documents requested prior to receiving funding? Yes

Signature (Type Full Name) Kimberlee Olson

Title Administrator

Organization Ashland Gallery Association

Ashland Gallery Association
Board Member Information cont.

Name: Bonnie Morgan

Phone #: [REDACTED]

Address: [REDACTED]
[REDACTED]

Occupation: [REDACTED]

Title: Member at Large

Term of Office: 2019-current

Ashland Gallery Association
2020/2021 Tourism Budget

PROGRAM/EVENT	INCOME	EXPENSES
A TASTE OF ASHLAND 2020 - VIRTUAL EVENT	\$4,500	\$5,500
A TASTE OF ASHLAND 2021 (and additional fundraisers)	\$17,000	\$9,000
ASHLAND GALLERY GUIDE 2021	\$1,000	\$17,000
SOCIAL MEDIA COORDINATOR	\$0	\$3,600
AGA WEBSITE UPDATES & MAINTENANCE	\$0	\$2,000
FALL 2020 FUNDRAISERS	\$2000	\$500
TOTALS:	\$24,500	\$37,600

Program/Event Name	Ashland Gallery Association Promotion of small businesses and visual artists in Ashland
Project Period:	July 1, 2020 to June 30, 2021

REVENUE		
Source	Funding title	Amount
City of Ashland Grant Funds:	ECTS Grant Funds	\$ 13,000.00
Oregon Community Foundation:	Small Arts & Culture Grant	\$ 900.00
Other funds/ Identify:	AGA Membership	\$ 19,000.00
Other funds/ Identify:	A Taste of Ashland Fundraiser	\$ 21,500.00
Other funds/ Identify:	Ad Sales – Gallery Guide	\$ 2,800.00
Other Funds/ Identify:	Open Studio Tour	\$ 750.00
	TOTAL REVENUE	\$57,950.00

EXPENDITURES		
Materials & Services		
	Open Studios Tour	\$ 1,800.00
	A Taste of Ashland	\$ 11,000.00
	Ad Sales	\$ 300.00
	Grant writing	\$ 1,200.00
	Advertising	\$ 3,000.00
	Ashland Gallery Guide	\$ 21,000.00
	Professional	\$ 11,500.00
	Websites	\$ 2,000.00
	First Friday Art Walk	\$ 2,500.00
	Student Show / Portfolio Day	\$ 600.00
	Phone	\$ 200.00
	PayPal	\$ 900.00
	Travel	\$ 450
	Miscellaneous Office, Dues, Insurance, Licenses, Postage	\$ 1,500.00
	TOTAL EXPENDITURES	\$57,950.00

Program/Event Name	Ashland Gallery Association Promotion of small businesses and visual artists in Ashland
Project Period:	July 1, 2020 to June 30, 2021

REVENUE		
Source	Funding title	Amount
City of Ashland Grant Funds:	ECTS Grant Funds	\$ 10,000.00 (tentative funding)
Oregon Community Foundation:	Cultural Recovery Grant	\$ 2,000.00 (tentative funding)
State of Oregon:	Business Recovery Grant	\$ 5,000 (tentative funding)
Other funds/ Identify:	AGA Membership	\$ 10,000.00 (projected decrease)
Other funds/ Identify:	Fundraiser(s)	\$ 17,000.00 (with A Taste of Ashland)
Other funds/ Identify:	Ad Sales – Gallery Guide	\$ 1,000.00
	TOTAL REVENUE	\$45,000.00

EXPENDITURES		
Materials & Services		
	Open Studios Tour	\$ 300.00 (balance owed Coordinator)
	Fundraiser(s)	\$ 9,000.00
	Ad Sales	\$ 0.00 (volunteer position)
	Grant writing	\$ 1,000.00
	Advertising	\$ 1,000.00
	Ashland Gallery Guide	\$ 17,000.00
	Professional	\$ 11,500.00
	Websites	\$ 2,000.00 (with upgrade)
	First Friday Art Walk	\$ 500.00 (no printed map)
	Student Show / Portfolio Day	\$ 100.00 (volunteer driven)
	Phone	\$ 200.00
	PayPal	\$ 900.00
	Travel	\$ 0.00 (no mileage reimbursement)
	Miscellaneous Office, Dues, Insurance, Licenses, Postage	\$ 1,500.00
	TOTAL EXPENDITURES	\$45,000.00

Short Form
Return of Organization Exempt From Income Tax

2018

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning _____, and ending _____

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

C Name of organization
ASHLAND GALLERY ASSOCIATION

Number and street (or P.O. box, if mail is not delivered to street address) _____ Room/suite _____

D Employer identification number _____

E Telephone number _____

F Group Exemption Number _____

G Accounting Method: Cash Accrual Other (specify) _____

H Check 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) — 501(c)(3) 501(c) (6) (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. Total: \$ 61,063

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		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)
3	Membership dues and assessments	3		20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4		21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
5b	Less: cost or other basis and sales expenses	5b			
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0		
6	Gaming and fundraising events				
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
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)	6b			
6c	Less: direct expenses from gaming and fundraising events	6c			
6d	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			
7b	Less: cost of goods sold	7b			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0		
8	Other revenue (describe in Schedule O)	8	2,981		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	61,063		
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	14,070		
14	Occupancy, rent, utilities, and maintenance	14			
15	Printing, publications, postage, and shipping	15	238		
16	Other expenses (describe in Schedule O)	16	41,051		
17	Total expenses. Add lines 10 through 16	17	55,359		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,704		
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	23,649		
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	29,353		

Paperwork Reduction Act Notice, see the separate instructions.

2020-21 Tourism Grant Application

Application Information

Created 7/8/2020 11:47 AM

Organization Name Ashland New Plays Festival

Mailing Address [REDACTED]

Contact Name Michele Lansdowne

Contact's Phone Number [REDACTED]

Contact's Email [REDACTED]

Secondary Contact Peggy Moore

Secondary Contact Phone Number [REDACTED]

Secondary Contact Email [REDACTED]

Federal Tax ID (XX-XXXXXXX) [REDACTED]

IRS Class (exemption) 501 c3 non-profit

Tourism (only use numbers) 13,000

Briefly describe the purpose and objectives of your organization and mission statement (limit to 500 words).

A long-established local organization with an increasingly national reach, Ashland New Plays Festival (ANPF) is an 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 spring Invitational or single-play workshop and production 3. A summer single-play workshop and production 4. A summer Theatre Talk salon series with local actors and theater professionals 5. Workshops for local playwrights and readings of their works 6. Learning/working opportunities for local students and theater professionals.

Briefly describe how the City grant would be used and how your activities meet the eligibility criteria in the 2012 policy for Economic Development, Cultural, Tourism, and Sustainability Grants which can be found at ashland.or.us/ECTSGrants (limit to 1,000 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. The productions will add to the richness and diversity of Ashland's theater culture. 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 80 volunteer readers from all over the Rogue Valley meet for months to winnow 450 submissions down to twelve plays, from which Artistic Director Kyle Haden 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. Lonely Planet gave us a shoutout on what not to miss in Ashland: "...the Ashland New Plays Festival champions new playwrights." Fodor's lists Ashland New Plays Festival as one of the top three reasons to visit Ashland! An article in the San Francisco Chronicle praised ANPF as both "prestigious" and "celebrated."

If your grant request is for date specific events, programs or activities, please enter those below using the format: program/event title; anticipated event start date; anticipated event end date; funding request. Use next question if more room is needed.

- Fall Festival in October, 2021:\$10,000
- Theater Workshops and marketing throughout grant period:\$3000

Additional date specific events, programs or activities. Enter as: program/event title; anticipated event start date; anticipated event end date; funding request.

Please explain how you will measure success or desired outcomes, based on the Grant Reporting Section above.

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.

Tourism - Per the list of eligible Tourism activities above, please explain how your activities qualify (limit 250 words).

Our events draw tourists eager for an arts experience unlike others in Ashland and uncommon on the West Coast. Our audience numbers for our 2019 events were: ANPF Fall Festival 1155; Playwriting Workshop 22; Theatre Talk 122; The Gun Show 120; #GodHatesYou 131, for a total of 1550 audience members for all events in 2019. We gave a total of 71 complimentary tickets to students. 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” seasons, late October through March.

If you do not receive the full amount of your request, describe how your organization would use a smaller amount of funds. Be specific. (limit 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. More limited funds could also undermine our recent efforts to improve the quality and professionalism of our productions as well as our commitment to developing new and diverse voices regardless of such factors as cast size. Recent events such as our 2016 Women's Invitational and the 2018 Pulitzer its headliner received drew greater national attention to Ashland as a creative community, including involvement and support from organizations like the Dramatists Guild Fund and the Kilroys. Reduced funding would hamper our efforts to build on this increasing recognition and, over the next several years, to grow the proportion of tourists who see ANPF as a destination event. We would certainly search diligently for other funders. But as we are building a track record with larger regional foundations, we rely especially on local support to help us build our capacity to attract funders from outside the area.

Board Members

1. Name Peggy Moore

Phone (XXX) XXX-XXXX ([REDACTED])

Address (Street Address, City, State, Zip Code) [REDACTED]

Occupation [REDACTED]

Title President

Term of Office (Start and End Dates in format MM/DD/YYYY) Term July 2016 – July/2022

2. Name Beth Falkenstein,

Phone (XXX) XXX-XXXX

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Vice-President; - Co-treasurer and production manager.

Term of Office (Start and End Dates in format MM/DD/YYYY)

November 2016 – November 2022

3. Name Roger Pearce

Phone (XXX) XXX-XXXX

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Secretary

Term of Office (Start and End Dates in format MM/DD/YYYY)

September 2014 – September 2020

4. Name Dr. Bill Grove, Treasurer; “

Phone (XXX) XXX-XXXX

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title co-treasurer

Term of Office (Start and End Dates in format MM/DD/YYYY) June 2018- June 2024

5. Name Jim Risser

Phone (XXX) XXX-XXXX

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title

Term of Office (Start and End Dates in format MM/DD/YYYY)

May 2016- May 2022

6. Name Kate Wolf-Pizor

Phone (XXX) XXX-XXXX

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Member

Term of Office (Start and End Dates in format MM/DD/YYYY)

October 2019- October 2022

7. Name Jane Bardin

Phone (XXX) XXX-XXXX

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Member

Term of Office (Start and End Dates in format MM/DD/YYYY)

May 2018- May 2024

8. Name Eric Poppick

Phone (XXX) XXX-XXXX

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Member

Term of Office (Start and End Dates in format MM/DD/YYYY)

July 2019- July 2022

Organizational Client Demographic

Organization Ashland New Plays Festival

Program/Event Name Annual Festival

For the Twelve-Month Period of (MM/YYYY to MM/YYYY) 06/2018-06/2019

Percentage of Youth 0 to 17 years (only use numbers) 6

Percentage of Adult 18 to 39 years (only use numbers) 7

Percentage of Adult 40 to 64 years (only use numbers) 20

Percentage of Adult 65 and over (only use numbers) 66

Unknown (only use numbers) 1

Customer Age Total 100

Ashland (only use numbers) 100

Rogue Valley (only use numbers)

Other (only use numbers)

Staff Residence Total 100

Ashland (only use numbers) 0

Rogue Valley (only use numbers) 0

Other (within 50 miles) (only use numbers) 42

Other (greater than 50 miles) (only use numbers) 58

Customer Residence Total 100

Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? (only use numbers) 20

Grant Program Budget

Program/Event Name for Project Period July 1, 2020 to June 30, 2021

Annual Festival and Marketing

Source: City of Ashland Grant Funds - Funding Title Ashland New Plays Festival:
Tourism Grant 2020

Source: City of Ashland Grant Funds - Funding Amount (only use numbers)

13,000

Source: Jackson County Funds/Identify - Funding Title 0

Source: Jackson County Funds/Identify - Funding Amount (only use numbers) 0

Source: State Funds/Identify - Funding Title 0

Source: State Funds/Identify - Funding Amount (only use numbers) 0

Source: Federal Funds/Identify - Funding Title 0

Source: Federal Funds/Identify - Funding Amount (only use numbers) 0

Source: Other Funds/Identify - Funding Title Miller Foundation: \$5000

Source: Other Funds/Identify - Funding Amount (only use numbers) Member donations: \$43,000

Source: Other Funds/Identify - Funding Title Ticket Sales: \$22,275

Source: Other Funds/Identify - Funding Amount (only use numbers) Script Fees: \$9,000

Source: Other Funds/Identify - Funding Title Concessions: \$500

Source: Other Funds/Identify - Funding Amount (only use numbers)

Total Revenue/Funding Amount (only use numbers) 92,775

Total Salaries (only use numbers) 39,395

Salaries: Percentage of Time to Project/Event (only use numbers) 100

Salaries Specific to Project/Event (only use numbers) 100

Total Benefits (only use numbers) 0

Benefits: Percentage of Time to Project/Event (only use numbers) 0

Benefits Specific to Project/Event 0

Total Project/Event-Specific Personnel Services (must equal sum of specific to project/event fields) 39,395

1. Materials and Services Description Production: Box office, copying, rental, event crew, site fees, rights

1. Materials and Services Amount (only use numbers) 6640

2. Description of Materials and Services Readers Expenses and Operations

2. Materials and Services Amount (only use numbers) 28685

3. Description of Materials and Services Receptions, Insurance and Advertising

3. Materials and Services Amount (only use numbers) 10675

4. Description of Materials and Services Travel and Lodging for Actors, Playwrights

4. Description of Materials and Services 7000

Total Project/Event Specific Materials and Services (must equal sum of materials and services amount fields) 92395

Signature

I have submitted my organization's most recent Form 990 IRS filing (summary page only), 501(c) letter verifying non-profit status and corporate bylaws separately to natalie.thomason@ashland.or.us before the deadline. (Past grant recipients only need to submit the most recent Form 990 IRS filing). No, but I understand that if these items are not submitted before the deadline the application will be rejected as incomplete.

By checking below your organization acknowledges the statement above and will provide the documents requested prior to receiving funding? Yes

Signature (Type Full Name) Michele Lansdowne

Title Grants Coordinator

Organization Ashland New Plays Festival

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

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

2018

Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

▶ 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.

A For the 2018 calendar year, or tax year beginning 2018, and ending 20

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 mail is not delivered to street address) [REDACTED] Room/suite [REDACTED]
 City or town, state or province, country, and ZIP or foreign 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) ▶ _____

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

I Website: ▶ www.ashlandnewplays.org & play4keeps.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 <input type="checkbox"/>	
1	Contributions, gifts, grants, and similar amounts received 1 <u>67,001.99</u>
2	Program service revenue including government fees and contracts 2 <u>26,167.68</u>
3	Membership dues and assessments 3
4	Investment income 4 <u>.02</u>
5a	Gross amount from sale of assets other than inventory 5a
5b	Less: cost or other basis and sales expenses 5b
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c
6	Gaming and fundraising events:
6a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
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) 6b
6c	Less: direct expenses from gaming and fundraising events 6c
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d
7a	Gross sales of inventory, less returns and allowances 7a <u>870.00</u>
7b	Less: cost of goods sold 7b <u>521.20</u>
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c <u>348.80</u>
8	Other revenue (describe in Schedule O) 8
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 <u>93,518.49</u>
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 <u>21,165.95</u>
13	Professional fees and other payments to independent contractors ? 13 <u>49,289.30</u>
14	Occupancy, rent, utilities, and maintenance 14 <u>4,327.71</u>
15	Printing, publications, postage, and shipping 15 <u>3,712.14</u>
16	Other expenses (describe in Schedule O) ? 16 <u>23,659.86</u>
17	Total expenses. Add lines 10 through 16 17 <u>102,154.96</u>
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 <u>(8,636.47)</u>
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 <u>77,033.11</u>
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 <u>68,396.64</u>

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	68,902.05	59,092.67
23 Land and buildings		
24 Other assets (describe in Schedule O)	8,131.06	9,303.97
25 Total assets	77,033.11	68,396.64
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	77,033.11	68,396.64

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? _____
 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 annual festival workshops & talks that reach over 2000 community members and downloadable recordings of new plays & related podcasts (Play4Keeps.org) reaching thousands more		102,154.96
(Grants \$ 26,167.68) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	102,154.96

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 treasurer	20	0	none	0
Roger Pearce secretary	10	0	none	0
Carol Patnam co-president, secretary	10	0	none	0
Jim Risser director	5	0	none	0
Jane Bardin director	5	0	none	0
William Grove director	5	0	none	0
Julie Gillis director	5	0	none	0
Judith Rosen director	8	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		X
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		X
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)?		X
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	-	
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	-	
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		X
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?	37b	X
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?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	n/a
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	n/a
b	Gross receipts, included on line 9, for public use of club facilities	39b	n/a
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
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	40b	
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		0
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0
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	40e	-
41	List the states with which a copy of this return is filed	Oregon	
42a	The organization's books are in care of <u>Beth Falkenstein, Treasurer</u> Telephone no. <input type="checkbox"/> Located at <input type="checkbox"/> ZIP + 4 <input type="checkbox"/>		
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	42b	X
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	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> 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	44a	X
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	44b	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	44d	-
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
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	45b	X

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

48		X
-----------	--	---

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
------------	--	---

b If "Yes," was the related organization a section 527 organization?

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

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

▶ <u>Roger A Pearce</u> Signature of officer	Date
▶ <u>Roger A Pearce, Secretary & Vice-President</u> Type or print name and title	<u>May 11, 2019</u>

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Ashland New Plays Festival

Employer identification number

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						

(not applicable)

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2018. 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 33 1/3% support test—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		36,015. ⁰⁷	62,228. ⁵⁸	53,486. ⁶⁶	67,001. ⁹⁹	218,732. ³⁰
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. ⁶⁷	36,462. ⁰⁰	35,973. ⁹⁴	26,167. ⁶⁸	126,790. ⁶⁹
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5		64,202. ¹⁴	98,690. ⁵⁸	89,460. ⁶⁰	93,169. ⁶⁷	345,522. ⁹⁹
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			10,000. ⁰⁰	9,000. ⁰⁰	9,992. ⁰⁰	28,992. ⁰⁰
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. ¹⁴	88,690. ⁵⁸	80,460. ⁶⁰	83,177. ⁶⁷	316,530. ⁹⁹

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6		64,202. ¹⁴	98,690. ⁵⁸	89,460. ⁶⁰	93,169. ⁶⁷	345,522. ⁹⁹
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		22. ³⁹	17. ¹³	0. ⁰³	0. ⁰²	39. ⁵⁷
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)		64,224. ⁵³	98,707. ⁷¹	89,460. ⁶³	93,169. ⁶⁹	345,562. ⁵⁶
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 2018 (line 8, column (f), divided by line 13, column (f))	15	92 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	96 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	Under 1 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	Under 1 %
19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

(Not applicable)

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.)		

(Not Applicable)

Part IV Supporting Organizations *(continued)*

- 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?
 - b A family member of a person described in (a) above?
 - 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.*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 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.*
- 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.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?
- 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).*
- 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.*

	Yes	No
1		
2		
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 The organization satisfied the Activities Test. Complete line 2 below.
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c 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.*
- 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.*

	Yes	No
2a		
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.*
- 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.*

3a		
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		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3.		
5	Depreciation and depletion		
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)		
7	Other expenses (see instructions)		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)		

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		
b	Average monthly cash balances		
c	Fair market value of other non-exempt-use assets		
d	Total (add lines 1a, 1b, and 1c)		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d.		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)		
6	Multiply line 5 by .035.		
7	Recoveries of prior-year distributions		
8	Minimum Asset Amount (add line 7 to line 6)		

Section C—Distributable Amount

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

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

2018

Name of the organization Ashland New Plays Festival Employer identification number [REDACTED]

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 foundation

Check 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 33¹/₃% 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

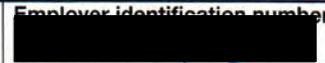
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that 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).

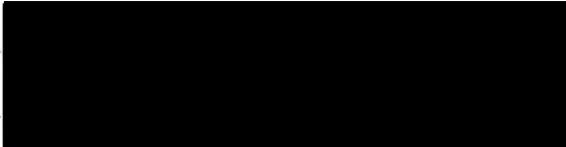
Name of organization

Ashland New Plays Festival

Employer identification number



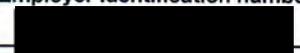
Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<p><i>Elaine A Dick Sweet</i></p> 	<p>\$ </p>	<p>Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)</p>
2	<p><i>Jane & Bill Bardin</i></p> 	<p>\$ </p>	<p>Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)</p>
		<p>\$ _____</p>	<p>Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)</p>
		<p>\$ _____</p>	<p>Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)</p>
		<p>\$ _____</p>	<p>Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)</p>
		<p>\$ _____</p>	<p>Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)</p>

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
	<i>None in 2018</i>		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

(Not Applicable)

Name of organization

Employer identification number

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)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

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

Name of the organization

Ashland New Plays Festival

Employer identification number

Line 16 detail:

Advertising, Promotion, ANPF website	3,466.33
Insurance (CGL, D&O, Workers comp)	1,608.03
Computer Programs/Play4Keeps website build out	5,140.23
Banking/Ticket Vendor Fees	2,026.20
Board development	412.91
Permits/Licenses	146.89
Gifts (departing board or volunteers)	523.87
Supplies (office & production)	515.46
Box office expense	405.00
Equipment rental/installation	827.68
Reader/volunteer events	1,560.86
Receptions for playwrights/members	1,670.35
Travel/Lodging	4,982.55
Sound Equipment	373.50

Line 16 Total: 23,659.86

Line 24 detail:

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

[End of Schedule O]

2020-21 Tourism Grant Application

Application Information

Created 7/6/2020 6:26 PM

Organization Name Ashland Schools Foundation

Mailing Address [REDACTED]

Contact Name Susan Bacon

Contact's Phone Number [REDACTED]

Contact's Email [REDACTED]

Secondary Contact Alec Dickinson

Secondary Contact Phone Number [REDACTED]

Secondary Contact Email [REDACTED]

Federal Tax ID (XX-XXXXXXX) [REDACTED]

IRS Class (exemption) 501(c)(3) non-profit Corporation

Tourism (only use numbers) 1\$5,000

Briefly describe the purpose and objectives of your organization and mission statement (limit to 500 words).

The Ashland Schools Foundation (ASF) is a 501(c)(3), non-profit public benefit corporation, organized in 1989 exclusively for educational and charitable purposes. It is governed by a volunteer board of directors who represents a cross-section of school patrons, teachers, administrators and Ashland school district taxpayers. Our mission is to support quality education in Ashland public schools through fundraising in the community.

ASF raises funds for core educational needs in the Ashland public schools and are dedicated to improving educational opportunities for Ashland students to help them achieve their unique potential. This fundraising is executed by two staff (1.25 FTE), the board of directors, and over 200 volunteers each year. We raise the majority of our funding through our annual fund drive outreach and our Monster Dash weekend in October.

We provide grants for education staffing throughout the school district improving the educator per student ratio, programming grants to provide academic support such as the Student Tutoring Center at the high school and Science Lab Aides program, and classroom impact grants to enrichment experiences for students of all ages. In the current school year we awarded 36 impact grants for a total of \$27,561. These grants

were given to classrooms across all school sites, across all curriculum, and are primarily funded through our Monster Dash Weekend event profits.

Briefly describe how the City grant would be used and how your activities meet the eligibility criteria in the 2012 policy for Economic Development, Cultural, Tourism, and Sustainability Grants which can be found at ashland.or.us/ECTSGrants (limit to 1,000 words).

Our Ashland City grant would be used to support local businesses in their sponsorship relationship of the Monster Dash Run for Education in 2020. Nearly 170 local businesses supported the 2019 ASF Monster Dash events (the Monster Ball and the Monster Dash) with a variety of sponsorships totaling \$35,000. Nearly all of these sponsors were local Ashland-based businesses that were (and some may still be) shuttered due to the COVID-19 virus restrictions. Many of these businesses are struggling to stay in business and, without their sponsorship support, ASF and Ashland Kiwanis will most likely not be able to financially support holding any Monster Dash weekend events this year.

The Monster Dash Run for Education began in 2009, through a partnership between ASF and the Ashland Kiwanis Club. Besides fundraising for the ASF Classroom Impact Grant program, we hoped to provide a fun, family event that would encourage life-long exercise by introducing the joys of road racing to young people. Scholarships are provided for anyone who requests one to ensure participation for all.

The Monster Dash event includes 1-mile, 5K and 10K races and is held the weekend before (or on) Halloween in Lithia Park; it has averaged 650-750 runners per year since 2015. 30% of runners come from outside of Ashland, with nearly 10% coming from 50 miles or more away.

In 2015 we began partnering with Treehouse Books to transform the Friday-night Pasta Party into the Monster Ball, a family-friendly Halloween party with an annual attendance of 400-500 children and adults from throughout the Rogue Valley. Held at the Historic Armory, the Ball includes a pasta dinner, children's activity booths, a silent auction, and a costume party on stage, with a costume parade for the smallest attendees. All events are included in a low admission price, to make the event affordable for all. In 2020 we added an after-race party event at the Brickroom, with the restaurant filling to capacity.

All of these events have been made possible by the participation of nearly 170 local business sponsorships and donations. We expect that most of those businesses will not be able to afford to donate this year, due to their struggles with pandemic closures. We could potentially be losing a total of \$35,000 in sponsorships: \$18,000 financial, \$8000 in-kind, and nearly \$9000 in gift certificates and goods for prizes and auction items.

Unfortunately, due to restrictions from the ongoing COVID-19 pandemic, we have decided it will not be possible for us to hold the Monster Ball in 2020. The event is held indoors, and is usually packed with attendees. We've explored variations, but have decided there is no way to safely hold the event. However, we are planning on holding a

Monster Dash Run for Education on Halloween of 2020. At this time we expect to hold an in-person event with an optional virtual race for those who don't feel comfortable participating in person. We have surveyed other fall runs in the valley, and throughout Oregon, and at this point the majority are moving forward with plans for traditional in-person races. We would adjust our event to make it as safe as possible, adjusting race times to minimize crowds, asking participants to wear masks - in fact we hope to give prizes to the best integration of a mask into Halloween costumes. We will have special contests on-line in addition to our traditional competitions, and will advertise the event throughout the northwest, and on national running platforms.

Rather than simply asking the City to grant funds to help the Monster Dash weekend continue in 2020, we are proposing to set up a sponsorship matching grant program for the businesses who have been sponsors for these events in the past. We would like to work with our usual sponsors (many of whom have been with us for the entire 11 years of the event) to credit them with sponsor scholarships using grant funds. These businesses will have the benefit of seeing these Ashland City Grant Funds working for their direct benefit.

- We would create a matching program to allow businesses to give half of their sponsorship amount for the full credit of their sponsorship level (Corporate @ \$1000-\$3000, Major Monster @ \$500, Spooky Supporter @ \$250, Pumpkin Partner @ \$100).
- Businesses will be promoted, including logos on race t-shirts for larger sponsors, newspaper advertisements, listing on 5000 registration forms, sponsorship window signs, inclusion on the event website, social media, signage and verbal thank yous at the events. The City Grant program would also be noted on many materials.
- Grant funds would also be used to purchase local gift certificates as prizes from those sponsors who are unable to donate.
- We could promote the Ashland Tourism Grants program by announcing the sponsorships were made possible by the Grant received, and in our race materials.

These funds would make the Monster Dash races viable for 2020, bringing 700 or more attendees into downtown Ashland, and allowing us to continue our sponsorship relationship with local businesses.

We have asked for \$15,000 from the Tourism pool of funds, as the Monster Dash events promote tourism in Ashland. Over the past 10 years, this event has become one of the celebrated fall events around the Halloween weekend in Ashland. Because of the nature of race registration, we know exactly where runners are coming from and believe the Tourism impact to be as follows:

- In 2019 we had about 700 registrants. 30% of race attendees were from outside of Ashland, with nearly 10% of racers from more than 50 miles away. In looking at where attendees put down as their home address, at least 30-35 of those would need to spend at least one night in Ashland and it's likely they would come here to spend the weekend, going out for several meals and participating in other activities in Ashland.

- Of the 700 registrants, many of those go out to local restaurants for lunch directly after the Monster Dash (the races end at noon). We've heard that the local restaurants are quite busy when the event is over. If the closure of the plaza for restaurant seating is continued into the late fall, it would be very appealing to race participants to stay downtown for food and drink.
- Registration/packet pickup has traditionally been at the Historic Armory on Friday afternoon/evening, and we have encouraged racers to come pick up their packets there. Due to the cancellation of the Monster Ball, we may need to change our pickup venue, but we could certainly look for a downtown location. Our busiest pick up time is around dinner time, and some of those people stay downtown for dinner.
- People will be looking for ways to celebrate Halloween with their families and friends, in as safe a manner as possible. With many traditional activities unavailable, a socially distant costumed run in the park may be just the activity that would bring many folks into town - especially since Halloween is on a Saturday. We typically work with the Chamber of Commerce to promote the race through their channels as well, and hope to do so even more this year.

If your grant request is for date specific events, programs or activities, please enter those below using the format: program/event title; anticipated event start date; anticipated event end date; funding request. Use next question if more room is needed.

- • Event Title: 2020 Monster Dash
- • Event Dates: Oct 30-31, 2020
- • This year the Monster Dash Run for Education will land on Halloween itself! When this happens, we work with the Chamber to ensure our races and their activities work in concert, creating a reason for families to remain downtown for lunch.
- • Funding request: \$15,000 to create a Monster Dash Sponsorship Support Fund
- • While the event doesn't happen until late October, the sponsorship grant program would begin in late July, with outreach occurring throughout the summer months. Receiving the grant would ensure that the Monster Dash would continue this fall.

Additional date specific events, programs or activities. Enter as: program/event title; anticipated event start date; anticipated event end date; funding request.

- Sponsors who have been strongly impacted by the COVID-19 closures would be given the option to receive a matching sponsorship grant from the City Grant funds, in order to keep their relationship with the ASF Monster Dash events and to receive the promotional benefits of their

sponsorship. 45 of our sponsors have participated since 2009 and we would hate to lose this relationship between the businesses and the schools.

Please explain how you will measure success or desired outcomes, based on the Grant Reporting Section above.

Monster Dash tracking:

- We will track all race registrants by address, age.
- We will track impact on local businesses using grant funds (indirect through sponsorship matching program, and direct through purchases of gift certificates, etc, for the events)
- We will survey in-person race registrants asking them to state whether they stayed in hotels, patronized businesses, etc while in Ashland for the race. (The race registration platform is set up to initiate surveys in a simple manner.)
- We will survey volunteers to ask which businesses they patronized while on their way to/from the events. (We use a volunteer online registration system that easily allows outreach to volunteers.)
- We will reach out to local businesses to ask if they saw a surge in overnight guests, meals served, etc with Monster Dash participant

Tourism - Per the list of eligible Tourism activities above, please explain how your activities qualify (limit 250 words).

The Monster Dash meets the first and third criteria for evaluation with the events happening in October, and the majority of the tourism dollars from the Monster Dash coming in increased local restaurant and retail business sales.

- In 2019 the Monster Dash had about 700 race registrants. 30% of race attendees were from outside of Ashland, with nearly 10% of racers from more than 50 miles away. In looking at where attendees put down as their home address, at least 30-35 of those would need to spend at least one night in Ashland and it's likely they would come here to spend the weekend, going out for several meals and participating in other activities in town.
- With 700 registrants, plus the 100 volunteers at the Race, race day brings many visitors to downtown Ashland and many of those go out to local restaurants for lunch directly after the Monster Dash (the races end at noon). We've heard reported by those attending that the local restaurants are quite busy when the event is over. By the time I get to the local restaurant for refreshment after race clean-up around 2pm, they are still quite busy!
- This year, with the Race falling on Halloween, many more people are likely to attend the event. With many traditional Halloween events not available, we expect more participants and think many families will use this event as their premiere Halloween experience. I have been told confidentially that the Chamber does not plan to hold their

usual Halloween parade (please keep confidential as they have not publicly announced this yet.) Without the parade, most families will not be downtown except to participate in the Monster Dash. By bringing so many people into downtown over lunchtime, we hope to create a large increase in business for stores and restaurants that might be very slow without the parade.

- We will try to hold registration/packet pickup (historically at the Historic Armory on the Friday night before the race) at a downtown location, and we encourage racers to come pick up their packets there rather than waiting for Saturday morning. Our busiest time is around dinner time, and we know some of those people are staying downtown for dinner.

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

We would attempt to move ahead with the Monster Dash Run. Since we will be holding only the Monster Dash race this year, we will already lose several sponsors who are directly aligned with the Ball, all ticket admissions, and bar sales (we still hope to hold an online auction). The cost savings of not having to pay the Ball expenses is minimal compared to the income from the event.

If we receive less funding, we would still use the funds as sponsorship support as described and to purchase gift certificates. But if funding is significantly reduced and too many of our sponsors drop out, it may be difficult to justify holding the race since so much of our profit comes from the sponsorships. We need some pool of funds to shore up the sponsorship program.

Board Members

1. Name Sarah Jones

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code) [REDACTED]
[REDACTED]

Occupation [REDACTED]

Title Chair

Term of Office (Start and End Dates in format MM/DD/YYYY) 09/01/2015 - 09/01/2021

2. Name John Williams

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Vice-Chair

Term of Office (Start and End Dates in format MM/DD/YYYY)

09/01/2017 - 09/01/2023

3. Name Karen Carnival

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Treasurer

Term of Office (Start and End Dates in format MM/DD/YYYY)

09/01/2016 - 09/01/2022

4. Name David Weber

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Secretary

Term of Office (Start and End Dates in format MM/DD/YYYY)

09/01/2014 - 09/01/2020

5. Name Ericka Beck-Brattin

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Board Member at Large

Term of Office (Start and End Dates in format MM/DD/YYYY)

09/01/2019 - 09/01/2025

6. Name Tanya Blakeley

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Board Member at Large

Term of Office (Start and End Dates in format MM/DD/YYYY)

09/01/19 - 09/01/2025

7. Name Justin Donovan

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Board Member at Large

Term of Office (Start and End Dates in format MM/DD/YYYY)

01/01/2020 - 09/01/2026

8. Name Lindsay Gates

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Board Member at Large

Term of Office (Start and End Dates in format MM/DD/YYYY)

09/01/2019 - 09/01/2025

Organizational Client Demographic

Organization Ashland Schools Foundation

Program/Event Name Ashland Monster Dash

For the Twelve-Month Period of (MM/YYYY to MM/YYYY) 07/01/19 - 06/30/20

Percentage of Youth 0 to 17 years (only use numbers) 45

Percentage of Adult 18 to 39 years (only use numbers) 25

Percentage of Adult 40 to 64 years (only use numbers) 24

Percentage of Adult 65 and over (only use numbers) 6

Unknown (only use numbers)

Customer Age Total 100

Ashland (only use numbers) 100

Rogue Valley (only use numbers)

Other (only use numbers)

Staff Residence Total 100

Ashland (only use numbers) 69

Rogue Valley (only use numbers) 21

Other (within 50 miles) (only use numbers) 1

Other (greater than 50 miles) (only use numbers) 9

Customer Residence Total 100

Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? (only use numbers) 6

Grant Program Budget

Program/Event Name for Project Period July 1, 2020 to June 30, 2021 Ashland
Monster Dash

Source: City of Ashland Grant Funds - Funding Title Monster Dash Sponsorship
Support Fund

Source: City of Ashland Grant Funds - Funding Amount (only use numbers)
\$15,000

Source: Jackson County Funds/Identify - Funding Title

Source: Jackson County Funds/Identify - Funding Amount (only use numbers)

Source: State Funds/Identify - Funding Title

Source: State Funds/Identify - Funding Amount (only use numbers)

Source: Federal Funds/Identify - Funding Title

Source: Federal Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title Race Registrations & Shirt Sales

Source: Other Funds/Identify - Funding Amount (only use numbers) \$15,000

Source: Other Funds/Identify - Funding Title Online Auction

Source: Other Funds/Identify - Funding Amount (only use numbers) \$6000

Source: Other Funds/Identify - Funding Title Sponsorships

Source: Other Funds/Identify - Funding Amount (only use numbers) \$12,000

Total Revenue/Funding Amount (only use numbers) \$48,000

Total Salaries (only use numbers) \$60,000

Salaries: Percentage of Time to Project/Event (only use numbers) 10

Salaries Specific to Project/Event (only use numbers) \$6000

Total Benefits (only use numbers)

Benefits: Percentage of Time to Project/Event (only use numbers)

Benefits Specific to Project/Event

Total Project/Event-Specific Personnel Services (must equal sum of specific to project/event fields) \$6000

1. Materials and Services Description Facilities, Legal Fees, Contracted Services

1. Materials and Services Amount (only use numbers) \$3600

2. Description of Materials and Services Event Supplies, Awards, Printing, CC fees, PR

2. Materials and Services Amount (only use numbers) \$8800

3. Description of Materials and Services Costs of Goods Sold (Shirts)

3. Materials and Services Amount (only use numbers) \$2300

4. Description of Materials and Services Sponsorship Grants & Prizes purchased

4. Description of Materials and Services \$15000

Total Project/Event Specific Materials and Services (must equal sum of materials and services amount fields) \$29,700

Signature

I have submitted my organization's most recent Form 990 IRS filing (summary page only), 501(c) letter verifying non-profit status and corporate bylaws separately to natalie.thomason@ashland.or.us before the deadline. (Past grant recipients only need to submit the most recent Form 990 IRS filing). No, but I understand that if these items are not submitted before the deadline the application will be rejected as incomplete.

By checking below your organization acknowledges the statement above and will provide the documents requested prior to receiving funding? Yes

Signature (Type Full Name) Susan Bacon

Title Executive Director

Organization Ashland Schools Foundation

Name	Phone	Address	Occupation	Title	Term of Office
Jamie Haden	[REDACTED]	[REDACTED]	[REDACTED]	Board Member at Large	09/01/2019 - 09/01-2025
James Hetland	[REDACTED]	[REDACTED]	[REDACTED]	Board Member at Large	02/01/2020 - 09/01/2026
Amy Preskenis	[REDACTED]	[REDACTED]	[REDACTED]	Board Member at Large	09/01/2016 - 09/01/2022
Leah Saturen	[REDACTED]	[REDACTED]	[REDACTED]	Board Member at Large	09/01/2017 - 09/01/2023
Jessica Toth	[REDACTED]	[REDACTED]	[REDACTED]	Board Member at Large	09/01/2017 - 09/01/2023

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

C Name of organization
ASHLAND SCHOOLS FOUNDATION

Doing business as

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

D Employer identification number

E Telephone number

G Gross receipts \$ 765,596

F Name and address of principal officer
SUSAN BACON
100 WALKER AVE
ASHLAND, OR 97520

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)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ www.ashlandschoolsfoundation.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1989 **M** State of legal domicile OR

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To support quality education in the Ashland public schools through fundraising in the community

2 Check this box 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)	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	14
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	4
6 Total number of volunteers (estimate if necessary)	250
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	521,120	612,443
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,463	9,141
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,966	27,066
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	543,549	648,650
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	262,266	605,875
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	50,108	46,019
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	22,602	22,737
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	334,976	674,631
19 Revenue less expenses Subtract line 18 from line 12	208,573	-25,981
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	911,914	910,811
21 Total liabilities (Part X, line 26)	1,728	267
22 Net assets or fund balances Subtract line 21 from line 20	910,186	910,544

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 2019-04-17
SUSAN BACON EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name Marlin J Peterson
Preparer's signature Marlin J Peterson
Date 2019-04-17
Check if self-employed PTIN
Firm's name ▶
Firm's address ▶
Firm's EIN ▶
Phone no ▶

ASHLAND SCHOOLS FOUNDATION

BYLAWS

(As amended March 21, 2018)

ARTICLE I. NAME

The name of this private, non-profit public benefit corporation shall be the Ashland Schools Foundation. The principal office of the corporation shall be located at 100 Walker Ave., City of Ashland, County of Jackson, State of Oregon. The corporation may move to another permanent location within the City of Ashland, or may have other offices in any location, as the Board of Directors may determine from time to time.

ARTICLE II. PURPOSE

The principal purpose shall be provision of financial support to the Ashland School District No. 5, and public schools therein, and to other organizations and persons whose primary function is the presentation of formal instruction through a regularly maintained faculty and curriculum, with a regularly enrolled body of pupils or students in attendance at a place where its educational activities are regularly carried on. The following shall be functions of the Foundation:

- (1) To enhance the educational opportunities for students of the Ashland School District.
- (2) To acquire financial resources for students, faculty, and staff of Ashland School District in their efforts to improve educational opportunities.
- (3) To assist in expanding the property or equipment of Ashland School District.
- (4) To carry out other supportive activities for Ashland School District which are included within the Articles of Incorporation

ARTICLE III. ANNUAL MEETING

The Board of Directors shall conduct an annual meeting to elect members of the Board of Directors, and for the transaction of such other business as may come before the meeting. The location, date, and time of the annual meeting shall be determined by the Board of Directors. If the election of the Board of Directors is not held on the day designated herein for any annual meeting or at any adjournment thereof, the Board of Directors shall cause the election to be held at a regular or special meeting as soon thereafter as is convenient. The annual meeting may be considered and scheduled as one of the minimum number of regular meetings in these Bylaws.

ARTICLE IV - BOARD OF DIRECTORS

Section A. Composition

The Board of Directors shall consist of seven to twenty-five members in accordance with the following:

- (1) A majority to be selected at large reflecting the diversity of the community and who can be fairly deemed to be knowledgeable of and to represent the educational needs of the community.
- (2) At least one member must be a current or **retired** teacher from the Ashland School District.

- (3) At least one member must be a current member of the school board, and appointed by the school district board of directors.

Section B. Qualifications and Terms

- (1) Any person over age 18 years may be eligible to serve as a Director unless said person is an employee of the Foundation, or otherwise possesses a conflict of interest with the best interests of the Foundation.
- (2) Each elected member of the Board shall serve for an initial term of three years, and shall be eligible for reelection for three additional one-year terms. Full terms for directors and officers commence on September 1st of each year. Any partial term to which a director filling a vacancy has been elected shall not be counted as one of the consecutive terms, so long as years of consecutive service do not exceed seven.
- (3) The term of one-third of the initial Board of Directors shall be one year, and another third two years, with the remainder serving initial three-year terms. A director shall not be eligible, upon completion of a period of service, to serve within a period consisting of the lesser of five years or the number of consecutive years such director has immediately completed serving

Section C. Selection Procedures. Vacancies and Orientation

- (1) In addition to nominations from a nominating committee, any initial, successor, or additional Board member may submit the names of consenting individuals to fill each vacant position on the Board of Directors.
- (2) Vacancies shall be filled by a 2/3 majority vote of the members of the Board. Vacancies occur when a Board member's term expires, or when he/she moves out of the service area, dies, resigns or misses an unreasonable number of meetings during any year for which he/she had proper notice. A board member filling a vacant position will be eligible to be elected to an initial three-year term at the next board election following their appointment.
- (3) Any new Board member must be fairly oriented to his or her duties and responsibilities, personal and legal liabilities, missions and goals of the Foundation, and the types of programs and services offered.
- (4) Pending approval by the Board, Board members who, for personal or professional reasons, need to step away from the board for an extended period of time may take up to a one-year hiatus from the board. During this time the board member will temporarily be considered off the board for legal purposes and for counting board quorum. The time away will suspend their board term. The Board reserves the right to grant the hiatus or ask the member to resign.

Section D. Membership

The corporation shall not have a voting general or special membership, and all power resides with the Board of Directors.

ARTICLE V. OFFICERS

Section A. Officers

The officers of the Foundation shall be a Chair, Vice Chair, Secretary, and Treasurer.

Section B. Election and Term of Office and Vacancies

All officers of the Foundation shall be elected for one-year terms by majority vote of the Directors, and may be reelected for two additional terms for a total of 3 terms per office. The Board of Directors shall elect another Board member to fill any vacancy in an officer's position for the balance of the term. Any partial term shall not be counted in the eligibility of an officer to be elected for three consecutive terms.

Section C. Powers and Duties

The officers shall have such powers and shall perform such duties from time to time specified in resolution on other directives of the Board of Directors. In addition, each officer shall have the powers and duties enumerated below.

Section D. Chair

The Chair shall preside at all meetings of the Board of Directors. The Chair may execute deeds, bonds, mortgages, contracts, and other instruments on behalf of the Foundation when expressly authorized by the Board of Directors. The Chair or his or her designee shall call for all regular meetings and determine regular agendas.

Section E. Vice-Chair

The Vice-Chair shall perform the duties of the Chair in his or her absence or inability to serve. The Vice-Chair may also serve as Chair of a Board standing or functional committee.

Section F. Treasurer

The Treasurer shall be responsible to insure execution of all appropriate financial, accounting, deposits, drafts, and duties of the Foundation, and shall periodically review the fiscal position and direction. The Treasurer shall report regularly to the Board of Directors.

Section G. Secretary

The Secretary shall insure that minutes of all Board of Director's meetings are accurate, approved and available in appropriate archives. The Secretary shall insure that notice of all meetings of the Board of Directors is given in a timely manner to all members and that addresses and phone numbers of all current Board members are maintained.

ARTICLE VI. BOARD MEETINGS

Section A. Notice, Quorum

All members of the Board of Directors must either receive or waive actual notice of each meeting. In no instance will official business be conducted when less than a majority of members are present. The Foundation being a private nonprofit corporation, its meetings are not open to the public or the press except upon resolution of the Board of Directors.

Section B. Voting

All motions at a meeting of the Board of Directors shall be decided by majority vote of the Board members, unless otherwise specified herein or in the Articles of Incorporation. Written proxies of absent members are not allowable by Oregon law.

Section C. Minutes

Minutes of all Board meetings shall be kept. The minutes may include a copy of the notice of the meeting, the final agenda of the meeting, and an accurate record of all proposed and final actions taken by the Board. Minutes must accurately reflect the actions of the Board, points of discussion, and dissenting opinions.

Section D. Regular Meetings and Excused Absences

Regular meetings of the Board of Directors shall be held at least four times per year, at such times and places as shall, from time to time, be provided by resolution of the Board or by the Chair. Meetings requiring the physical presence of Board members must be of sufficient frequency to control and direct the Foundation.

(1) Notice of Regular Meetings

Written notice shall, where feasible, be mailed or emailed to each member's current address five (5) days prior to the date set for the meeting. Notice shall include the time, date and place of the meeting and the agenda, if one is prepared. The minutes of the last meeting (whether regular or special) may be mailed with the agenda, or provided at the meeting. Less than five (5) days written notice is allowable if telephone notice of the date is given five (5) days in advance.

(2) Agenda of Regular Meetings

Agendas for regular meetings announcing issues upon which a vote is expected should be provided when time allows. Board members may request at any meeting that items be added to the agenda of the regular meeting, so long as the matter may be fairly considered.

(3) Telephone, Email, Conference or Poll

Meetings may be held by telephone or email conference and voting conducted by telephone or email poll on specific issues. Issues must be approved by the Executive Committee. Votes over telephone or email must be unanimous to be valid. If a vote is not unanimous the issue is referred to the next meeting where members will be physically present. Votes over telephone must be confirmed in writing or by email.

(4) Excused Absences

For purposes of determining excessive unexcused absences, an excused absence requires notifying an officer of the Board in advance of the meeting of the reason for the absence.

Section E. Special Meetings

All special meetings should, when time allows, be preceded by written notices. The purposes for which the meeting is called, and the location of the meeting shall be stated contemporaneously with the notice.

(1) Request for Special Meetings

Special meetings of the Board of Directors may be called at the request of the Chair or by a majority of Directors. Meetings may be held in person, by telephone or email conference or voting by telephone or email poll.

(2) Notification of Special Meeting

Written notice should be given personally to each member, usually at least 48 hours prior to the meeting, giving the date, time and place of the meeting, and the agenda. Any reasonable notice, oral or written, however, is allowable depending upon the urgency of the situation.

ARTICLE VII. COMMITTEES

Section A. In General

There shall be no standing committees, except as authorized by these Bylaws. The Board of Directors may designate functional committees as needed, each of which shall consist of two (2) or more Directors. The designation of such committees and the delegation thereto of authority shall not operate to relieve the Board of Directors, or any individual Director of any responsibility imposed by law. Any functional committee having completed or pending business shall regularly report to the full Board. All business transacted by such committee shall be reported to the Board at its next meeting. All such business shall be subject to the approval of the Board unless otherwise specified by Board resolution.

Section B. Personnel Committee

A Personnel Committee may be appointed to establish and maintain a personnel procedures manual, salary scale, recruitment of a chief executive officer, and arbitrate staff grievances, and perform personnel evaluations.

Section C. Executive Committee

An Executive Committee may be established and shall consist of the current officers of the Foundation, the past chair if still a current board member, and the chairs of standing and functional committees as invited by the officers. The number of Board members on the Executive Committee is limited to eight. The chief executive officer of the Foundation and the Ashland School District superintendent shall serve as ex officio, non-voting members. The Executive Committee may meet at regular times or upon special call, personally or by telephone. The Executive Committee shall be delegated the authority to establish organizational procedures for the Board of Directors and act on emergency matters required of the Foundation between meetings of the full Board. All Executive Committee actions in the name of the corporation shall be subject to ratification by the full Board.

Section D. Finance Committee

A Finance Committee may be established to plan finances and to report on the budget status of the Foundation. The Treasurer shall be its chair unless another member is appointed.

Section E. Nomination Committee

A Nomination Committee may be established for the purpose of nominating candidates for membership on the Board and to determine eligibility of candidates; to provide orientation of new members; to analyze regularly the attendance of members of the Board; and to consult with those who are not attending regularly. Prior to June 1 of each year, the Chair shall appoint a Nominating Committee to prepare a slate of nominations for all vacancies on the Board of Directors and for the officers. Proposed nominations will be sent to all members prior to the August/September meeting, at which time elections will be held.

Section F. Grants Committee

A Grants Committee may be established to make recommendations for disbursements of Foundation funds to advance the purposes of the Foundation. The committee shall insure that any applicant or proposed recipient is an organization or person whose primary goal is enhancing presentation of formal instruction through a regularly maintained faculty and curriculum, with a regularly enrolled body of pupils or students in attendance at a place where its educational activities are regularly carried on, within the meaning of IRS regulations defining "educational organizations" under section 170(b)(1)(A)(ii) of the Internal Revenue Code. The committee shall also insure that the Foundation makes at least the minimum grant distributions each fiscal year so as to not be subject to the corporation tax provisions of section 4942 of the Internal Revenue code. The committee shall also insure that the Foundation meets the requirements of nonprofit corporations under ORS Chapter 65.

Section G. Fund Development (Campaign) Committee

A Fund Development Committee may be established to recommend ways of attracting new and additional public and governmental financial support on a continuous basis. This shall include ways of maintaining a continuous and bona fide program for solicitation of funds from individuals, corporations, the general public, community, or membership groups of various types. The committee shall insure that the Foundation continues to meet the IRS regulations defining "publicly supported" organizations under section 170(b)(1)(A)(vi) of the Internal Revenue Code. The committee shall also insure that the Foundation's mix of grants and contributions meets the IRS regulations governing the "percentage of financial support" and "sources of support" of publicly supported nonprofit corporations.

Section H. Public Relations Committee

A Public Relations Committee may be established to oversee media relations, marketing, community relations and other external communications of the Board; develop policies, plans, procedures and schedules for all external communications; and to oversee website content and maintenance.

ARTICLE VII. GENERAL POWERS OF BOARD OF DIRECTORS

Section A. Contracts

The Board of Directors may authorize any officer, agent of the Foundation, in addition to the officers so authorized by these Bylaws, to enter into any contract or execute and deliver any instrument in the name of and on behalf of the Foundation, and such authority may be general or may be confined to specific instances.

Section B. Checks, Drafts, or Orders

All funds of the Foundation shall be deposited by the authorized agents of the Foundation and credited to the Foundation in such banks, trust companies, or other depositories as the Board of Directors may select. An independent annual audit may be conducted of the Foundation's assets and liabilities at the end of each fiscal year, if funds permit. All checks, drafts, notes or other financial instruments over five hundred dollars (\$500.00) against the Foundation's funds shall bear two signatures of two authorized signers on accounts. Authorized signers on the accounts will be the Board of Directors Officers.

Section C. Gifts

The Board of Directors may accept, on behalf of the Foundation, a contribution, gift, bequest, or devise for any purpose of the Foundation.

Section D. Additional Powers and Duties Related to Nondiscrimination. Fiscal Management. Personnel and Insurance of the Foundation

(1) The Board shall exercise its powers and responsibilities as an independent, volunteer body. It is responsible for assuring fiscal guidance, and ongoing governance, and shall regularly review the Foundation's policies, programs, and operations. The Board shall have the authority and responsibility for the establishment of policy in the conduct of the affairs of the Foundation, including, but not limited to those pertaining to personnel; prevention of any discrimination in grants or employment based on race, sex, age, religion, national origin, or disability; financial management and compliance with grant or contract requirements; program evaluation; compliance with applicable statutes and regulations; and health care and safety of anyone present at Foundation activities, events and meetings. Each Board member has a fiduciary duty to protect and advance the financial and other best interests of the Foundation.

(2) The Board may, as funds allow, select and appoint a chief executive officer, and may delegate to him/her authority and responsibility for the day to day management of the Foundation; may evaluate his/her performance; and shall have the authority to suspend and/or dismiss him or her. Any such chief executive officer shall have sole responsibility for the employment and discharge of staff in accordance with any personnel policies that might be adopted by the Board. The chief executive officer, if the Board allows, may have authority to sign on behalf of the Foundation all necessary papers and to make contracts and expenditures within the approved budget. The chief executive officer or a delegate shall attend all meetings of the Board, and of its committees, when appropriate.

(3) The chief executive officer shall not enter into any contract of employment with any employee. All employees at the time of hiring shall be provided a copy of the personnel policies, and of any changes thereafter. The personnel policies of the Foundation shall not constitute a contract of employment, and shall so state. Unless expressly designated as a "contract" in writing, the executive director shall have no contract of

employment with the Foundation. All employees shall serve the Foundation only on an "at will" basis from day to day.

(4) The Board is responsible for ensuring that the Foundation has sufficient financial resources to conduct the operations it legally undertakes, and, when appropriate or needed, authorizes activities for the purpose of generating financial support on the Foundation's behalf. The Board shall insure maintenance of an inventory of all capital properties and holdings that exceed \$500 in value and that are expected to have a service life in excess of five years. The Board shall insure periodic review of the insurance needs of the Foundation.

ARTICLE IX. CONFLICT OF INTEREST

Section A

No member of the Board of Directors shall be an employee of the Foundation.

Section B

No member of the Board of Directors shall be related to an employee (spouse, child, parent, brother or sister) by blood or marriage.

Section C

No member of the Board of Directors shall be, or be employed by, a service provider or contractor, except employees of the Ashland School District

Section D

No member of the Board of Directors shall vote or act in any matter without first disclosing any actual or potential personal, family or business conflict of interest with the best interests of the Foundation. The Board may, by resolution, limit the voting of any such member on matters for which an actual or potential conflict of interest exists. The minutes must reflect any conflict of interest disclosures.

ARTICLE X. REMOVAL OR RESIGNATION OF A DIRECTOR

Section A. Removal

Any director may be removed whenever the Board shall determine that the best interests of the Foundation will be served. The Director shall be given a reasonable opportunity to appear and speak on his/her behalf, and to request mediation if he or she desires. Notwithstanding other provisions of these Bylaws, a director may be removed only by the vote of at least two-thirds (2/3) of the total number of Directors then serving on the Board. A director having two consecutive unexcused absences from properly noticed regular meetings may be removed on a majority vote of the Board of Directors.

Section B. Resignation

Any member of the Board of Directors may resign at any time by delivering written notice to the office of the Chair of the Foundation. Such resignation shall specify the date to be effective.

ARTICLE XI. MEMBER'S PRIVATE PROPERTY AND INDEMNITY

The private property of the members of the Board of Directors of this Foundation shall not be subject to the payment of corporate debts or liabilities to any extent whatsoever, regardless of how such debts or liabilities are incurred. The Foundation shall defend and indemnify any liability asserted or established against a Board member for good faith acts or omissions occurring in the scope of said Board member's duties to the Foundation, subject to any limitations set forth in the Articles of Incorporation.

ARTICLE XII. COMPENSATION TO DIRECTORS

No fees or wages may be paid to Board members for any services rendered to the Foundation. Direct expenses, including mileage, incurred in attending legal Board meetings, may be reimbursed in accordance with applicable regulation. No Board member shall be considered an employee of the corporation.

ARTICLE XIII. FISCAL YEAR

The Fiscal Year of the Foundation shall be from July 1 to June 30, unless otherwise designated by resolution of the Board of Directors in accordance with filing requirements for Internal Revenue Service non-profit corporations. The corporation shall comply with all requirements for retention of its tax-exempt status with the federal and state governments.

ARTICLE XIV. BOOKS AND RECORDS

The Foundation shall keep accurate books and records of accounts and shall keep minutes of the meetings of the Board of Directors; and shall keep at the principal office a record giving the names and addresses of the Board members. All books and records of the Foundation, other than records which contain confidential and legally protected information may be inspected by any Board member at any reasonable time, except that matters relating to personnel actions are not accessible except upon written release in proper form. The Foundation being a private nonprofit corporation, its books and records are not open to the public or the press, except upon resolution of the Board of Directors

ARTICLE XV. PARLIAMENTARY AUTHORITY

In case of any procedural dispute, the rules contained in Roberts Rules of Order shall govern when not in conflict with the Bylaws, or the Articles of Incorporation, or the laws of the State of Oregon.

ARTICLE XVI. AMENDMENT OF BYLAWS

The Bylaws may be repealed or amended; or new Bylaws may be adopted at any meeting of the Board of Directors, at which a quorum is present, upon two-thirds (2/3) vote of those present and voting, provided however, that at least five (5) days written notice is given each director of the intention to alter, amend, repeal or to adopt new Bylaws at such meetings. A copy of any alteration, amendment, or substitution proposed shall be provided to each Board member prior to its adoption.

Article IV. A. amended by Board resolution to increase members from 21 (twenty-one) to 25 (twenty-five) . Adopted as amended by unanimous vote of more than 2/3 the Board of Directors at its regular meeting on February 12, 2002.

Article VI., Sections D and E amended by Board resolution to include the ability to hold meetings by email. Adopted as amended by unanimous vote of more than 2/3 of the Board of Directors at its regular meeting on May 13, 2003.

Multiple changes adopted by unanimous vote of more than 2/3 of the Board of Directors at its regular meeting on September 6, 2006. Most notably the addition of the Campaign Chair as an officer of the organization, board member terms, and the addition of a Public Relations committee.

Multiple changes adopted by vote of more than 2/3 of the Board of Directors at its regular meeting on September 16, 2015. Most notably changing the officers back to Chair, Vice-Chair, Secretary and Treasurer, board terms, and removing the incorrect reference to the organization as a private foundation in the description of the Grants Committee and the Fund Development Committee.

Article IV, Section C, #4 added to address board members who want to take a one year hiatus from the board. Adopted by unanimous vote of more than 2/3 of the Board of Directors at its regular meeting on June 15, 2016 board meeting.

CHAIR

Sydnee Dreyer

DATE

SECRETARY

Jeanne Walcher

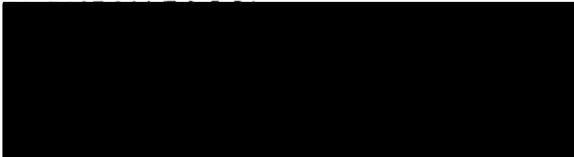
DATE

Original prepared by:

Thad M. Guyer
Attorney
221 West Main Street
Medford, Oregon 97501

Internal Revenue Service

Date: October 25, 2005

ASHLAND SCHOOLS FOUNDATION


**Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201**

Person to Contact:

Ms. Lumpkins # 31-08344
Customer Service Representative

Toll Free Telephone Number:
877-829-5500

Federal Identification Number:


Dear Madam:

This is in response to your request of October 25, 2005, regarding your organization's tax-exempt status.

In May 1994 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Janna K. Skufca

Janna K. Skufca, Director, TE/GE
Customer Account Services

2020-21 Tourism Grant Application

Application Information

Created 6/29/2020 11:38 AM

Organization Name Ashland's Bed & Breakfast Network

Mailing Address [REDACTED]

Contact Name Vicki Capp

Contact's Phone Number [REDACTED]

Contact's Email [REDACTED]

Secondary Contact Sue Blaize

Secondary Contact Phone Number ([REDACTED])

Secondary Contact Email [REDACTED]

Federal Tax ID (XX-XXXXXXX) [REDACTED]

IRS Class (exemption) 501(c)(6)

Tourism (only use numbers) 14000

Briefly describe the purpose and objectives of your organization and mission statement (limit to 500 words).

Ashland's Bed and Breakfast Network (ABBN) is a Destination Marketing Organization with the primary objective of marketing all things Ashland to entice more tourists to visit, stay longer, and experience Ashland in all seasons. Year round our members actively promote all the festivals, events, businesses, and attractions in Ashland and the surrounding area.

ABBN is comprised of 14 member Inns, offering a total of 109 lodging units with a maximum daily occupancy of approximately 300 visitors. In 2019 our member inns generated well over \$400,000 of City of Ashland tax revenue.

ABBN is an all-volunteer organization in which every member is required to participate in some way toward the marketing, operations, or outreach programs. Two members, representing ABBN, sit on the Chamber's Travel Ashland Oregon (formerly the VCB). Our marketing efforts support and supplement the Chamber.

In addition to marketing, ABBN gives back to the community, supporting local cultural and non-profit organizations by volunteering and donating rooms to fundraising events, festivals, organizations, e.g., Ashland Culinary Festival, Independent Film Festival, Klamath Bird Observatory, etc. Most member inns donate rooms to non-profit

organizations beyond the Rogue Valley to increase the awareness of Ashland and OSF at fundraising events, while assisting the non-profit to raise funds.

Briefly describe how the City grant would be used and how your activities meet the eligibility criteria in the 2012 policy for Economic Development, Cultural, Tourism, and Sustainability Grants which can be found at ashland.or.us/ECTSGrants (limit to 1,000 words).

The grant award will be used for drawing visitors from 50 miles or more away to Ashland thru an extensive "Stay Ashland" Promotion Campaign. ABBN members contribute financially and with their time to these efforts. The requested funding is critical so that we may partner with marketing professionals with the expertise and time necessary to fully realize these visions.

Stay Ashland Promotion Campaign

The promotion campaign is comprised of a Sweepstakes Getaway program, Seasonal Visitor's Guide, Events Calendar, and marketing content for travel media outlets; all of these components work together and are promoted through social media to generate interest and excitement for visitors to discover what Ashland has to offer in all seasons.

The components of the Stay Ashland Promotion Campaign consist of:

(1) Social Media Marketing of Ashland:

Funds from this grant will be used to expand our social media reach and cultivate a following on Instagram as well as Facebook. Special focus will be made to attract a non-traditional demographic of visitors to Ashland (i.e., there are many more reasons than theater to come to Ashland).

Our visitors love to shop at the small locally owned galleries and stores, eat at farm-to-table restaurants, because they value the experience of the unique and small businesses for which Ashland is famous. They admire how downtown has no box stores, and little to no chain businesses. Stay Ashland posts and shares both paid and organic social media content promoting Ashland area attractions all year round. The content drives visitors directly to various Ashland-based websites that feature area attractions and businesses. Social media posts invite participation in the Stay Ashland Sweepstakes, further cultivating the well-qualified email marketing list. This is an ongoing campaign that has shown direct positive effects for the many businesses we feature. In the course of a year, we regularly reach over 100,000 demographically targeted tourists with a combination of organic and paid content. Stay Ashland's Facebook page has over 6,800 followers with consistent active interaction to posts.

(2) StayAshland.com Events Calendar:

ABBN's website [www.stayashland.com] hosts what is becoming the most comprehensive event calendar in the Rogue Valley focusing on Ashland events. Any business, non-profit organization, performing arts group, etc. can advertise their events

for free on this Stay Ashland calendar, maintained by ABBN. This service is easy to use and graphically appealing. Included for example are the local theaters' performances, the weekly and monthly events, such as Farmer's Markets and Art Walks, as well as festivals, book readings, restaurant's live bands, shop's craft class, winery concerts, lectures, nature hikes, birding events, art museum tours, etc. ABBN members continually reach out to new business owners, marketing directors, and non-profit organizations to encourage them to use Stay Ashland's event calendar.

(3) Email Marketing to Generate Visitors to Ashland:

More than 5,000 people have opted in to win packages and to receive periodic promotional offerings and informative marketing e-newsletters, and more are continuing to sign up.

An email marketing campaign with well qualified address lists is the single most effective means to maintain customer relationships, keep potential visitors thinking about Ashland, and to promote all the Ashland tourist-based businesses and attractions. With a list such as this, marketing offers and informational emails target specific travelers who are more likely to convert to visitors. Those on the email list will receive the periodic Seasonal Visitor Guides, in which all local businesses who donated in kind to the Sweepstakes are featured with links back to their websites at no cost. Each issue of a Visitor Guide will be unique, informative, visually appealing, and inviting.

Residents outside of a 50 mile radius from Ashland have a chance to win a 2-night Ashland Getaway. The package Getaway ads promote Ashland attractions and activities, especially in the shoulder seasons. The Sweepstakes Getaway program is a means to develop an opted-in email list comprised of self-selected people who are explicitly interested in visiting Ashland for overnight stays.

If your grant request is for date specific events, programs or activities, please enter those below using the format: program/event title; anticipated event start date; anticipated event end date; funding request. Use next question if more room is needed.

Stay Ashland Promotion Campaign; 7/2020; 7/2021; \$14,000

Additional date specific events, programs or activities. Enter as: program/event title; anticipated event start date; anticipated event end date; funding request.

Please explain how you will measure success or desired outcomes, based on the Grant Reporting Section above.

We will utilize analytics from social media, website and email marketing to track the effectiveness of all aspects of the Stay Ashland promotional campaigns.

Tourism - Per the list of eligible Tourism activities above, please explain how your activities qualify (limit 250 words).

The Stay Ashland Promotion campaign focuses on potential visitors in specific geographic areas, targeting those who live outside of 50 miles from Ashland. This will lead to an increase in the number of tourists visiting from outside of the area. The campaign goal will also target and increase the number of visitors in non-peak seasons.

All of these actions will increase hotel/motel occupancy and local restaurant and retail business sales, especially during the non-peak times. Thriving businesses will be able to incrementally add tourism, hotel, restaurant and retail jobs to handle the increased visitor demand. The City of Ashland's occupancy and meals tax income will increase as well.

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

If we do not receive the entire amount of our grant request, we will eliminate parts of the Stay Ashland promotional campaign, impacting our reach of potential travelers to Ashland.

Board Members

1. Name Vicki Capp

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code) [REDACTED]
[REDACTED]

Occupation [REDACTED]

Title President

Term of Office (Start and End Dates in format MM/DD/YYYY) 06/25/2020 - 06/24/2021

2. Name Deanna Politis

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)
[REDACTED]

Occupation [REDACTED]

Title Secretary

Term of Office (Start and End Dates in format MM/DD/YYYY)

06/25/2020 - 06/24/2021

3. Name Adam Lemon

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Treasurer

Term of Office (Start and End Dates in format MM/DD/YYYY)

06/25/2020 - 06/24/2021

4. Name Jordan Parker

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Vice President

Term of Office (Start and End Dates in format MM/DD/YYYY)

06/25/2020 - 06/24/2021

5. Name Brian Runyen

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Operations Committee Chair

Term of Office (Start and End Dates in format MM/DD/YYYY)

06/25/2020 - 06/24/2021

6. Name John Blaize

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

239 Oak Street, Ashland, OR, 97520

Occupation [REDACTED]

Title Education Committee Chair

Term of Office (Start and End Dates in format MM/DD/YYYY)

06/25/2020 - 06/24/2021

7. Name Sue Blaize

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Grants Committee Chair

Term of Office (Start and End Dates in format MM/DD/YYYY)

06/25/2020 - 06/24/2021

7. Name Dan Burian

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Membership Committee Chair

Term of Office (Start and End Dates in format MM/DD/YYYY)

06/25/2020 - 06/24/2021

Organizational Client Demographic

Organization Ashland's Bed & Breakfast Network

Program/Event Name Stay Ashland Promotion Campaign
For the Twelve-Month Period of (MM/YYYY to MM/YYYY) 07/2020 to 07/2021

Percentage of Youth 0 to 17 years (only use numbers) 1

Percentage of Adult 18 to 39 years (only use numbers) 9

Percentage of Adult 40 to 64 years (only use numbers) 50

Percentage of Adult 65 and over (only use numbers) 39

Unknown (only use numbers) 1

Customer Age Total 100

Ashland (only use numbers) 90

Rogue Valley (only use numbers) 9

Other (only use numbers) 1

Staff Residence Total 100

Ashland (only use numbers) 1

Rogue Valley (only use numbers) 1

Other (within 50 miles) (only use numbers) 2

Other (greater than 50 miles) (only use numbers) 96

Customer Residence Total 100

Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? (only use numbers) 100

Grant Program Budget

Program/Event Name for Project Period July 1, 2020 to June 30, 2021

Stay Ashland Promotion Campaign

Source: City of Ashland Grant Funds - Funding Title

Source: City of Ashland Grant Funds - Funding Amount (only use numbers)

14000

Source: Jackson County Funds/Identify - Funding Title

Source: Jackson County Funds/Identify - Funding Amount (only use numbers)

Source: State Funds/Identify - Funding Title

Source: State Funds/Identify - Funding Amount (only use numbers)

Source: Federal Funds/Identify - Funding Title

Source: Federal Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title

Source: Other Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title

Source: Other Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title

Source: Other Funds/Identify - Funding Amount (only use numbers)

Total Revenue/Funding Amount (only use numbers) 14000

Total Salaries (only use numbers)

Salaries: Percentage of Time to Project/Event (only use numbers)

Salaries Specific to Project/Event (only use numbers)

Total Benefits (only use numbers)

Benefits: Percentage of Time to Project/Event (only use numbers)

Benefits Specific to Project/Event

Total Project/Event-Specific Personnel Services (must equal sum of specific to project/event fields)

1. Materials and Services Description Stay Ashland Promotion Campaign - marketing services

1. Materials and Services Amount (only use numbers) 1400

2. Description of Materials and Services

2. Materials and Services Amount (only use numbers)

3. Description of Materials and Services

3. Materials and Services Amount (only use numbers)

4. Description of Materials and Services

4. Description of Materials and Services

Total Project/Event Specific Materials and Services (must equal sum of materials and services amount fields) 14000

Signature

I have submitted my organization's most recent Form 990 IRS filing (summary page only), 501(c) letter verifying non-profit status and corporate bylaws separately to natalie.thomason@ashland.or.us before the deadline. (Past grant recipients only need to submit the most recent Form 990 IRS filing). Yes

By checking below your organization acknowledges the statement above and will provide the documents requested prior to receiving funding? Yes

Signature (Type Full Name) Vicki Capp

Title President

Organization Ashland's Bed & Breakfast Network



Manage Form 990-N (e-Postcard)

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

EIN	Organization Name	Tax Year	End Date	Created On	Status	Submission ID	Action
	ASHLANDS BED & BREAKFAST NETWORK	2015	05-31-2016	08-04-2016	Accepted	10065520162170427422	
	ASHLANDS BED & BREAKFAST NETWORK	2016	05-31-2017	07-06-2017	Accepted	10065520171871302951	
	ASHLANDS BED & BREAKFAST NETWORK	2017	05-31-2018	07-09-2018	Accepted	10065520181902192420	
	ASHLANDS BED & BREAKFAST NETWORK	2018	05-31-2019	06-29-2019	Pending	10065520191803042595	"Get Updated Status" action available 7 minutes following submission

««« Prev Page 1 ▼ Next »»»

CREATE NEW FILING



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:** 2018
- **Tax Year Start Date:** 06-01-2018
- **Tax Year End Date:** 05-31-2019
- **Submission ID:** [REDACTED]
- **Filing Status Date:** 06-29-2019
- **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

2018

Open to Public Inspection

... for the 2018 Calendar year, or tax year beginning 2018-06-01 and ending 2019-05-31

B Check if available

- Terminated for Business
- Gross receipts are normally \$50,000 or less

C Name of Organization: ASHLANDS BED & BREAKFAST NETWORK

[REDACTED]

D Employee Identification Number [REDACTED]

E Website:

F Name of Principal Officer [REDACTED]

[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.

2020-21 Tourism Grant Application

Application Information

Created 7/8/2020 10:02 AM

Organization Name Brava! Opera Theater and James M. Collier Young Artist Program

Mailing Address [REDACTED]

Contact Name Lorrie Hall

Contact's Phone Number [REDACTED]

Contact's Email [REDACTED]

Secondary Contact [REDACTED]

Secondary Contact Phone Number [REDACTED]

Secondary Contact Email [REDACTED]

Federal Tax ID (XX-XXXXXXX) [REDACTED]

IRS Class (exemption) 501 C 3

Tourism (only use numbers) 1000

Briefly describe the purpose and objectives of your organization and mission statement (limit to 500 words).

Brava! Opera Theater and James M. Collier Young Artist Program is an opera company created in 2010 by Artistic Director Willene Gunn, General Director Lorrie Hall with benefactor James M. Collier. Since 2010, Brava! Opera Theater has presented eleven Opera Master Classes that trained 112 singers, presented nine operas, held nine Vocal Competitions with 751 singers from across the USA with \$70,500 in prizes distributed, presented five Vocal Competition Winner's Concerts and three San Francisco Opera Adler Fellows Concerts. Our mission is to train the complete singer/actor, recognize and showcase young operatic talent and present high quality concerts and professional operas. We are a company with an emphasis in four areas of performance:

OPERA MASTER CLASSES will be held in Ashland Saturday, January 23, 2021 and led by Mark Morash, Director of Musical Studies at the San Francisco Opera. The master class involves one-on-one training from world-renowned singers or educators to help 10 emerging and professional opera singers develop musical and theatrical tools essential to create and build a character for performance. We are moving them to SOU Recital Hall in 2021 which will increase the audience capacity.

Objectives

1. Provide regional singers expert and intensive direction, training and vocal coaching in the primary skills of performing in a master class
2. Provide professional level training for student and regional singers

3. Improve acting skills and dramatic instincts of each participant
4. Improve the prospects of participant's future employment in a professional opera company by providing the necessary education of how to prepare and develop an operatic aria
5. Present high-quality master classes to southern Oregon audiences while showcasing the participants

SAN FRANCISCO OPERA ADLER FELLOWS CONCERT will be held on Sunday, January 24, 2021 at SOU Music Recital Hall. The 2021 resident ensemble of the San Francisco Opera will present a concert of opera arias and ensembles. San Francisco Opera's Adler Fellowship Program is a multi-year performance-oriented residency for opera's most promising young artists.

Objectives

1. Present a Grand Opera Concert featuring emerging opera singers from one of the world's most prestigious opera training programs
2. Expose the audience to world class singers
3. Enrich the lives of every attendee
4. Bring Brava! Opera Vocal Competition Winners and finalists to Ashland for a concert (many Adlers place in our annual Vocal Competition)

Brava! Opera will host PORTLAND OPERA TOGO'S HANSEL AND GRETEL by Humperdinck on October 10, 2020 at SOU Music Recital Hall. The opera is a 50 minute reduced family-friendly production for all ages with gorgeous music, sets, costumes and beautifully sung by professional opera singers.

Objectives

1. Present a high quality opera production to southern Oregon audiences
2. Enrich the lives of every attendee
3. Expose the audience to world class singers
4. Present one performance of Hansel and Gretel

We give away free tickets via our FREE YOUTH TICKETS PROGRAM to students of all ages who show an interest in music but are unable to afford a ticket.

Objectives

1. Provide youth and disadvantaged youth the opportunity to attend opera productions and concerts
2. Enrich the lives of every ticket recipient
3. Develop an appreciation for opera and new audiences amongst recipients
4. Within one year of receipt of grant monies Brava! Opera will donate at least 75 event tickets to students

Our VOCAL COMPETITION is not included in grant request

*COVID-19 alternate season would mean moving Hansel and Gretel to the spring. We are in contact with Portland Opera as they are anticipating changing this production to the spring.

Briefly describe how the City grant would be used and how your activities meet the eligibility criteria in the 2012 policy for Economic Development, Cultural, Tourism, and Sustainability Grants which can be found at ashland.or.us/ECTSGrants (limit to 1,000 words).

Economic Development

Performing at SOU Music Recital Hall permits multiple students to be hired in the areas of box office, ushers, stage management and theater management. Increased Ashland Jobs: Most of our hired independent contractors are Ashland residents. With the master class, San Francisco Opera Adler Fellows Concert and opera held in Ashland, 90% of our hires are Ashland residents.

Cultural Development

Our Opera Master Classes, San Francisco Opera Adler Fellows Concert and opera are not offered by any other organization between Eugene and Sacramento and therefore provide new cultural offerings in Ashland. Our programs are unique, and the opera is in its fourth year in Ashland. With two performances at SOU Music Recital Hall and the Master Classes held at the SOU Recital Hall we offer 1,308 seats of operatic events not available through any other organization.

Brava! Opera is providing unique cultural opportunities in southern Oregon including: the singer training programs (Opera Master Classes and opera), encouraging promising young operatic talent and exposing southern Oregonians to world-class emerging opera singers (opera and San Francisco Opera Adler Fellows Concert) and bringing in highly theatrical professional operas to Ashland (Portland Opera ToGo and others).

Opera Master Classes Quotes

“What an excellent program. Thank you for your important work supporting emerging artists in the Rogue Valley. We are very fortunate to have you assisting all of us who are working on behalf of young singers. Outstanding work! I think all but one of the singers was an SOU student or former student, in any case, it was wonderful to hear such a great program.” Best, Dr. Paul French, SOU Director of Choral/Vocal Studies

TOURISM

At our performance of Portland Opera ToGo’s La bohème at SOU Recital Hall on September 27, 2019 and the San Francisco Adler Fellows Concert on January 26, 2020, 6% of our patrons came from 100 miles away or further and 45% were from outside of Ashland. We estimate that at least 5% spent the night in local hotels. With patrons coming to our events from the coast, northern California and beyond, we know that patrons are spending money in local restaurants and hotels. Seven of the 11 singers participating in the Opera Master Class came from 250 miles away or further and spent the weekend in Ashland hotels/B & B’s.

All Brava! Opera events are marketed in local newspapers, magazines, flyers, on our website, on Ashland Chamber of Commerce and general Tourism websites, in hotels, B & B’s and various locations with paper brochures, posters and postcards as well as via regular mail to a mailing list of 3,300 plus and email to a list of 1,600 plus from our database email list. We also advertise on Facebook targeting southern Oregon and

northern California communities. FOX KMVU 26 creates our 30 second commercials for all events (at no charge) and runs them for one month prior to the event. They also created branded spots for all other area TV stations who run the commercials as PSAs.

If your grant request is for date specific events, programs or activities, please enter those below using the format: program/event title; anticipated event start date; anticipated event end date; funding request. Use next question if more room is needed.

Please note our Portland Opera Hansel and Gretel performance has been moved to March 2021 TBT

Additional date specific events, programs or activities. Enter as: program/event title; anticipated event start date; anticipated event end date; funding request.

Please explain how you will measure success or desired outcomes, based on the Grant Reporting Section above.

All Brava! Opera programs have measurable goals and objectives that are assessed upon completion of each program. Opinions are solicited from voice teachers, participants, staff and audience members and will be analyzed by the Brava! Opera staff and Board of Directors. In addition we solicit feedback from patrons and audience members. If attendees buy tickets with a check or credit card, we have their address and contact information. With our database we can track new attendees versus prior attendees and what is their city of origin. We hire and pay all independent contractors and therefore can report pay and number of additional jobs created. We have a system to distribute and track free tickets to youth and students. Our data collection system will address the following criteria for evaluation and reporting requirements:

- Number of actual jobs created as a direct result of the City grant.
- Median wage of actual jobs created as a direct result of the City grant.
- Number of people who travelled to Ashland from over 50 miles away as a direct result of activities funded by the City's grant.
- Number of additional overnight stays in Ashland transient lodging businesses as a direct result of the City's grant.
- Number of additional events offered in Ashland as a direct result of the City's grant.
- Number of additional people who attended a cultural event in Ashland as a direct result of the City's grant.
- Number of additional children who attended a cultural event in Ashland as a direct result of the City's grant.

Tourism - Per the list of eligible Tourism activities above, please explain how your activities qualify (limit 250 words).

All Brava! Opera events are marketed through the Ashland Chamber of Commerce, on social media, via our website, in regional newspapers and magazines (including JPR)

and on all social media sites. We have statistics from all our events via our Donor Management/Ticketing program that shows us that 6% of our audience members and 75% of master class participants travel more than 250 miles to attend our events. Because we are bringing world class singers in the opera, master classes, the San Francisco Opera Adler Fellows Concert, as well as bringing in world class teachers/singers (Deborah Voigt in 2016), people are willing to travel to Ashland to attend our events.

Sustainability - Per ORS 305.824, please explain how your activities qualify (limit 250 words).

N/A

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

We would divide any funds we receive on a percentage basis with the Master Classes and Portland Opera to Go's Hansel and Gretel each receiving 30% and the San Francisco Opera Adler Fellows Concert receiving 40%.

Board Members

1. Name Lorrie Hall

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code) [REDACTED]
[REDACTED]

Occupation [REDACTED]

Title President

Term of Office (Start and End Dates in format MM/DD/YYYY) 9/15/2015 to present

2. Name Willene Gunn

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)
[REDACTED]

Occupation [REDACTED]
[REDACTED]

Title Vice President

Term of Office (Start and End Dates in format MM/DD/YYYY)

9/15/2015 to present

3. Name Lauren Cypher

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Treasurer

Term of Office (Start and End Dates in format MM/DD/YYYY)

9/15/2015 to present

4. Name Alan Balzer

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

[REDACTED]

Title Secretary

Term of Office (Start and End Dates in format MM/DD/YYYY) 9/15/2015

5. Name Ellie Holt-Murray

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

[REDACTED]

Title Member

Term of Office (Start and End Dates in format MM/DD/YYYY)

9/15/2015

6. Name Dr. Michael Hall

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title [REDACTED]

Term of Office (Start and End Dates in format MM/DD/YYYY)

9/15/2015

7. Name

Phone (XXX) XXX-XXXX

Address (Street Address, City, State, Zip Code)

Occupation

Title

Term of Office (Start and End Dates in format MM/DD/YYYY)

8. Name

Phone (XXX) XXX-XXXX

Address (Street Address, City, State, Zip Code)

Occupation

Title

Term of Office (Start and End Dates in format MM/DD/YYYY)

Organizational Client Demographic

Organization Brava! Opera Theater and James M. Collier Young Artist Program

Program/Event Name 2020-2021 Season

For the Twelve-Month Period of (MM/YYYY to MM/YYYY) 7/1/2020 through 6/30/2021

Percentage of Youth 0 to 17 years (only use numbers) 10

Percentage of Adult 18 to 39 years (only use numbers) 20

Percentage of Adult 40 to 64 years (only use numbers) 30

Percentage of Adult 65 and over (only use numbers) 40

Unknown (only use numbers)

Customer Age Total 100

Ashland (only use numbers) 50

Rogue Valley (only use numbers) 25

Other (only use numbers) 25

Staff Residence Total 100

Ashland (only use numbers) 62

Rogue Valley (only use numbers) 32

Other (within 50 miles) (only use numbers) 3

Other (greater than 50 miles) (only use numbers) 3

Customer Residence Total 100

Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? (only use numbers) 6

Grant Program Budget

Program/Event Name for Project Period July 1, 2020 to June 30, 2021 2020-2021 Season

Source: City of Ashland Grant Funds - Funding Title Economic and Cultural Grant

Source: City of Ashland Grant Funds - Funding Amount (only use numbers)

5000

Source: Jackson County Funds/Identify - Funding Title

Source: Jackson County Funds/Identify - Funding Amount (only use numbers)

Source: State Funds/Identify - Funding Title

Source: State Funds/Identify - Funding Amount (only use numbers)

Source: Federal Funds/Identify - Funding Title

Source: Federal Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title Carpenter Grant

Source: Other Funds/Identify - Funding Amount (only use numbers) 5000

Source: Other Funds/Identify - Funding Title Corporate and Private Donations

Source: Other Funds/Identify - Funding Amount (only use numbers) 39160

Source: Other Funds/Identify - Funding Title

Vocal Competition Application Fees and Box Office from events

Source: Other Funds/Identify - Funding Amount (only use numbers) 12347

Total Revenue/Funding Amount (only use numbers) 61507

Total Salaries (only use numbers) 12894

Salaries: Percentage of Time to Project/Event (only use numbers) 1

Salaries Specific to Project/Event (only use numbers) 12894

Total Benefits (only use numbers)

Benefits: Percentage of Time to Project/Event (only use numbers)

Benefits Specific to Project/Event

Total Project/Event-Specific Personnel Services (must equal sum of specific to project/event fields) 12894

1. Materials and Services Description See attached budget

1. Materials and Services Amount (only use numbers) 42246

2. Description of Materials and Services

See attached budget for all expenses and income

2. Materials and Services Amount (only use numbers)

3. Description of Materials and Services

3. Materials and Services Amount (only use numbers) x

4. Description of Materials and Services

4. Description of Materials and Services

Total Project/Event Specific Materials and Services (must equal sum of materials and services amount fields) 55104

Signature

I have submitted my organization's most recent Form 990 IRS filing (summary page only), 501(c) letter verifying non-profit status and corporate bylaws separately to natalie.thomason@ashland.or.us before the deadline. (Past grant recipients only need to submit the most recent Form 990 IRS filing). Yes

By checking below your organization acknowledges the statement above and will provide the documents requested prior to receiving funding? Yes

Signature (Type Full Name) Lorrie Hall

Title President/General Director

Organization Brava! Opera Theater and James M. Collier Young Artist Program

Portland Opera ToGo *Hansel and Gretel* October 10, 2020

REVENUES	PROJECTED
Box Office Proceeds (\$15 Adult \$5 Student)	\$3,200.00
Grants	\$3,100.00
TOTAL REVENUES	\$6,300.00
EXPENSES	
ARTISTIC COSTS	
Portland Opera fee	\$500.00
PRODUCTION COSTS	0
Advertising (JPR, Newspaper, Posters, SOPTV, Sneak Prev, Poster Person)	\$2,400.00
Box Office Staff, Ticket Printer Rental	\$225.00
Graphic Design (Poster, program, ads, postcards)	\$620.00
Photography	\$250.00
Piano Tuning (theater)	\$90.00
Postage (mailing postcards)	\$350.00
Printing (program, postcards, posters)	\$400.00
Travel and Meals	\$50.00
Ushers	\$125.00
Concert Venue Rental (SOU) with Tech Director, lighting, sound, piano	\$500.00
TOTAL EXPENSES	\$5,330.00
NET INCOME	\$970.00

Two Master Classes January 23, 2021

REVENUES	PROJECTED
Grants	\$2,200.00
Donations	\$1,400.00
TOTAL REVENUES	\$3,600.00
EXPENSES	
Accompanist	\$300.00
Master Class Faculty Mark Morash	\$2,000.00
Reception Food & Faculty Dinner and Welcome Gift	\$300.00
Printing	\$45.00
Graphic Design	\$100.00
Piano Tuning	\$90.00
Travel and Meals	\$375.00
Venue Rental	\$375.00
TOTAL EXPENSES	\$3,585.00
NET INCOME	\$15.00

San Francisco Opera Adler Fellows Concert January 24, 2021

REVENUES	PROJECTED
Grants	\$4,300.00
Box Office Proceeds Concert (\$25 Adults, \$5 Students)	\$4,000.00
TOTAL REVENUES	\$8,300.00
EXPENSES	
Advertising (Posters, JPR, Newspaper, Newspaper)	\$2,290.00
Box Office Costs	\$245.00
Fee for San Francisco Opera Adler Fellows	\$2,000.00
Graphic Design Program, Flyer, Postcard, Ads	\$580.00
Photography Concert	\$250.00
Piano Tuning	\$90.00
Postage	\$350.00
Printing Programs, posters, post cards	\$570.00
Concert Venue Rental (SOU) with Tech Director, lighting, sound, piano	\$500.00
Travel and Meals	\$500.00
Ushers	\$125.00
TOTAL EXPENSE	\$7,500.00
NET INCOME	\$800.00

Form **CT-12**
For Oregon Charities
 For Accounting Periods Beginning in:
2018

Charitable Activities Section
Oregon Department of Justice

100 SW Market Street
 Portland, OR 97201-5702
 Email: charitable.activities@doj.state.or.us
 Website: http://www.doj.state.or.us

VOICE (971) 673-1880
 TTY (800) 735-2900
 FAX (971) 673-1882

You can now file reports and
 pay by credit card using our
 online form at
[https://justice.oregon.gov/
 paymentportal/Account/Login](https://justice.oregon.gov/paymentportal/Account/Login)

Section I. General Information

1. Cross Through Incorrect Items and Correct Here:
 (See instructions for change of name or accounting period.)

Registration #: 48293

Brava! Opera Theater

Address: [REDACTED]

City, State, Zip: Ashland, OR 97520

Phone: [REDACTED] Fax: [REDACTED]

Email: [REDACTED]

Period Beginning: / / Period Ending: / /

Amended Report?

RECEIVED
DEC 02 2019
 DEPARTMENT OF JUSTICE
 PORTLAND LEGAL

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements. Yes No
3. Is the organization a party to a contract involving person-to-person, advertising, vending machine or telephone fund-raising in Oregon? If yes, write the name of the fund-raising firm(s) who conducts the campaign(s): _____ Yes No
4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency, such as a state attorney general, secretary of state, or local district attorney, or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions. Yes No
5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination or revocation letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter. Yes No
6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.) Yes No
7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
Anne Lorrie Hall	President	[REDACTED]	[REDACTED]

8. List of Officers, Directors, Trustees and Key Employees - List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing that section. (Oregon law requires a minimum of three directors for nonprofit corporations.)

(A) Name, mailing address, daytime phone number and email address	(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)
[REDACTED]	10 President	0
[REDACTED]	1 Vice Pres	0
[REDACTED]	1 Treasurer	0

Section II. Fee Calculation

9. Total Revenue (From Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; Line 9 on Form 1041; or see the CT-12 instructions if no federal tax return was prepared or a Form 990-N was filed. Attach explanation if Total Revenue is \$0.)	9.	\$113,873.00																
10. Revenue Fee (See chart below. Minimum fee is \$20, even if total revenue is a negative amount.)	10.	\$150.00																
<table border="1"> <thead> <tr> <th>Amount on Line 9</th> <th>Revenue Fee</th> </tr> </thead> <tbody> <tr> <td>\$0 - \$24,999</td> <td>\$20</td> </tr> <tr> <td>\$25,000 - \$49,999</td> <td>\$50</td> </tr> <tr> <td>\$50,000 - \$99,999</td> <td>\$90</td> </tr> <tr> <td>\$100,000 - \$249,999</td> <td>\$150</td> </tr> <tr> <td>\$250,000 - \$499,999</td> <td>\$200</td> </tr> <tr> <td>\$500,000 - \$999,999</td> <td>\$300</td> </tr> <tr> <td>\$1,000,000 or more</td> <td>\$400</td> </tr> </tbody> </table>	Amount on Line 9	Revenue Fee	\$0 - \$24,999	\$20	\$25,000 - \$49,999	\$50	\$50,000 - \$99,999	\$90	\$100,000 - \$249,999	\$150	\$250,000 - \$499,999	\$200	\$500,000 - \$999,999	\$300	\$1,000,000 or more	\$400		
Amount on Line 9	Revenue Fee																	
\$0 - \$24,999	\$20																	
\$25,000 - \$49,999	\$50																	
\$50,000 - \$99,999	\$90																	
\$100,000 - \$249,999	\$150																	
\$250,000 - \$499,999	\$200																	
\$500,000 - \$999,999	\$300																	
\$1,000,000 or more	\$400																	
11. Net Assets or Fund Balances at End of the Reporting Period (From Line 22 (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, Line 6 on Form 990-PF; or see the CT-12 instructions to calculate.)	11.	\$8,643.00																
12. Net Fixed Assets Used to Conduct Charitable Activities (Generally, from Part X, Line 10c on Form 990, Line 23B on Form 990-EZ or Part II, Line 14b on Form 990-PF; or see the CT-12 instructions to calculate. See the CT-12 instructions if organization owns income-producing assets.)	12.	\$0.00																
13. Amount Subject to Net Assets or Fund Balances Fee (Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)	13.	\$8,643.00																
14. Net Assets or Fund Balances Fee (Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$2,000. Round cents to the nearest whole dollar.)	14.	\$1.00																
15. Are you filing this report late? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)	15.	\$0.00																
16. Total Amount Due (Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)	16.	\$151.00																
17. Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS, except that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$50,000 or more, or Net Assets or Fund Balances of \$100,000 or more, see the instructions as the organization may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy if available.																		

Please Sign Here

Under penalties of perjury, I declare that I am an officer/director of the organization. I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

⇒ Lorrie Hall
Signature of officer

11-25-2019
Date

President
Title

ANNE LORRIE HALL
Officer's name (printed)

1652 Peachey Road, Ashland, OR 97520
Address

541-261-5776
Phone

Paid Preparer's Use Only

⇒ [Signature]
Preparer's signature

11-15-19
Date

541-779-6059
Phone

BENJAMIN D. BAGLEY, CPA
Preparer's name (printed)

1175 E. Main Street, Ste. 2A, Medford, OR 97504
Address

Line-by-line instructions for completing the annual report form can be found at <https://www.doj.state.or.us/charitable-activities/annual-reporting-for-charities/file-your-annual-report>. If you click the appropriate link for this year's form, the instructions are included in that document. If you would like us to send a copy of the instructions, please call us at 971-673-1880 or send an email to charitable.activities@doj.state.or.us.

BRAVA! OPERA THEATER

and James M. Collier Young Artist Program

2019-2020 Board of Directors

PRESIDENT

Lorrie Hall

[REDACTED]

VICE-PRESIDENT

Willene Gunn

[REDACTED]

TREASURER

Lauren Cypher

[REDACTED]

SECRETARY

Alan Balzer

[REDACTED]

MEMBER

Ellie Holt-Murray

[REDACTED]

MEMBER

Dr. Michael Hall

[REDACTED]

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.

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning Jul 1 , 2018, and ending Jun 30 , 2019

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 BRAVA! OPERA THEATER	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 or province, country, and ZIP or foreign postal code [REDACTED]	F Group Exemption Number ▶ [REDACTED]

G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ WWW.BRAVAOPERA.COM

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 ▶ \$ 117,334.

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received	92,362.																												
	2	Program service revenue including government fees and contracts	21,511.																												
	3	Membership dues and assessments																													
	4	Investment income																													
	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)																													
	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 \$ 10,039. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		3,461.																											
6c	Less: direct expenses from gaming and fundraising events		3,461.																												
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																														
7b	Less: cost of goods sold																														
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																														
8	Other revenue (describe in Schedule O)																														
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶																														113,873.
Expenses	10	Grants and similar amounts paid (list in Schedule O)																													
	11	Benefits paid to or for members																													
	12	Salaries, other compensation, and employee benefits		747.																											
	13	Professional fees and other payments to independent contractors		1,215.																											
	14	Occupancy, rent, utilities, and maintenance																													
	15	Printing, publications, postage, and shipping		2,676.																											
	16	Other expenses (describe in Schedule O) See Line 16. Stmt		102,345.																											
17	Total expenses. Add lines 10 through 16 ▶																													106,983.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																												6,890.	
	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)																												1,753.	
	20	Other changes in net assets or fund balances (explain in Schedule O)																													
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶																												8,643.	

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 DEPARTMENT OF JUSTICE
 PORTLAND LEGAL

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

Table with columns for question number, question text, and Yes/No response boxes. Questions range from 33 to 45b. Includes questions about significant activities, changes to documents, business income, political expenditures, loans, and controlled entities.

		Yes	No
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		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

		Yes	No
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		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
b	If "Yes," was the related organization a section 527 organization?		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**

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: LORRIE HALL, PRESIDENT Date: 11/15/2019

Paid Preparer Use Only Print/Type preparer's name: [Redacted] Preparer's signature: [Redacted] Date: 11/15/2019 Check if self-employed PTIN: [Redacted] Firm's name: Bagley Accounting Firm's EIN: [Redacted] 5

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

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Line 16: Other Expenses****Continuation Statement**

Description	Amount
CHAMBER OPERA EXPENSES	67,200.
OPERA MASTER CLASS AND CONCERT EXPENSES	10,089.
VOCAL COMPETITION EXPENSES	23,433.
BANK CHARGES	135.
BUSINESS LICENSES	211.
LIABILITY INSURANCE	741.
OFFICE SUPPLIES	355.
MISC. FEES	181.
Total	102,345.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**Part III: Purpose****Continuation Statement**

Organization's Primary Exempt Purpose
OUR MISSION IS TO TRAIN THE COMPLETE SINGER/ACTOR,
RECOGNIZE AND SHOWCASE YOUNG OPERATIC TALENT AND PRESENT
HIGH QUALITY CONCERTS AND PROFESSIONAL CHAMBER OPERAS.

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

2018

Open to Public Inspection

Name of the organization

BRAVA! OPERA THEATER

Employer identification number

[REDACTED]

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		
(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		73,519.	66,523.	73,448.	95,824.	309,314.
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		73,519.	66,523.	73,448.	95,824.	309,314.
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						309,314.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4		73,519.	66,523.	73,448.	95,824.	309,314.
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						309,314.
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 2018 (line 6, column (f) divided by line 11, column (f))	14	100 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	100 %
16a 33 1/3% support test—2018. 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 checked="" type="checkbox"/>		
b 33 1/3% support test—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, 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.		
3b	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.		
3c	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.		
4b	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.		
4c	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).		
5b	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?		
5c	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 .		
9b	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 .		
9c	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.		
10b	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?		
b A family member of a person described in (a) above?		
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.		

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.		
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.		

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).		

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?		
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).		
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.		

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.		
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.		
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.		
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.		

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		(A) Prior Year	(B) 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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

BRAVA! OPERA THEATER

Employer identification number

Pt I, Line 16:

Description: CHAMBER OPERA EXPENSES \$67,200

Description: OPERA MASTER CLASS AND CONCERT EXPENSES \$10,089

Description: VOCAL COMPETITION EXPENSES \$23,433

Description: BANK CHARGES \$135

Description: BUSINESS LICENSES \$211

Description: LIABILITY INSURANCE \$741

Description: OFFICE SUPPLIES \$355

Description: MISC. FEES \$181

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning Jul 1, 2018, and ending Jun 30, 20 19

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

2018

Name of exempt organization

Employer identification number

BRAVA! OPERA THEATER

Name and title of officer

LORRIE HALL, PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	113,873.
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 11/15/2019

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 11/15/2019

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

2020-21 Tourism Grant Application

Application Information

Created 5/3/2020 2:49 PM

Organization Name EAA / SOHEVA Chapter

Mailing Address [REDACTED]

Contact Name James Stephens

Contact's Phone Number [REDACTED]

Contact's Email [REDACTED]

Secondary Contact James McGinnis

Secondary Contact Phone Number [REDACTED]

Secondary Contact Email [REDACTED]

Federal Tax ID (XX-XXXXXXX) [REDACTED]

IRS Class (exemption) 501(c3)

Tourism (only use numbers) 20000

Adding up your answers to the last four questions, what is the total amount requested? (The minimum total request is \$5,000) 20000

Briefly describe the purpose and objectives of your organization and mission statement (limit to 500 words).

The EAA-SOHEVA Chapter is an organization whose members are interested in everything about electric vehicles and sustainable energy. We are located in Southern Oregon. Some of us make electric cars, while others convert fossil-fueled vehicles to electric or purchase EVs (Electric Vehicles). But we all share in the enthusiasm for the movement to have all vehicles be powered by electricCity and fueled from sustainable resources like solar, wind or hydro.

Briefly describe how the City grant would be used and how your activities meet the eligibility criteria in the 2012 policy for Economic Development, Cultural, Tourism, and Sustainability Grants which can be found at ashland.or.us/ECTS Grants (limit to 1,000 words).

Overview- Electric Vehicle for Ashland (EVA) was created after receiving a 2018 EDCTS Grant that was used to incentivize local businesses and NGOs to purchase or lease EVs for their local business and delivery needs.

The goal for this 2020 grant would be to expand Ashland's EVA program, focusing on Tourism Marketing that will assist visitors to easily and efficiently move throughout the

Ashland business community. It would also work to move Ashland toward a sustainable electric economy that will further exemplify our City as a community that supports this new business and development model.

Background – The Ashland Climate Action Plan (CEAP) calls for aggressive greenhouse gas (GHG) emissions reductions. One specific sector that the CEAP has identified as “low hanging fruit” is the transportation sector, which accounts for 23% of the community’s GHG emissions. Reducing GHG emissions related to transportation requires a shift of local vehicles away from fossil-fuel.

Tourism in Ashland that supports electric transportation and mobility throughout the prime business corridor will be a winning combination.. This will be accomplished through promoting the use of free public parking and off-site ride-and-drive locations with free transit circulators. EV statistics from the Oregon DEQ (2019) now indicate that the City of Ashland has more EVs per capita than any other City in Oregon.

This grant will incentivize local and visiting EV drivers with free parking and free charging in prime business locations thus attracting new EV tourism to these locations. “Destination EV Ashland” for tourism will be the new location for EV drivers when traveling the state on business or vacation and while using the Southern Oregon Interstate 5 corridor.

The Ashland Climate Team (ACT), initiated in 2017, is a group of volunteers dedicated to implementing projects that directly supports our community in reducing GHG emissions. The ACT directly supports the goals and actions identified in the CEAP, and is therefore closely tied to the CPC (Climate Policy Commission) and the CCOC (Conservation and Climate Outreach Commission). Both Commissions were chartered to support the CEAP, and both Commissions have discussed a variety of potential policies and projects including renewable energy and education encouraging the use of electric vehicles.

As a direct result of this grant, Ashland businesses will directly benefit from the expansion of this EVA project which will incentivize the movement of Ashland’s residents and businesses away from using fossil fuels into using clean sustainably run EV transportation. As the City modernizes and expands the availability of electrical charging stations and park-and-ride locations, an increasing number of business and residents are likely to use EVs, helping the City to meet its 8% per year through 2050 GHG emissions reduction target as specified by the CEAP.

If your grant request is for date specific events, programs or activities, please enter those below using the format: program/event title; anticipated event start date; anticipated event end date; funding request. Use next question if more room is needed.

- The goal for this grant is to expand Ashland's EVA program focusing on the transportation infrastructure that helps grow EV tourism and businesses. We plan to incentivize free work-place and public parking with access charging to make it easy for local and visiting EV drivers to have available charging and parking throughout Ashland.
- Signage that gives clear directions to free parking and EV charging locations will be a key component to assist tourists and visitors.
- Social Media ad buys will be used to market "Destination EV Ashland" as the west coast City of destination choice for travelers with special information about free EV parking and charging sites.
- Ashland business and residence drivers who own EVs will have special stickers to allow free parking and free charging at City of Ashland sites.
- Work with businesses, non-profits and NGOs to procure additional free EV parking and charging sites.

Additional date specific events, programs or activities. Enter as: program/event title; anticipated event start date; anticipated event end date; funding request.

- Gather information to locate signage that direct tourists and visitors to the Ashland City center.
- EVA has already been granted permission to use a large church parking lot for a free "Ride and Drive" site.
- Purchase signs and right of ways to be posted along Interstate 5 before south and north exits to Ashland.
- Work with RVTD to provide "Ashland Connector" shuttle services throughout the downtown corridor that serves Ride and Drive locations that have free parking.
- Provide Ashland EV drivers with EV parking stickers that allow free parking in all Ashland locations.

Please explain how you will measure success or desired outcomes, based on the Grant Reporting Section above.

As EV numbers increase, they replace fossil-fueled cars in Ashland. EVs will have signs that help to advertise the program and potentially even share information, such as the money and GHG emissions saved compared to gas cars, public awareness will increase, and the program will grow.

Through reporting requirements, EVA program will provide data to the City regarding participating business experiences and use statistics. The EVA project is transferable as other businesses, organizations, and private citizens learn about the benefits of EVs and Sustainable Charging. This will help the City further expand its EV tourism opportunities that benefit the community. The project may also spur local EV dealerships that have been attracted to this tourism activity.

Outreach to local businesses will provide education on the availability, cost, and charging infrastructure of local visiting EVs to the City. Charging stations will also be marked with EVA signs, indicating that they are part of the growing infrastructure. The EVA website is already online and we will be expanding it so that people who need more can readily access the information. Finally, EVA will work with the City of Ashland to ADD information LINKS to the City website that attract more residence and visitor participation which will increase tourism.

Tourism - Per the list of eligible Tourism activities above, please explain how your activities qualify (limit 250 words).

EVA Ashland will contribute directly to reduction in fossil fuel consumption in Ashland: helping the City meet our GHG emissions reduction targets. As EVA numbers increase, they replace fossil-fueled cars in Ashland. EVAs will have signs that help to advertise the program and potentially even share information, such as the money and GHG emissions saved compared to gas cars.

The EVA project is transferable as other businesses, organizations, and private citizens learn about the benefits of EVs and Sustainable Charging, and they start to switch. In addition, the EVA 2020 pilot will provide information to the City on the limitations and needs that the businesses experience in their participation. This will help the City further expand its EV charging infrastructure in a way that provides greater benefit to the community. The project may also spur local EV dealerships Sustainable Energy companies to offer more equipment to the Ashland market.

The educational opportunities are extensive. Outreach to local businesses will provide education on the availability, cost, and charging infrastructure of local EVs. EVs on the road will have signs mounted that provide additional educational opportunity for the general public. Charging stations will also be marked with EVA signs, indicating that they are part of the growing infrastructure. A website is already online and will be

expanded so that people who need more can readily access the information. Plus, EVA will work with the City of Ashland to ADD information LINKS to the City's website.

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

All funds from the grant will be used to market transportation as a way to increase tourism in Ashland. Less grant funding would result in less effective marketing and messaging resulting in less tourism attracted to Ashland.

Board Members

1. Name James Stephens

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code) [REDACTED]

Occupation [REDACTED]

Title EAA SOHEVA Chapter - President

Term of Office (Start and End Dates in format MM/DD/YYYY) 02/20/2019 to 02/19/2021

2. Name Bruce Borgerson

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title EAA SOHEVA Chapter - Business Manager

Term of Office (Start and End Dates in format MM/DD/YYYY)

02/20/2019 to 02/19/2021

3. Name Raejean Fellows

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title EAA President

Term of Office (Start and End Dates in format MM/DD/YYYY)

01/25/2018 to 01/24/2020

4. Name Tim Benford

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title EAA Board Director

Term of Office (Start and End Dates in format MM/DD/YYYY)

01/25/2020 to 01/24/2023

5. Name Russell Corbin

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title EAA Student Chapter Leader

Term of Office (Start and End Dates in format MM/DD/YYYY)

01/25/2018 to 01/24/2022

6. Name Guy Hall

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title EAA Secretary

Term of Office (Start and End Dates in format MM/DD/YYYY)

01/25/2020 to 01/24/2023

7. Name April Bolduc

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title EAA Treasurer

Term of Office (Start and End Dates in format MM/DD/YYYY)

01/25/2020 to 01/24/2022

8. Name Elaine Boarseth

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title EAA Director

Term of Office (Start and End Dates in format MM/DD/YYYY)

01/25/2018 to 01/24/2021

Organizational Client Demographic

Organization EAA/ SOHEVA Chapter

Program/Event Name Electric Vehicle Ashland (EVA)

For the Twelve-Month Period of (MM/YYYY to MM/YYYY) July 1, 2020 - June 30, 2021

Percentage of Youth 0 to 17 years (only use numbers) 18

Percentage of Adult 18 to 39 years (only use numbers) 30

Percentage of Adult 40 to 64 years (only use numbers) 37

Percentage of Adult 65 and over (only use numbers) 40

Unknown (only use numbers) 1

Customer Age Total 100

Ashland (only use numbers) 98

Rogue Valley (only use numbers) 1

Other (only use numbers) 1

Staff Residence Total 100

Ashland (only use numbers) 98

Rogue Valley (only use numbers) 1

Other (within 50 miles) (only use numbers) 1

Other (greater than 50 miles) (only use numbers) 1

Customer Residence Total 100

Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? (only use numbers) 95

Grant Program Budget

Program/Event Name for Project Period July 1, 2020 to June 30, 2021

Electric Vehicles Ashland (EVA)

Source: City of Ashland Grant Funds - Funding Title City of Ashland Grant Funds

Source: City of Ashland Grant Funds - Funding Amount (only use numbers)

20000

Source: Jackson County Funds/Identify - Funding Title

None

Source: Jackson County Funds/Identify - Funding Amount (only use numbers) 0

Source: State Funds/Identify - Funding Title None

Source: State Funds/Identify - Funding Amount (only use numbers)

0

Source: Federal Funds/Identify - Funding Title None

Source: Federal Funds/Identify - Funding Amount (only use numbers) 0

Source: Other Funds/Identify - Funding Title None

Source: Other Funds/Identify - Funding Amount (only use numbers) 0

Source: Other Funds/Identify - Funding Title None

Source: Other Funds/Identify - Funding Amount (only use numbers) 0

Source: Other Funds/Identify - Funding Title None

Source: Other Funds/Identify - Funding Amount (only use numbers) 0

Total Revenue/Funding Amount (only use numbers) 20000

Total Salaries (only use numbers) 0

Salaries: Percentage of Time to Project/Event (only use numbers) 0

Salaries Specific to Project/Event (only use numbers) 0

Total Benefits (only use numbers) 0

Benefits: Percentage of Time to Project/Event (only use numbers) 10

Benefits Specific to Project/Event 0

Total Project/Event-Specific Personnel Services (must equal sum of specific to project/event fields)

1. Materials and Services Description Signs for EVs, Charging Stations, Parking Locations, Energy Capture Installations and Billboards

1. Materials and Services Amount (only use numbers) 11000

2. Description of Materials and Services Printing and materials for EV identification and Special Events

2. Materials and Services Amount (only use numbers) 2000

3. Description of Materials and Services EVA participant surveys and database tracking services

3. Materials and Services Amount (only use numbers) 1000

4. Description of Materials and Services Social Media Ad Buys targeting local and non-resident tourism to "Destination Ashland."

4. Description of Materials and Services 6000

Total Project/Event Specific Materials and Services (must equal sum of materials and services amount fields) 20000

Signature

I have submitted my organization's most recent Form 990 IRS filing (summary page only), 501(c) letter verifying non-profit status and corporate bylaws

separately to natalie.thomason@ashland.or.us before the deadline. (Past grant recipients only need to submit the most recent Form 990 IRS filing). Yes

By checking below your organization acknowledges the statement above and will provide the documents requested prior to receiving funding? Yes

Signature (Type Full Name) James R. Thatcher-Stephens

Title EVA Funds Manager

Organization EAA/SOHEVA Chapter

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2018

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

} 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.

A For the 2018 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:

<input type="checkbox"/> Address change	C Name of organization ELECTRIC AUTO ASSOCIATION	D Employer identification number [REDACTED]
<input type="checkbox"/> Name change		E Telephone number [REDACTED]
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Final return/terminated		F Group Exemption Number <u>u</u>
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

G Accounting Method: Cash Accrual Other (specify) u

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

I Website: WWW.EAAEV.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 **u \$ 133,230**

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

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	122,874
	2 Program service revenue including government fees and contracts	2	8,887
	3 Membership dues and assessments	3	
	4 Investment income	4	469
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less: cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	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		
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		
8 Other revenue (describe in Schedule O)	8	1,000	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	133,230	
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	52,339
	14 Occupancy, rent, utilities, and maintenance	14	5,452
	15 Printing, publications, postage, and shipping	15	2,461
	16 Other expenses (describe in Schedule O)	16	33,713
	17 Total expenses. Add lines 10 through 16	17	93,965
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	39,265
	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	68,056
	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	107,321

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2018)

2020-21 Tourism Grant Application

Application Information

Created 7/8/2020 11:44 AM

Organization Name Klamath Bird Observatory

Mailing Address [REDACTED]

Contact Name Jacob McNab

Contact's Phone Number [REDACTED]

Contact's Email [REDACTED]

Secondary Contact John Alexander

Secondary Contact Phone Number [REDACTED]

Secondary Contact Email [REDACTED]

Federal Tax ID (XX-XXXXXXX) [REDACTED]

IRS Class (exemption) 501(c)(3)

Tourism (only use numbers) 30000

Briefly describe the purpose and objectives of your organization and mission statement (limit to 500 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.

Briefly describe how the City grant would be used and how your activities meet the eligibility criteria in the 2012 policy for Economic Development, Cultural,

Tourism, and Sustainability Grants which can be found at ashland.or.us/ECTSGrants (limit to 1,000 words).

In early 2020, the COVID-19 virus began to spread throughout the United States. KBO has responded to COVID-19 with the health and safety of our staff, partners, and communities in mind. Our response included prioritizing keeping our full-time staff employed; the safety of our staff, our partners and supporters; and the safety rural communities where we work. As part of our response to COVID-19, we are adapting our Community Education program to follow Oregon social distancing and stay-at-home orders and CDC recommendations for “flattening the curve” until they are no longer in place. We are also focusing on how birds and their habitat support good health. Bird watching improves health and decreases stress, and has benefits for recovery after sickness. Listening to birds can help improve a person’s mood and attention.

Klamath Bird Observatory's Community Education program targets Ashland tourists and community members, generates tourism revenue for the City of Ashland and local businesses, models sustainability concepts, strengthens the community through volunteer engagement, and helps to raise funds that support locally-based, professional-level bird and habitat conservation jobs. These programs help instill an environmental ethic and promote community interest in sustainability and the natural world.

For this funding cycle, KBO’s Community Education program will emphasize supporting 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. Then, through best practices in experiential learning, Conservation Birding turns that interest into opportunities for tourists to contribute time, data, and/or funding to the conservation of birds and their habitats. Conservation Birding models sustainable tourism by focusing on economic, social, and environmental sustainability.

Conservation Birding means business. Birdwatchers spend \$36 billion annually in pursuit of their hobby. In doing so, they enrich the economies of the bird-friendly places they visit. Along with their binoculars, birdwatching tourists bring their pocket books to spend money on food, lodging, entertainment, gifts, and services. Support from the City of Ashland grant will help us capture a portion of this business for Ashland. 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.

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 through casual conversation in a relaxed and inspirational atmosphere; Talk & Walks that include educational content that is applicable to urban areas in general, and to our local bioregion and flyways that span thousands of miles

across North America; and relaxed Pub Talks where, in collaboration with Science Works museum, we will share how bird anatomy and physiology can illustrate broader scientific concepts in STEM. In addition, we intend to hold our Wings and Wine gala in 2021, or will plan smaller, upscale events as an alternative.

KBO has produced a series of handouts that are of interest to tourists, including the Ashland Birding Guide; A Checklist of Bird Species Detected along the Bear Creek Riparian Corridor, Ashland, Oregon; Shared Birds of Ashland and Guanajuato; and Birdwatching in Riparian Habitats of Ashland, Oregon. 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 more 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.

If your grant request is for date specific events, programs or activities, please enter those below using the format: program/event title; anticipated event start date; anticipated event end date; funding request. Use next question if more room is needed.

Additional date specific events, programs or activities. Enter as: program/event title; anticipated event start date; anticipated event end date; funding request.

Please explain how you will measure success or desired outcomes, based on the Grant Reporting Section above.

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.

Tourism - Per the list of eligible Tourism activities above, please explain how your activities qualify (limit 250 words).

In 2019-20, 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 Community Education program is helping us build a community of KBO donors from Ashland and abroad. In 2019 more than 25% (>\$33,000) of our total donations came directly through our Community Education events - these funds support full-time professional job opportunities in Ashland. Last year, 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.

For this funding cycle, KBO will organize and market Community Education events to draw more tourists from distant communities. This adaptive approach will help mitigate impacts to Ashland's tourism profits resulting from COVID-19 and will help Ashland remain an attractive, safe tourist destination. We will work with Ashland's Chamber of Commerce, Parks and Recreation Department, and local businesses to engage birders who live abroad, and draw tourists to Ashland. Our efforts will stimulate Ashland's economy through tourist birders' participation in our Community Education events and by paying local experts to lead them.

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

Board Members

1. Name Shannon Rio

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code) [REDACTED]

Occupation [REDACTED]

Title President

Term of Office (Start and End Dates in format MM/DD/YYYY) 3/5/2012 - 12/31/2020

2. Name Larry Leichliter

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Board Member

Term of Office (Start and End Dates in format MM/DD/YYYY)

8/4/2017 - 12/31/2020

3. Name Lisa Michelbrink

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Board Member

Term of Office (Start and End Dates in format MM/DD/YYYY)

6/1/2018 - 12/31/2020

4. Name Bari Frimkess

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]
Occupation [REDACTED]

Title Board Member

Term of Office (Start and End Dates in format MM/DD/YYYY) 7/2/2019 - 12/31/2021

5. Name Cydne Jensen

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)
[REDACTED]

Occupation Retired

Title Board Member

Term of Office (Start and End Dates in format MM/DD/YYYY)

7/2/2019 - 12/31/2021

6. Name Amanda Alford

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)
[REDACTED]

Occupation [REDACTED]

Title Board Member

Term of Office (Start and End Dates in format MM/DD/YYYY)

8/2/2019 - 12/31/2021

7. Name Dick Ashford

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)
[REDACTED]

Occupation [REDACTED]

Title Honorary Board Member

Term of Office (Start and End Dates in format MM/DD/YYYY)

4/8/2005 - 12/31/2020

8. Name Jacob McNab

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Secretary of the Board (Non-voting)

Term of Office (Start and End Dates in format MM/DD/YYYY)

N/A

Organizational Client Demographic

Organization Klamath Bird Observatory

Program/Event Name Community Education

For the Twelve-Month Period of (MM/YYYY to MM/YYYY) 1/2019 - 1/2020

Percentage of Youth 0 to 17 years (only use numbers)

Percentage of Adult 18 to 39 years (only use numbers)

Percentage of Adult 40 to 64 years (only use numbers)

Percentage of Adult 65 and over (only use numbers)

Unknown (only use numbers) 100

Customer Age Total 100

Ashland (only use numbers) 75

Rogue Valley (only use numbers) 25

Other (only use numbers)

Staff Residence Total 100

Ashland (only use numbers) 60

Rogue Valley (only use numbers) 25

Other (within 50 miles) (only use numbers) 10

Other (greater than 50 miles) (only use numbers) 5

Customer Residence Total 100

Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? (only use numbers) 15

Grant Program Budget

Program/Event Name for Project Period July 1, 2020 to June 30, 2021 Community Education

Source: City of Ashland Grant Funds - Funding Title ECTS grant

Source: City of Ashland Grant Funds - Funding Amount (only use numbers)

30000

Source: Jackson County Funds/Identify - Funding Title

Source: Jackson County Funds/Identify - Funding Amount (only use numbers)

Source: State Funds/Identify - Funding Title

Source: State Funds/Identify - Funding Amount (only use numbers)

Source: Federal Funds/Identify - Funding Title

Source: Federal Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title Kinsman Foundation Grant (Pending)

Source: Other Funds/Identify - Funding Amount (only use numbers) 5000

Source: Other Funds/Identify - Funding Title Klamath Bird Observatory In-kind

Source: Other Funds/Identify - Funding Amount (only use numbers) 10000

Source: Other Funds/Identify - Funding Title Sponsorships

Source: Other Funds/Identify - Funding Amount (only use numbers) 5000

Total Revenue/Funding Amount (only use numbers) 50000

Total Salaries (only use numbers) 180000

Salaries: Percentage of Time to Project/Event (only use numbers) 20

Salaries Specific to Project/Event (only use numbers) 36000

Total Benefits (only use numbers) 48850

Benefits: Percentage of Time to Project/Event (only use numbers) 20

Benefits Specific to Project/Event 9770

Total Project/Event-Specific Personnel Services (must equal sum of specific to project/event fields) 45770

1. Materials and Services Description Advertising, printing, postage, merchandise, permits, and misc. expenses.

1. Materials and Services Amount (only use numbers) 4230

2. Description of Materials and Services

2. Materials and Services Amount (only use numbers)

3. Description of Materials and Services

3. Materials and Services Amount (only use numbers)

4. Description of Materials and Services

4. Description of Materials and Services

Total Project/Event Specific Materials and Services (must equal sum of materials and services amount fields) 50000

Signature

I have submitted my organization's most recent Form 990 IRS filing (summary page only), 501(c) letter verifying non-profit status and corporate bylaws separately to natalie.thomason@ashland.or.us before the deadline. (Past grant recipients only need to submit the most recent Form 990 IRS filing). Yes

By checking below your organization acknowledges the statement above and will provide the documents requested prior to receiving funding? Yes

Signature (Type Full Name) Jacob McNab

Title Director's Assistant and Administrator

Organization Klamath Bird Observatory

Form **990**

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

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2018 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]		G Gross receipts \$ 839,716.
F Name and address of principal officer: JOHN ALEXANDER [REDACTED]		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
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(c) Group exemption number ▶	
J Website: ▶ WWW.KLAMATHBIRD.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
		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
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5
	6 Total number of volunteers (estimate if necessary) 6
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 38 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) 677,608.
	9 Program service revenue (Part VIII, line 2g) 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 19,687.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 697,306.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 530,757.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 20,270.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 162,611.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 693,368.
	19 Revenue less expenses. Subtract line 18 from line 12 3,938.
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 245,331.
	21 Total liabilities (Part X, line 26) 104,683.
	22 Net assets or fund balances. Subtract line 21 from line 20 140,648.

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 DWAINE R DAWSON, CPA	Preparer's signature DWAINE R DAWSON, CPA	Date 11/04/19	Check if self-employed <input type="checkbox"/>	PTIN P00841564
	Firm's name ▶ DAWSON P.C. CERTIFIED PUBLIC ACCOUNTANT	Firm's EIN ▶ ** - *** 8648	Firm's address ▶ 850 SISKIYOU BLVD. #3 ASHLAND, OR 97520-2125		
					Phone no. (541) 482-0120

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

2020-21 Tourism Grant Application

Application Information

Created 7/8/2020 12:57 PM

Organization Name Lithia Artisans Market of Ashland (LAMA)

Mailing Address [REDACTED]

Contact Name Marcus Scott

Contact's Phone Number [REDACTED]

Contact's Email [REDACTED]

Secondary Contact Rachel Fisher

Secondary Contact Phone Number [REDACTED]

Secondary Contact Email [REDACTED]

Federal Tax ID (XX-XXXXXXX) [REDACTED]

IRS Class (exemption) 501 (c) 3

Tourism (only use numbers) 12000

Briefly describe the purpose and objectives of your organization and mission statement (limit to 500 words).

The Lithia Arts Guild of Oregon (LAGO) incorporated to create programs, events and installations for the cultural enrichment of the greater community. These are educational experiences for the general public, the dedicated hobbyist, and the professional artist and artisan. We further provide informational resources of all kinds, especially regarding fine art and craft as a completely functioning career. Our commitment to these ends will embrace all races, creeds, cultures, ages and sexes in pursuit of this end.

Lithia Artisans Market of Ashland (LAMA) is incorporated to create viable venues for individual artists and crafters to promote and sell their products directly to the public. The market is focused on promotional activities that guide visitors to Calle Guanajuato for the outdoor market as well as our indoor holiday events.

The market is a juried art and craft show. All members go through a jury process to insure the quality of art and craft remains consistent and exceptional.

LAMA incorporated in 1993 as a sister corporation to The Lithia Arts Guild of Oregon (LAGO) to work primarily on active management and promotion of the outdoor marketplace on Calle Guanajuato. In 2001 we expanded to include a three day

Christmas Faire at the Historic Ashland Armory, Thanksgiving Weekend. In 2004 expanded to include a multiple weekend artisan market at the old Briscoe Elementary School throughout the month of December. Last year we expanded again to include a three day Holiday Market at the Medford Armory in mid-December.

Today the membership of the LAMA exceeds 90 artisans. The majority of those members are citizens of Ashland; the remainder are from the greater Rogue Valley and Siskiyou County in California. The artisans who make up the membership of the market are part of Ashland's culturally rich community of artists.

The outdoor market is open every weekend from mid-March until the end of October.

The Lithia Artisans Christmas Faire is a three day art, craft and music event held in conjunction with Ashland's Festival of Light on Thanksgiving Weekend at the Historic Ashland Armory.

Lithia Artisans Market of Ashland (LAMA) and Lithia Arts Guild of Oregon (LAGO) have worked hand in hand on numerous projects since our inception. Examples include:

-A MidSummers Dream Art and Music Festival from 2005 until 2012.

-The Briscoe ArtWing Holiday Market from 2004 until 2017.

-A Persian Rug Auction which netted over \$13,000. We donated this money to the City of Ashland to help with construction of the Arnie Kriegel Sculpture Garden and the Calle Guanajuato Staircase.

-Worked closely with the City to help with the redesign of Calle Guanajuato and adjacent areas after the flood of 1999.

Briefly describe how the City grant would be used and how your activities meet the eligibility criteria in the 2012 policy for Economic Development, Cultural, Tourism, and Sustainability Grants which can be found at ashland.or.us/ECTSGrants (limit to 1,000 words).

This year we are asking for overall assistance to maintain the framework of our organization and to help us transition through the current crisis and into the foreseeable future.

The Lithia Artisans Market (LAMA) is entirely dependent on members' dues, fees, and commissions. When we are not open, we have no source of revenue. Consequently, this season we are taking a wait and see approach. Using some savings, we are running with minimal advertising and associated costs until we see a clear green go ahead for opening the street market. We have also engaged with social media and other internet options to boost the online presence of our members individual businesses.

We are open as of June 20. We need funding to put the word out that Calle Guanajuato is a safe place to shop, dine, and feel part of the arts and culture of Ashland. For the street market part of our operation, our approach will include a series of underwriting ads on Jefferson Public Radio that will announce the opening of the outdoor market, what to expect when visiting us, and what the special procedures will be to address the safety of customers. Our vendors much prefer the person to person opportunities that flourish on Calle Guanajuato and we are intent on making such encounters possible in these uncertain times.

Implementing social distancing protocols and face mask requirements are something the Lithia Artisans have done since we opened. We have worked with the State of Oregon and been part of the discussion about the safe reopening of business in the state. We are considered an outdoor mall and as such do our best to adhere to the the guidelines set forth for malls. We have signs that read, "Distance is Kind, Six feet is Love", we practice social distance, let our vendors help you. Our vendors are all considerate of the mask rules and we have two or three volunteer social distance monitors. We also have three different sanitizing stations throughout our market so you can hand sanitize all over the place. All this takes money and some of this grant will help us with that. Our customers are locals and tourists. About 50/50 so far this year.

The board of LAMA has worked out the logistics of opening with regard to maintaining social distancing, face masks, and sanitizing opportunities: all the new procedures necessary for safety on the street. Our policies reflect the best practices advised by the CDC and the State of Oregon Guidelines. Some of the money from this grant will be used to support these efforts.

Other of the funds we receive from this committee will go to our online marketing campaign. This will include ramping up our website with member portals to online shopping opportunities, and using our well-established social media platforms to continue to promote our local artists from the safety of computers in our own homes. These ideas represent a slightly different model for us at the market, and we feel now is the time to expand on these opportunities for our community. Training our vendors about online marketing will take money and time. We will use some of the money from this grant toward those endeavors.

This year more than ever the presence of the Lithia Artisans Market is a draw for the locals and tourists who visit downtown Ashland. Our presence on the Calle draws people to the market. All of the restaurants do better when the market is up and running. Just ask Melissa at Louie's, Dave at Griffin Creek Coffee, or Tom Beam at Sesame. We are a draw. When people are milling about at the market everyone around the scene is benefitting.

This year we are working closely with the City and with Parks and Recreation to spread the market out for social distancing. That is an ongoing project, but we are confident that the communication is happening and logistics are being worked out.

Grant funding helps cover LAMA's projected costs of production, including professional services of a local graphic artist and printing by a local printer. In addition to these locally sourced and paid services, several of our artisan members contribute untold volunteer hours to the completion of graphics work each year. The volunteerism reflects our artisans' own commitment to making our market a huge success.

Just look at our new, beautiful, colorful, happy signs that are popping up around town and in Medford, Talent, Phoenix and Jacksonville. We want our community to thrive and once again be the shining example of how to come together and make the best with what is in front of us. Creating those wonderful signs takes artists, graphics people, and volunteers all working together.

Our colorful poster and postcards are being distributed as far away as Brookings, Eugene, Portland, Yreka, Mt. Shasta, and all points in between.

Our Jefferson Public Radio underwriting announcement is heard from Roseburg to Redding to Mendocino County, California and beyond. This announcement draws people to Ashland to spend the weekend. Even without Shakespeare, the artisans market is something to do in our beautiful little town. Our announcements bring tourists and locals alike to spend money in downtown Ashland.

We have 4000 Facebook fans. We reach out to them every weekend to announce what is happening at the market and in downtown Ashland. We spend money to promote our social media posts on Facebook and Instagram.

Every week we do a blog post on our website which is well followed by many locals and folks from outside our region. This again gets the word out in a fresh and new form every week.

Every other week we send out a emailed Newsletter announcing not only our market but the various businesses we share space with in downtown Ashland. We are working closely with our plaza restaurant friends and neighbors to get the word out about the vibrant and safe atmosphere being created in Ashland during the pandemic. Safety above all else.

We are also connected with Portland Saturday Market and Eugene Saturday Market and do cross promotion with both markets, thus stretching our tourism reach. Lots of great stuff happening on this front.

If we get enough Grant funding we will increase our advertising budget to focus on print advertising including Locals Guide and Sneak Preview (ever popular monthly periodicals that the tourists and locals read to keep up with current events).

Our hope is to recreate our ever popular Lithia Artisans Souvenir Booklet again in 2021. In 2019, LAMA increased its budget for musical performances to \$10,000. Grant funds will be used to supplement fees we pay musical performers. The market helps make the ambiance more complete along Calle Guanajuato with up to 8 hours of live music each weekend, performed by gifted, local, original singer-songwriters.

In 2020 we again increased our pay per musician. These performances will be limited this season due to the Covid-19 pandemic and our truncated season. However, we are working on a new space for our musicians which allows for proper social spacing. If we get the upper end of our grant request, we will work to bring music back to downtown

Ashland in a responsible and well thought out way. Mellow tunes down by the creek. Not trying to create a dance scene, just some thoughtful tunes by local singer songwriters. I am working behind the scenes to get this up and rolling by the end of July. The grant will help to supplement the money needed for our stage, sound, and musicians.

We are here to do our part to slowly help bring the citizens and tourists of Ashland safely back out of isolation and into community. We understand that the future will look different, but we are here to evolve with the times. Your financial assistance this year will help assure that LAMA comes back stronger than ever and ready to be a part of a vibrant and safe downtown Ashland business and cultural scene.

If your grant request is for date specific events, programs or activities, please enter those below using the format: program/event title; anticipated event start date; anticipated event end date; funding request. Use next question if more room is needed.

- Lithia Artisans Market of Ashland Weekend Outdoor Market on Calle Guanajuato (possibly in plaza and other locations as well to accomodate social distancing.
- Start Date has been delayed due to Covid-19. Normal start date is March 15. We opened this year on June 20 and plan to stay open as long as possible into November.
- End date is not determined but we hope to be out at market until Thanksgiving weekend.
- Funding Request \$12,000

Additional date specific events, programs or activities. Enter as: program/event title; anticipated event start date; anticipated event end date; funding request.

Please explain how you will measure success or desired outcomes, based on the Grant Reporting Section above.

- Every weekend that the market is open is an event in and of itself. We hope to create 18 weekend events throughout the season, weather and covid numbers allowing.

-If someone comes to town because of our ads on JPR, our Facebook posts, our blog posts, etc. then they are likely to spend the night in town.

-Any given weekend hundreds of folks are visiting the market, many from out of town.

As the manager and an artisan (I sell hand-cut stone beads and pendants that I make in my shop in Talent), I can tell you that half of my customers have been tourists so far this season. Some of them are spending more that one night here because there are things to do, like the artisans market. Upticks in Hotel occupation during the weekends could be due to our advertising and draw.

-Our major measurement of success will be whether many of our micro cottage industry businesses survive this season. Our members are problem solvers. Given the opportunity we figure out how to navigate the new terrain. We are doing that as I write

this in our collective endeavor to help Ashland thrive in the face of adversity. How many of us make it through will be part of the measure.

-The very fact that the market is up and rolling is a tribute to our resiliency. We are here to help.

-We can look at our own numbers to determine success. We take careful accounting of members sales numbers and those are good indicators of success or failure. Clearly, that metric will be revised for the current situation. We will do our best. Comparisons are easy when you accumulate the numbers. We collect the numbers to assess the data. We can show that clearly.

Tourism - Per the list of eligible Tourism activities above, please explain how your activities qualify (limit 250 words).

LAMA is one of just three long-standing, outdoor art markets in Oregon; the other two are in Eugene and Portland. Our season begins in mid-March and runs through October, with our dedicated members setting up their booths in all sorts of weather conditions. We are known for our steady presence on the Calle, even throughout the smoky season, and now the pandemic. Our commitment to the Calle Guanajuato is long-term and dependable. We attract new tourists each year and help keep many of them coming back every year, a fact that has been reflected in our yearly sales reports.

-Our Weekly Event is a draw and we advertise on JPR as far as Redding, Roseburg, Klamath Falls, Brookings, etc..

-When the market is open on Calle Guanajuato there are as many as 40 plus local artisans who have a job opportunity of their own making, even in the Covid season. We are safety focused but here to economically survive and thrive during tough times.

-When the market is open the restaurants on the Calle and in Downtown Ashland are thriving. They hire more employees because we are open. Just ask the manager, Cisco, at Louie's, or the owner. Ask the owner of Sesame, Tom Beam, who didn't even get his outdoor seating up and rolling until we were back on the Calle. The market is a draw and it means cash in the hands of many more people. That fact is undeniable.

-We are open Saturday and Sunday. A great reason to get a hotel for a night or two, eat locally, go for a hike, visit the artisans market. Another draw to Ashland.

-We are not Shakespeare. We love them, but we can survive even when they are out. We proved that during the smokey seasons. When the Green Show and the Elizabethan Theater were cancelled due to smoke, we innovated and stayed open. We shortened hours, wore masks, reduced the music scene. This year we are prepared to do the same. Artisans are problem solvers and we allow for possibilities. We are steadfast in our commitment to Ashland. We are all in this together. We are a big draw for the town. Every weekend is a new event.

-We will stay open this year as long as the weather allows. We will be open until at least the 15th of November and possibly beyond. That means we will have 6 or more events (weekend markets) during the down months.

-Additionally, we traditionally do the Christmas Faire at the Historic Ashland Armory. This three day event is 20 years old this season. It has always run in conjunction with

Ashland's Festival of Light on Thanksgiving Weekend. The event draws folks from all over. This year we are working on how to do it again. We are hopeful to do some form of the event outdoors. This is another off-season event we promote extensively and work hard to make a success. It has become a tradition in Ashland, as is our weekly summer artisans market.

-The very presence of the market in downtown draws people from near and far. We need your support this season more than ever. Support local handmade.

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

If we do not receive the full amount of our request we would first cut back on the funds set aside for music. We are already in full swing with a robust, but reasonable due to circumstance, advertising campaign. This campaign is to draw folks from all over the near region (Northern California and Southern Oregon) to Ashland for the weekend to enjoy the Lithia Artisans Market, creekside dining, etc..

If we are limited with funds we will be frugal and still do a full ad campaign. Having the full funding will allow us to purchase any additionally needed apparatus for a small stage, and pay more musicians to help create a wonderful ambiance in the downtown scene. The extra funds will all go back into the pockets of musicians, graphics artists, poster distribution, etc..

We are a frugal and innovative bunch. We can do a lot with a little. With that said, it is always easier to make things happen when you have the funds to do so. No matter what, we are here, we are open for business, and we are willing to work with our community to make this all happen in a safe and responsible fashion.

Board Members

1. Name Rachel Fisher

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code) [REDACTED]
[REDACTED]

Occupation [REDACTED]

Title President

Term of Office (Start and End Dates in format MM/DD/YYYY) 02/01/2018-02/01/2021

2. Name Leah Fairbanks

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)
[REDACTED]

Occupation [REDACTED]

Title Vice President

Term of Office (Start and End Dates in format MM/DD/YYYY)

02/01/2020-02/01/2022

3. Name Amy Godard

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Treasurer

Term of Office (Start and End Dates in format MM/DD/YYYY)

02/01/2020-02/01/2022

4. Name Mabrie Ormes

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Secretary

Term of Office (Start and End Dates in format MM/DD/YYYY) 02/01/2019-

02/01/2021

5. Name Anna Bloomquist

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Member at large

Term of Office (Start and End Dates in format MM/DD/YYYY)

02/01/2019-02/01/2021

6. Name Tracy Treiger

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Member at large

Term of Office (Start and End Dates in format MM/DD/YYYY)

02/01/2019-02/01/2021

7. Name Jessica Johnson

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Member at large

Term of Office (Start and End Dates in format MM/DD/YYYY)

02/01/2020-02/01/2022

8. Name

Phone (XXX) XXX-XXXX

Address (Street Address, City, State, Zip Code)

Occupation

Title

Term of Office (Start and End Dates in format MM/DD/YYYY)

Organizational Client Demographic

Organization Lithia Artisans Market of Ashland (LAMA)

Program/Event Name Lithia Artisans Market Outdoor Marketplace on Calle Guanajuato, and the 2021 Lithia Artisans Market Souvenir Booklet

For the Twelve-Month Period of (MM/YYYY to MM/YYYY) 03/15/2019 - 03/15/2020

Percentage of Youth 0 to 17 years (only use numbers) 20

Percentage of Adult 18 to 39 years (only use numbers) 30

Percentage of Adult 40 to 64 years (only use numbers) 34

Percentage of Adult 65 and over (only use numbers) 15

Unknown (only use numbers) 1

Customer Age Total 100

Ashland (only use numbers) 52

Rogue Valley (only use numbers) 40

Other (only use numbers) 8

Staff Residence Total 100

Ashland (only use numbers) 7

Rogue Valley (only use numbers) 3

Other (within 50 miles) (only use numbers) 3

Other (greater than 50 miles) (only use numbers) 87

Customer Residence Total 100

Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? (only use numbers) 80

Grant Program Budget

Program/Event Name for Project Period July 1, 2020 to June 30, 2021 Lithia Artisans Market of Ashland (LAMA) Outdoor Market on Calle Guanajuato and the 2021 LAMA Souvenir Booklet

Source: City of Ashland Grant Funds - Funding Title ECTS Grant City of Ashland

Source: City of Ashland Grant Funds - Funding Amount (only use numbers)

18000

Source: Jackson County Funds/Identify - Funding Title

Source: Jackson County Funds/Identify - Funding Amount (only use numbers)

Source: State Funds/Identify - Funding Title

Source: State Funds/Identify - Funding Amount (only use numbers)

Source: Federal Funds/Identify - Funding Title

Source: Federal Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title NA

Source: Other Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title

Source: Other Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title Revenue for Members Fees, commissions and daily fees.

Source: Other Funds/Identify - Funding Amount (only use numbers) 30000

Total Revenue/Funding Amount (only use numbers) 48000

Total Salaries (only use numbers) 31200

Salaries: Percentage of Time to Project/Event (only use numbers) 100%

Salaries Specific to Project/Event (only use numbers) 100%

Total Benefits (only use numbers)

Benefits: Percentage of Time to Project/Event (only use numbers)

Benefits Specific to Project/Event

Total Project/Event-Specific Personnel Services (must equal sum of specific to project/event fields)

1. Materials and Services Description Live music on Calle Guanajuato during the 2020-21 Seasons. Printing of the 2021 Souvenir Booklet with CDS Printing in Medford. the daily running and promotion of the weekend market, distribution of booklet and promotional materials, daily management of the market, social media customer engagement.

1. Materials and Services Amount (only use numbers) 70000

2. Description of Materials and Services The above numbers are reflective of our bare bones efforts in 2020 and more robust advertising campaign in 2021. The above is only an estimate, and a low estimate to stay in a much more diminished budget for the current season.

2. Materials and Services Amount (only use numbers)

3. Description of Materials and Services

3. Materials and Services Amount (only use numbers)

4. Description of Materials and Services

4. Description of Materials and Services

Total Project/Event Specific Materials and Services (must equal sum of materials and services amount fields) 70000

Signature

I have submitted my organization's most recent Form 990 IRS filing (summary page only), 501(c) letter verifying non-profit status and corporate bylaws separately to natalie.thomason@ashland.or.us before the deadline. (Past grant recipients only need to submit the most recent Form 990 IRS filing). Yes

By checking below your organization acknowledges the statement above and will provide the documents requested prior to receiving funding? Yes

Signature (Type Full Name) Marcus Antonious Scott

Title Market Manager

Organization Lithia Artisans Market of Ashland (LAMA)

Form **990-EZ**

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

OMB No. 1545-1150

2018

Department of the Treasury
Internal Revenue Service

- ▶ 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 **2018** calendar year, or tax year beginning , **2018**, and ending ,

B Check if applicable:

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

C **LITHIA ARTS GUILD OF OREGON, INC.**

D Employer identification number

E Telephone number

F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ **N/A**

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. ▶ \$ **36,236.**

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	
	2 Program service revenue including government fees and contracts	2	36,236.
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5 a Gross amount from sale of assets other than inventory	a	
	b Less: cost or other basis and sales expenses	5 b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a	
	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)	6 b	
c Less: direct expenses from gaming and fundraising events	6 c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d		
7 a Gross sales of inventory, less returns and allowances	7 a		
b Less: cost of goods sold	7 b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶	9	36,236.	
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	5,351.
	13 Professional fees and other payments to independent contractors	13	1,670.
	14 Occupancy, rent, utilities, and maintenance	14	28,010.
	15 Printing, publications, postage, and shipping	15	50.
	16 Other expenses (describe in Schedule O) See Schedule O	16	1,083.
17 Total expenses. Add lines 10 through 16. ▶	17	36,164.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	72.	
Net Assets	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	6,417.
	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	6,489.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2018)

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

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35 b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year?
35 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37 b Did the organization file Form 1120-POL for this year?
38 a 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?
38 b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39 a Initiation fees and capital contributions included on line 9
39 b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40 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?
40 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.
40 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

42 a The organization's books are in care of
Located at
Telephone no.
ZIP + 4
42 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)?
42 c At any time during the calendar year, did the organization maintain an office outside the United States?

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.
44 a Did the organization maintain any donor advised funds during the year?
44 b Did the organization operate one or more hospital facilities during the year?
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 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)?

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. 46 Yes No 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. 47 Yes No X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48 Yes No X

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Yes No X

b If 'Yes,' was the related organization a section 527 organization? 49 b Yes No

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.'

Table with 5 columns: (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. All rows contain '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.'

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows contain '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. [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 Signature of officer: JAMES R YOUNG, Chairman. Date: []

Paid Preparer Use Only Print/Type preparer's name, Preparer's signature, Date, Check [X] if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions. [X] 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

2018

Open to Public
Inspection

Name of the organization

LITHIA ARTS GUILD OF OREGON, INC.

Employer identification number

[REDACTED]

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		
(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test—2018. 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 33-1/3% support test—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	222.	211.				433.
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.	46,704.	47,990.	49,523.	43,474.		187,691.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	46,926.	48,201.	49,523.	43,474.	0.	188,124.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
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.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						188,124.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.	46,926.	48,201.	49,523.	43,474.	0.	188,124.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	0.	0.	0.	0.	0.	0.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
13 Total support. (Add lines 9, 10c, 11, and 12.)	46,926.	48,201.	49,523.	43,474.	0.	188,124.

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**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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)? <i>If 'Yes,' answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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.		Yes	No
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.	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		

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).

BAA

Schedule A (Form 990 or 990-EZ) 2018

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.)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

LITHIA ARTS GUILD OF OREGON, INC.

Form 990-EZ, Part I, Line 16
Other Expenses

Insurance.....	\$	684.
LICENSES & TAXES.....		150.
Office Expenses.....		249.
	Total \$	<u>1,083.</u>

Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 748.	\$ 2,661.
Total	<u>\$ 748.</u>	<u>\$ 2,661.</u>

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

PROMOTION OF ARTS AND CRAFTS APPRECIATION AND EDUCATION. PROVIDING AN OUTLET OF ARTISTIC EXPRESSION.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

2020-21 Tourism Grant Application

Application Information

Created 7/7/2020 2:42 PM

Organization Name Post Growth Institute

Mailing Address [REDACTED]

Contact Name Crystal Arnold

Contact's Phone Number [REDACTED]

Contact's Email [REDACTED]

Secondary Contact Donnie Maclurcan

Secondary Contact Phone Number [REDACTED]

Secondary Contact Email [REDACTED]

Federal Tax ID (XX-XXXXXXX) [REDACTED]

IRS Class (exemption) 501c3

Tourism (only use numbers) 5000

Briefly describe the purpose and objectives of your organization and mission statement (limit to 500 words).

Together we are building a well-being-based economy that puts people and the planet before profit, rather than striving for endless economic growth. An economy where individuals and communities can thrive even in financial downturns like we are seeing as a result of the current pandemic.

The Post Growth Institute's mission is to accelerate the shift to an economy in which people, companies, and nature collectively thrive within ecological limits.

The Post Growth Institute's purpose is three-fold:

The #Postgrowth movement. We connect and promote the people, projects, and partnerships that prioritize an economy that's "better," not "bigger."

Innovative approaches to economic well-being. We build from what's already working, offering viable ideas for a fair and regenerative, full-circle economy beyond ballooning capitalism.

Regenerative leadership trainings. We provide social entrepreneurs and local leaders with the skills, advice, and support to advance purpose-driven initiatives and facilitate processes that revitalize communities.

The PGI has a track record of inspiring people and media coverage, changing people's lives and their worldviews (providing people with "aha" moments), as well as strengthening social capital (relationships, communities, and not-for-profit businesses).

We conduct research, provide training and consultancy, and shine a spotlight on people and organizations whose efforts are contributing to a more just and equitable economy and culture.

The Post Growth Institute was founded in 2010 and has developed a global reach; we have run events with international media attention and worked with and engaged people in activities in over 30 countries. With over 24 team members across nine countries, we have a global reach and voice. Through our trainings and events, we spotlight local communities including Ashland to our global audience. We have drawn world-class facilitators here for events.

Since 2015, we've consulted on 112 local projects and trained 83 local leaders through our primary program, the "Not-for-Profit Way" (NFPW). Our NFPW program teaches entrepreneurs and leaders how to support positive forms of growth, such as the revitalization of local economies through not-for-profit enterprises.

Across the globe, examples of this post-growth model are flourishing, providing proof that a better world is possible.

From New Zealand to Iceland to Scotland, pioneering world leaders are prioritizing well-being over economic growth. Ashland is already known for its innovations in sustainability, and we can strengthen our local economy through the creativity of business owners, non-profit organizations, and individuals connecting with each other and providing what we need for a good quality of life here.

Briefly describe how the City grant would be used and how your activities meet the eligibility criteria in the 2012 policy for Economic Development, Cultural, Tourism, and Sustainability Grants which can be found at ashland.or.us/ECTSGrants (limit to 1,000 words).

We will organize and run three Ashland Offers and Needs Markets, a regional networking event that will help to kickstart the local economy. We will draw together up to 50 people in three events that we anticipate will generate at least \$10,000 of economic activity in just two hours.

The Offers and Needs Market (OANM) is like speed dating that boosts a community's economy. It's a facilitated process in which community members come together, in-person or online, to identify and exchange their passions, knowledge, skills, resources, and needs. Everything from offering an electric drill or graphic design, to finding a project partner or place to live.

People quickly announce and exchange their offers and needs, including goods they're wanting to sell, projects with which they're seeking help, services for which they're needing a lead, and businesses they'd like to launch. It is a live, in-person, networking event that reveals and mobilizes assets within a region.

We are the world leaders in a method that has proven results for local economic development. We have been holding a four week program exploring the Offers and Needs Market with over 100 people. We have people from across the west coast wanting to come to experience this as a live event in Ashland.

People from around the extended region can attend and see a cutting-edge business event and social process that regenerates a local economy. Through sponsoring this event series, the City of Ashland will strengthen their identity as a leader in cultivating sustainability and local business. This method is a proven way to rebuild economies. Visitors will witness this powerful mobilizer of community re-engagement and regeneration of social and economic capital that also has an environmental advantage.

This process inspires people to start and expand organizations and businesses. It helps them understand the needs of their community and tailor their offers accordingly. Like Maria, a woman who attended an Offers and Needs Market with an idea to teach a hormonal-balancing-yoga series. By pitching it during our event, she was able to gather interest and refine her offer. She sold out the first series and continues to teach regularly in Ashland.

This process also connects employees with employers and engages volunteers with organizations. One woman who attended the market at the Bellview Grange last year was hired to do fundraising work with a non-profit. When that ended, someone else she met at the market offered her a job as a personal assistant to a video producer with shared goals.

This event will be putting Ashland at the center of the post-pandemic economic recovery in this region. Attendees will include business owners and employees from Grants Pass, Roseburg, Brookings, Klamath Falls, and Shasta. We'll give booths to Ashland Chamber of Commerce members and non-profits.

Given the current economic challenges, Ashland needs to diversify our economy so that it's not reliant exclusively on tourism and the arts. With better coordination between organizations, we can make visible to visitors the extensive network of artisans and entrepreneurs.

We have prototyped this process and already matched offers and needs effectively in 78 Offers and Needs Markets with over 1,125 total participants across 13 countries.

Matches have included:

wood flooring for a housing remodel

a life-changing job opportunity, resulting in a move across the country

a connection with someone on the planning commission about zoning

\$1,100 tuition to Rogue Community College for an African-American student was paid by a benefactor

several guests booked by a KSKQ Radio host

a position on a local company's advisory board

This attract tourists in several ways. It is an opportunity for the City of Ashland to be a hub of regional development by creating cross-sector transactions. This series will draw people interested in gaining greater visibility for their organizations and businesses.

This event is a forum welcoming all generations to make meaningful exchanges. This project will serve to match students with local internships, in accordance with the City of Ashland's goal "to develop and increase interest and skill sets of local students." The Offers and Needs Market builds and enhances personal connections and community. Younger citizens gain access to experienced professionals in a casual setting. Knowing who is doing what, who has access to what, and who knows who are vital for getting things done. This event builds common ground across socio-political divides.

It's a simple, fast, and inexpensive way to spotlight our local economy, because it focuses on what already exists and is positive in nature. It also increases local economic and civic participation, empowering people as both "producers" and principled "consumers."

This innovative approach is unique in its speed and effectiveness. It takes the best aspects of local initiatives such as the Southern Oregon Time Co-Op, Abundance Swap, and Greeters and combines them into a 90-minute process to reveal and mobilize community wealth! Our event will foster the creation and expansion of existing businesses in the community as they receive feedback about the needs of others to refine their ideas and business products. People often connect with investors and philanthropists through this process. Through cross-sector sharing, the availability of investment capital for local business will become more evident.

If your grant request is for date specific events, programs or activities, please enter those below using the format: program/event title; anticipated event start date; anticipated event end date; funding request. Use next question if more room is needed.

Additional date specific events, programs or activities. Enter as: program/event title; anticipated event start date; anticipated event end date; funding request.

Please explain how you will measure success or desired outcomes, based on the Grant Reporting Section above.

We will survey participants at the end of the event to measure:

- * number of offers met
- * dollar value of the experience

Two months later, we again will measure all of the above and:

- * number of new businesses
- * increase in employment, based on people's new job connections
- * business partnerships, based on new alliances
- * local sourcing of products and services

Success will be assessed not only by the monetary amount of exchanges made, but also by the nature of relationships formed and by the quality and quantity of local resources made available.

Tourism - Per the list of eligible Tourism activities above, please explain how your activities qualify (limit 250 words).

People from around the extended region can attend and see a cutting-edge business event and social process that regenerates a local economy. Through sponsoring this event, the City of Ashland will strengthen their identity as a leader in cultivating sustainability and local business. This method is a proven way to rebuild economies. Visitors will witness this powerful mobilizer of community re-engagement and regeneration of social and economic capital that also has an environmental advantage.

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

With less funding than requested, we will remain able to one or two of the Offers and Needs Markets. However, we would need to remove catering from the event and need to reduce our marketing budget.

Board Members

1. Name Dien Vo

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code) [REDACTED]
[REDACTED]

Occupation [REDACTED]

Title President

Term of Office (Start and End Dates in format MM/DD/YYYY) 11/26/2019 - 11/26/2021

2. Name Simon Spire

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)
[REDACTED]

Occupation [REDACTED]

Title Vice President

Term of Office (Start and End Dates in format MM/DD/YYYY)

12/11/2019 - 12/11/2021

3. Name Donnie Maclurcan

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Treasurer

Term of Office (Start and End Dates in format MM/DD/YYYY)

03/24/2020 - 03/24/2022

Organizational Client Demographic

Organization Post Growth Institute

Program/Event Name Offers and Needs Market

For the Twelve-Month Period of (MM/YYYY to MM/YYYY) 08/2020 to 08/2021

Percentage of Youth 0 to 17 years (only use numbers) 1

Percentage of Adult 18 to 39 years (only use numbers) 54

Percentage of Adult 40 to 64 years (only use numbers) 34

Percentage of Adult 65 and over (only use numbers) 10

Unknown (only use numbers) 1

Customer Age Total 100

Ashland (only use numbers) 25

Rogue Valley (only use numbers) 50

Other (only use numbers) 25

Staff Residence Total 100

Ashland (only use numbers) 30

Rogue Valley (only use numbers) 40

Other (within 50 miles) (only use numbers) 24

Other (greater than 50 miles) (only use numbers) 6

Customer Residence Total 100

Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? (only use numbers) 25

Grant Program Budget

Program/Event Name for Project Period July 1, 2020 to June 30, 2021 The Ashland Offers and Needs Market

Source: City of Ashland Grant Funds - Funding Title City of Ashland - tourism grant (anticipated)

Source: City of Ashland Grant Funds - Funding Amount (only use numbers)

5000

Source: Jackson County Funds/Identify - Funding Title

Source: Jackson County Funds/Identify - Funding Amount (only use numbers)

Source: State Funds/Identify - Funding Title

Source: State Funds/Identify - Funding Amount (only use numbers)

Source: Federal Funds/Identify - Funding Title

Source: Federal Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title Private Contributions from Individuals and Foundations (anticipated)

Source: Other Funds/Identify - Funding Amount (only use numbers) \$1500

Source: Other Funds/Identify - Funding Title

Source: Other Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title

Source: Other Funds/Identify - Funding Amount (only use numbers)

Total Revenue/Funding Amount (only use numbers)

Total Salaries (only use numbers) 1150

Salaries: Percentage of Time to Project/Event (only use numbers) 100

Salaries Specific to Project/Event (only use numbers) 100

Total Benefits (only use numbers) 0

Benefits: Percentage of Time to Project/Event (only use numbers) 0

Benefits Specific to Project/Event 0

Total Project/Event-Specific Personnel Services (must equal sum of specific to project/event fields) 1100

1. Materials and Services Description Venue Rental

1. Materials and Services Amount (only use numbers) 2000

2. Description of Materials and Services Event Insurance

2. Materials and Services Amount (only use numbers) 950

3. Description of Materials and Services Catering

3. Materials and Services Amount (only use numbers) 800

4. Description of Materials and Services Staff Wages and Marketing

4. Description of Materials and Services 150

Total Project/Event Specific Materials and Services (must equal sum of materials and services amount fields) 3900

Signature

I have submitted my organization's most recent Form 990 IRS filing (summary page only), 501(c) letter verifying non-profit status and corporate bylaws separately to natalie.thomason@ashland.or.us before the deadline. (Past grant recipients only need to submit the most recent Form 990 IRS filing). Yes

By checking below your organization acknowledges the statement above and will provide the documents requested prior to receiving funding? Yes

Signature (Type Full Name) Crystal Arnold

Title Education Director

Organization Post Growth Institute

Form **990-N**

Electronic Notice (e-Postcard)

OMB No. [REDACTED]

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 **2019-01-01** and ending **2019-12-31**

B Check if available

- Terminated for Business
- Gross receipts are normally \$50,000 or less

C Name of Organization: **POST GROWTH INSTITUTE**

[REDACTED]
[REDACTED]

D Employee Identification

Number [REDACTED]

E Website:

www.postgrowth.org

F Name of Principal Officer: **Donald Maclurcan**

[REDACTED]
[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.

2020-21 Tourism Grant Application

Application Information

Created 7/7/2020 12:26 PM

Organization Name Rogue Valley Farm to School

Mailing Address [REDACTED]

Contact Name Sheila Foster, Executive director and David Tourzan, board chair

Contact's Phone Number [REDACTED]

Contact's Email [REDACTED]

Secondary Contact David Tourzan, Board Chair

Secondary Contact Phone Number [REDACTED]

Secondary Contact Email [REDACTED]

Federal Tax ID (XX-XXXXXXX) [REDACTED]

IRS Class (exemption) 501c3

Tourism (only use numbers) \$5,000

Briefly describe the purpose and objectives of your organization and mission statement (limit to 500 words).

For more than a decade, Rogue Valley Farm to School has been working to create a more localized food system and improve the health of children via increasing the quality of food served in school meals. Our mission is to educate children about our food system through hands-on farm and garden programs, and by increasing local foods in school meals. We inspire an appreciation of local agriculture that improves the economy and environment of our community and the health of its members.

In 2020, Rogue Valley Farm to School wrote more than \$2 million dollars worth of proposals on behalf of local producers, in order to help them increase production of local food and increase sales to institutions. We supported Fry Family Farm in securing a \$1 million contract to provide 24,000 boxes (2,000 per week for 12 weeks) of free fresh, organic fruits and vegetables to families in need. Rogue Valley Farm to School staff and volunteers pack and distribute the boxes in collaboration with Fry Family Farm and local school districts. The Siskiyou Challenge is our largest, and currently only, fundraiser. Funds raised from this event support the extensive procurement work described above, raising \$25,000+ for the organization that we then turn into thousands (and currently more than a million) dollars in sales of local produce.

Briefly describe how the City grant would be used and how your activities meet the eligibility criteria in the 2012 policy for Economic Development, Cultural, Tourism, and Sustainability Grants which can be found at ashland.or.us/ECTSGrants (limit to 1,000 words).

As we have in the past three years, Rogue Valley Farm to School would use the City of Ashland funds to support increased advertising and development of The Siskiyou Challenge. The Siskiyou Challenge is an outdoor, multi-sport relay race that is fun for athletes of all ages. In the last two years, we have increased participation by more than 50%, growing the race from 200 athletes to 300. Had the race taken place in 2020, we anticipated over 400 athletes, thereby doubling the number of participants in three years. In 2019 and 2020, we focused on a social media campaign that has shown excellent results, growing the number of participants from 50+ miles away from 10% in 2017 to 15% in 2018 and 20% in 2019. We were on target to increase that number to 25% for 2020, and expect that trend to continue in 2021. In addition, we have successfully grown the business sponsorship for the race, more than doubling the number of sponsors in the last three years. Funding from the City of Ashland will help us to market the race further afield, utilizing our business sponsor partnerships as well as a professional social media marketing team to promote the race.

The Siskiyou Challenge is an ideal tourism attraction for the Rogue Valley, as it brings together many of the aspects of the Rogue Valley and Ashland that make it an ideal region for tourism - the race features 46 miles of outstanding scenic beauty, with athletes competing in cycling, kayaking, mountain biking, trail running and road running. The race starts and finishes at ScienceWorks Hands-on Museum (helping to promote another wonderful tourist attraction) and features a Health, Wellness and Outdoor Adventure Expo (the only one of its kind in the region) that has been building every year. Athletes finish the race and receive local craft brews from CommonBlock Brewery (in a collectors pint glass) and a healthy, delicious meal by Fry Family Farm, allowing us to promote the wonderful local businesses that make Ashland and the Rogue Valley so unique.

If your grant request is for date specific events, programs or activities, please enter those below using the format: program/event title; anticipated event start date; anticipated event end date; funding request. Use next question if more room is needed.

Siskiyou Challenge, Saturday, April 24, 2021

Additional date specific events, programs or activities. Enter as: program/event title; anticipated event start date; anticipated event end date; funding request.

Please explain how you will measure success or desired outcomes, based on the Grant Reporting Section above.

Rogue Valley Farm to School tracks the number of participants who come from more than 50 miles away to participate in the race, and how many of those stay in local hotels

or other accommodation, eat in local restaurants and make local purchases at local businesses.

Success is measured by our ability to grow the race to athletes and their friends and families outside the Rogue Valley, and our ability to highlight the importance of health, wellness and outdoor adventure to all participants. It is also measured by our ability to create an event that is safe, and fun and keeps participants coming back year after year. Our goal is to promote the beautiful region in which we live and help to create a thriving local economy.

Tourism - Per the list of eligible Tourism activities above, please explain how your activities qualify (limit 250 words).

The marketing campaign for the Siskiyou Challenge includes marketing the range of activities available in the region, promoting the fine restaurants, wonderful accommodation and range of arts as well as outdoor activities. As noted, we anticipate growing our race to have more than 25% attend from beyond 50 miles, with athletes bringing friends and family (average team size is four), staying over night (the race starts at 7:30 in the morning), spending the night and eating at restaurants during their stay. The Health, Wellness and Outdoor Adventure Expo will also promote other local businesses that participants and their families will support.

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

Rogue Valley Farm to School will use whatever funding we receive to promote the race. The more funding, the wider our reach.

Board Members

1. Name David Tourzan

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code) [REDACTED]
[REDACTED]

Occupation [REDACTED]

Title Board President

Term of Office (Start and End Dates in format MM/DD/YYYY) 01/01/2012 - current, no end date

2. Name Elishia Tucker

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]
Occupation [REDACTED]

Title secretary

Term of Office (Start and End Dates in format MM/DD/YYYY)

01/01/2018 - current, no end date

3. Name Jenni Buti

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]
Occupation [REDACTED]

Title treasurer

Term of Office (Start and End Dates in format MM/DD/YYYY)

01/01/2018 - current, no end

4. Name Justin Adams

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]
Occupation [REDACTED]

Title board member

Term of Office (Start and End Dates in format MM/DD/YYYY) 1/1/2020

5. Name Martin Mares

Phone (XXX) XXX-XXXX

Address (Street Address, City, State, Zip Code)

[REDACTED]
Occupation [REDACTED]

Title board member

Term of Office (Start and End Dates in format MM/DD/YYYY)

1/1/2020

6. Name

Phone (XXX) XXX-XXXX

Address (Street Address, City, State, Zip Code)

Occupation

Title

Term of Office (Start and End Dates in format MM/DD/YYYY)

7. Name

Phone (XXX) XXX-XXXX

Address (Street Address, City, State, Zip Code)

Occupation

Title

Term of Office (Start and End Dates in format MM/DD/YYYY)

8. Name

Phone (XXX) XXX-XXXX

Address (Street Address, City, State, Zip Code)

Occupation

Title

Term of Office (Start and End Dates in format MM/DD/YYYY)

Organizational Client Demographic

Organization Rogue Valley Farm to School

Program/Event Name Digging Deeper School Partnership Program

For the Twelve-Month Period of (MM/YYYY to MM/YYYY) 07/15/2020 - 06/15/2020

Percentage of Youth 0 to 17 years (only use numbers) 80

Percentage of Adult 18 to 39 years (only use numbers) 10

Percentage of Adult 40 to 64 years (only use numbers) 10

Percentage of Adult 65 and over (only use numbers)

Unknown (only use numbers)

Customer Age Total 100

Ashland (only use numbers) 70

Rogue Valley (only use numbers) 30

Other (only use numbers)

Staff Residence Total 100

Ashland (only use numbers) 20

Rogue Valley (only use numbers) 70

Other (within 50 miles) (only use numbers) 5

Other (greater than 50 miles) (only use numbers) 5

Customer Residence Total 100

Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? (only use numbers) 2

Grant Program Budget

Program/Event Name for Project Period July 1, 2020 to June 30, 2021 Saturday, April 24th, 2021

Source: City of Ashland Grant Funds - Funding Title The Siskiyou Challenge

Source: City of Ashland Grant Funds - Funding Amount (only use numbers)

\$5,000

Source: Jackson County Funds/Identify - Funding Title

Source: Jackson County Funds/Identify - Funding Amount (only use numbers)

Source: State Funds/Identify - Funding Title

Source: State Funds/Identify - Funding Amount (only use numbers)

Source: Federal Funds/Identify - Funding Title

Source: Federal Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title Business sponsorship -- \$35,000 (inkind and cash)

Source: Other Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title

Source: Other Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title

Source: Other Funds/Identify - Funding Amount (only use numbers)

Total Revenue/Funding Amount (only use numbers) 473000

Total Salaries (only use numbers)

Salaries: Percentage of Time to Project/Event (only use numbers)

Salaries Specific to Project/Event (only use numbers)

Total Benefits (only use numbers)

Benefits: Percentage of Time to Project/Event (only use numbers)

Benefits Specific to Project/Event

Total Project/Event-Specific Personnel Services (must equal sum of specific to project/event fields)

1. Materials and Services Description

1. Materials and Services Amount (only use numbers)

2. Description of Materials and Services

2. Materials and Services Amount (only use numbers)

3. Description of Materials and Services

3. Materials and Services Amount (only use numbers)

4. Description of Materials and Services

4. Description of Materials and Services

Total Project/Event Specific Materials and Services (must equal sum of materials and services amount fields)

Signature

I have submitted my organization's most recent Form 990 IRS filing (summary page only), 501(c) letter verifying non-profit status and corporate bylaws separately to natalie.thomason@ashland.or.us before the deadline. (Past grant recipients only need to submit the most recent Form 990 IRS filing). Yes

By checking below your organization acknowledges the statement above and will provide the documents requested prior to receiving funding? Yes

Signature (Type Full Name) Sheila Foster

Title Executive Director

Organization Rogue Valley Farm to School

Rogue Valley Farm to School Siskiyou Challenge		
Budget 2021		
Income		
Business Sponsorship - cash	\$25,000	
Business Sponsorship - in-kind	\$20,000	
Racer registrations	\$12,000	
Grants		
City of Ashland Tourism grant	\$5,000	
	<u>\$62,000</u>	
Expenses		
Marketing - print	\$2,000	
Marketing - social media/digital	\$3,000	
Sponsor recruitment and care	\$3,000	
Health, Wellness and Outdoor Adventure Expo		
Music	\$600	
Recruitment	\$1,000	
Management	\$1,500	
Rentals	\$2,000	
Racer registration and management	\$1,500	
Timing	\$1,000	
Athlete Care		
medical team (Providence)	\$7,000	(in-kind)
massage	\$2,500	(in-kind)
Food	\$4,000	
drink	\$3,000	(in-kind)
tshirt	\$3,000	
prizes	\$5,000	(in-kind)
Volunteer management		
Recruitment and management	\$4,000	
Food	\$2,000	
Drinks	\$2,000	(in-kind)
tshirt	\$1,000	
Thank you	\$1,000	(in-kind)
Permits	\$3,000	
Transition Zones		
Rentals and music	\$2,000	
Communication	\$500	
Misc		
	<u>\$55,600</u>	
In-kind support	\$20,500	
Net Cash cost	<u>\$35,100</u>	
Net Cash income	\$26,900	

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

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

C Name of organization
ROGUE VALLEY FARM TO SCHOOL
 Doing business as
 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
F Name and address of principal officer
SAME AS C ABOVE

D Employer identification number

E Telephone number

G Gross receipts \$ **401,279.**

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)

H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **RVFARM2SCHOOL.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2001** **M State of legal domicile:** **OR**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **SEE SCHEDULE O**

2 Check this box 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	5
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	14
6 Total number of volunteers (estimate if necessary)	6	110
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 38	7b	0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	171,947.	324,533.
9 Program service revenue (Part VIII, line 2g)	35,336.	41,349.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	202.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,918.	21,034.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	213,201.	387,118.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	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)	176,984.	190,312.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,476.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	61,173.	69,377.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	238,157.	259,689.
19 Revenue less expenses. Subtract line 18 from line 12	-24,956.	127,429.
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	9,885.	139,795.
21 Total liabilities (Part X, line 26)	0.	4,317.
22 Net assets or fund balances. Subtract line 21 from line 20	9,885.	135,478.

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 **SHEILA CARDER, EXECUTIVE DIRECTOR** Date

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name **APRIL STITH** Preparer's signature **APRIL STITH** Date **11/11/19** Check if self-employed PTIN

Firm's name ▶ Firm's address ▶ Firm's EIN ▶ Phone no. ▶

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 203,542. including grants of \$) (Revenue \$ 41,349.)

ON-FARM AND IN-GARDEN NUTRITION AND ENVIRONMENTAL EDUCATION PROGRAMS TO OVER 10,000 STUDENTS. STUDENTS ARE INVOLVED IN ALL ASPECTS OF FOOD PRODUCTION AND PREPARATION FOR A SEED TO TABLE EXPERIENCE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 203,542.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows 22-38 contain various questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows 1a-1c contain questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational activities.



Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	5	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	5	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
12c			
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **OR**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**



Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	2,750.				
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)	11,417.				
	f	All other contributions, gifts, grants, and similar amounts not included above	310,366.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		324,533.			
Program Service Revenue	2 a	SCHOOL PROGRAMS	611600	41,349.	41,349.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		41,349.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		202.		202.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
			b	Less: rental expenses			
			c	Rental income or (loss)			
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			b	Less: cost or other basis and sales expenses			
			c	Gain or (loss)			
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	35,195.			
			b	Less: direct expenses	14,161.		
c			Net income or (loss) from fundraising events		21,034.	21,034.	
9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b	Less: direct expenses				
		c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	a					
		b	Less: cost of goods sold				
		c	Net income or (loss) from sales of inventory				
11 a		Miscellaneous Revenue	Business Code				
b							
c							
d		All other revenue					
e		Total. Add lines 11a-11d					
12	Total revenue. See instructions			387,118.	41,349.	0.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	61,000.	50,000.	9,900.	1,100.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	129,312.	103,450.	23,276.	2,586.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	3,791.		3,791.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	23,315.	22,789.	526.	
12 Advertising and promotion	1,418.		1,418.	
13 Office expenses	2,647.		2,647.	
14 Information technology				
15 Royalties				
16 Occupancy	10,029.	3,343.	3,343.	3,343.
17 Travel	9,759.	9,759.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,326.		2,326.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	8,699.	8,699.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLEMENTAL INGREDIENT	3,807.	3,807.		
b TELEPHONE	1,341.	447.	447.	447.
c DUES AND SUBSCRIPTIONS	815.	116.	699.	
d FARM & GARDEN EXPENSE	611.	611.		
e All other expenses	819.	521.	298.	
25 Total functional expenses. Add lines 1 through 24e	259,689.	203,542.	48,671.	7,476.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	7,527.	1	38,387.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	2,358.	4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,421.			
	b Less: accumulated depreciation	10b 3,421.	0.	10c 0.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12	101,408.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)		9,885.	16	139,795.	
Liabilities	17 Accounts payable and accrued expenses		17		
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		0.	25	4,317.
	26 Total liabilities. Add lines 17 through 25		0.	26	4,317.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	9,885.	27	135,478.	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	9,885.	33	135,478.		
34 Total liabilities and net assets/fund balances	9,885.	34	139,795.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	387,118.
2	Total expenses (must equal Part IX, column (A), line 25)	2	259,689.
3	Revenue less expenses. Subtract line 2 from line 1	3	127,429.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,885.
5	Net unrealized gains (losses) on investments	5	-1,836.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	135,478.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2018)



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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	155,137.	163,301.	174,881.	171,947.	324,533.	989,799.
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	155,137.	163,301.	174,881.	171,947.	324,533.	989,799.
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)						326,288.
6 Public support. Subtract line 5 from line 4.						663,511.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	155,137.	163,301.	174,881.	171,947.	324,533.	989,799.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					202.	202.
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						990,001.
12 Gross receipts from related activities, etc. (see instructions)					12	190,034.
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 2018 (line 6, column (f) divided by line 11, column (f))	14	67.02	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	63.28	%
16a 33 1/3% support test - 2018. 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 checked="" type="checkbox"/>		
b 33 1/3% support test - 2017. 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 - 2018. 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 - 2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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** The organization satisfied the Activities Test. Complete line 2 below.
 - b** The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

	Yes	No
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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).

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018



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.)

Lined area for supplemental information.

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

2018

Name of the organization

Employer identification number

ROGUE VALLEY FARM TO SCHOOL



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 foundation

Check 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 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that 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

Employer identification number

ROGUE VALLEY FARM TO SCHOOL



Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 36,426.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 11,417.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ROGUE VALLEY FARM TO SCHOOL

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
7		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 29,016.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 91,624.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ROGUE VALLEY FARM TO SCHOOL	Employer identification number <div style="background-color: black; width: 100px; height: 15px;"></div>
--	--

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
_____		\$ _____	_____
_____		\$ _____	_____
_____		\$ _____	_____
_____		\$ _____	_____
_____		\$ _____	_____
_____		\$ _____	_____
_____		\$ _____	_____

Name of organization

Employer identification number

ROGUE VALLEY FARM TO SCHOOL



Part III

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

(a) No. from 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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018
Open to Public
Inspection

Name of the organization

ROGUE VALLEY FARM TO SCHOOL

Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2018

832051 10-29-18

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		3,421.	3,421.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) SCHWAB INVESTMENT ACCOUNT	101,408.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	101,408.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL TAX	4,317.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,317.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SISKIYOU CHALLENGE - (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	35,195.		35,195.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	35,195.		35,195.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	14,161.		14,161.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			14,161.
	11	Net income summary. Subtract line 10 from line 3, column (d)			21,034.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____



11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

2018

Open to Public
Inspection

Name of the organization

ROGUE VALLEY FARM TO SCHOOL

Employer identification number

FORM 990 - ORGANIZATION'S MISSION

ROGUE VALLEY FARM TO SCHOOL EDUCATES CHILDREN ABOUT OUR FOOD SYSTEM
THROUGH HANDS-ON FARM AND GARDEN PROGRAMS, AND BY INCREASING LOCAL
FOODS IN SCHOOL MEALS. WE WORK TO INSPIRE AN APPRECIATION OF LOCAL
AGRICULTURE THAT IMPROVES THE ECONOMY AND ENVIRONMENT OF OUR COMMUNITY
AND THE HEALTH OF ITS MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE ORGANIZATION'S BOARD OF DIRECTORS AT THE
MONTHLY MEETING, PRIOR TO FILING THE RETURN.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. ROGUE VALLEY FARM TO SCHOOL	Enter filer's identifying number
	Employer identification number (EIN) or [REDACTED]	Social security number (SSN) [REDACTED]

File by the due date for filing your return. See instructions.

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ [REDACTED]
Telephone No. ▶ [REDACTED] Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2018 or
 ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

2020-21 Tourism Application

Application Information

Created 7/8/2020 1:50 PM

Organization Name Rogue Valley Food System Network

Mailing Address [REDACTED]

Contact Name Alison Hensley Sexauer

Contact's Phone Number [REDACTED]

Contact's Email [REDACTED]

Secondary Contact Rhianna Simes

Secondary Contact Phone Number [REDACTED]

Secondary Contact Email [REDACTED]

Federal Tax ID (XX-XXXXXXX) [REDACTED]

IRS Class (exemption) 501c3

Tourism (only use numbers) \$7,250.00

Briefly describe the purpose and objectives of your organization and mission statement (limit to 500 words).

The Rogue Valley Food System Network (RVFSN) believes that good food has the power to foster healthy and happy lives, unify our community, and even change the world. RVFSN incorporated as a 501 c (3) non-profit in January of 2018 when it merged with The Rogue Initiative for a Vital Economy (Thrive). This merger was completed in an effort to build momentum and capacity for food systems work. RVFSN is represented by an elected 15-member Food System Council and is governed by a 5-member Board of Directors. The RVFSN has one staff member who serves as the network's part-time coordinator. Past and current council and committee members have connections to Ashland and include staff of the Ashland Food Co-op, co-owner of Ashland restaurant The Lunch Show and Kokua Grill, owner of Ashland Produce Warehouse, ACCESS, the Executive Directors of Ashland-based non-profit organizations Rogue Farm Corps and Rogue Valley Farm to School, and Southern Oregon University professor Vince Smith. We envision a Rogue Valley that is celebrated for its healthy, sustainable soil; where everyone producing our food, from field to table, is a thriving participant in our local economy.

Briefly describe how the City grant would be used and how your activities meet the eligibility criteria in the 2012 policy for Economic Development, Cultural, Tourism, and Sustainability Grants which can be found at ashland.or.us/ECTSGrants (limit to 1,000 words).

In this upcoming funding period, we will publish the 17th annual Rogue Flavor Guide. This year we plan to print 12,000 copies and distribute to 75 locations in the Rogue Valley, 25 of which are in the Ashland area. Businesses and consumers alike, rely on this Guide to bring visibility, increased business, and higher economic returns to the City of Ashland and the Rogue Valley.

The new RVFSN website will include listings of commercial kitchens available for rent for new businesses, business incubator programs, and educational and technical opportunities for entrepreneurs and food producers. The website will also offer additional information on the impacts of buying from local businesses and economic research on the local economic multiplier and will include an online business directory. We plan to add an interactive guide on our website so that it is accessible to customers who prefer to view the guide on their mobile devices.

The annual production of the "Rogue Flavor Guide" the only comprehensive source for regional food and drink produced in the Rogue Valley. The Guide educates consumers to source their food locally, and promotes local businesses such as restaurants, grocery stores, farmers' markets, artisan foods, farmers as well as other food-related businesses and events in the Rogue Valley. The City of Ashland is home to many of the local businesses that benefit from Guide's outreach efforts.

For the last several years, Ashland has become increasingly known for its Agritourism opportunities as well as its culinary delights. From overnight stays like Willow Witt farms to the Rogue Valley Growers Market being named one of the top 10 Farmers markets in the country, we have a lot to offer. The Rogue Flavor Guide promotes and markets businesses and organizations who are staying here to truly enjoy the culinary abundance of this area. According to a 2012 World Tourism Organization report, 88.2% of survey respondents consider gastronomy a defining element of the brand image of travel destinations. People travel for food and it is one of the goals of the Rogue Flavor Guide to increase the number of people who patron our local restaurants who support local farms, Covid 19 has had an immense impact on our local food systems which includes farms, restaurants and grocery stores. Over the next year it will be imperative that we continue to support our local restaurants and farmers to ensure their resiliency and longevity. It is important that we support these local businesses in getting the word out to the greater Southern Oregon Community, Oregon Residents and beyond. The Rogue Flavor Guide is the perfect tool for our local tourism offices, hotels and air bnb's to direct people to the restaurants that need our support. Additionally, we provide an online pdf that can be shared across the state to reach a broader audience and draw attention to the richness of the Ashland culinary offerings.

Our online directory is a supplementary tool to the Rogue Flavor Guide that is frequently

updated as we learn of new businesses. This past year, the coordinator of RVFSN was on the steering committee of the Travel Southern Oregon Agritourism and participated in the Rogue Valley Culinary and Agritourism Studio. It was recognized that the Rogue Flavor Guide is the more expansive version of the food trail guide and these 2 pieces of promotional material go hand in hand. With support funding from the City of Ashland we will be able to continue the production and distribution of the guide, increasing outreach and awareness. Additionally, we have the honor of accepting a RARE Americorp this year and we will be able to leverage that persons time to amplify the work with the agritourism market and gather data on how and to what extent the Rogue Flavor Guide is used. As Gigi, the front desk concierge of Ashland Hills Hotel commented last year, "this guide is my bible for tourists when they stay with us. I mark it all up and send them with a copy". We would like the opportunity to prove that the Rogue Flavor Guide does indeed contribute to more visitors coming to the area specifically as a foodie destination.

If your grant request is for date specific events, programs or activities, please enter those below using the format: program/event title; anticipated event start date; anticipated event end date; funding request. Use next question if more room is needed.

- Rogue Flavor Guide goes to print in mid January
- Distribution: Begins in Feb. Year round as needed

Additional date specific events, programs or activities. Enter as: program/event title; anticipated event start date; anticipated event end date; funding request.

Please explain how you will measure success or desired outcomes, based on the Grant Reporting Section above.

We plan to collect quantitative and qualitative data through working with Travel Ashland to connect with local hotels and airbnb's who distribute the Rogue Flavor Guide. We plan to work with the large events that advertise in the RFG to collect data on number of attendees who hear about the event through the RFG. We will analyze google analytics for an increase in out of region and out of state use of the online guide.

Tourism - Per the list of eligible Tourism activities above, please explain how your activities qualify (limit 250 words).

The Rogue Flavor Guide has been shown to increase sales in the restaurant, farmers market, and farm stay industry as proven through feedback of our loyal advertisers. It is also highly likely that the RFG will continue to create and support non-traditional tourism related events such the annual Siskiyou Challenge, Farmers Markets, and small town local food stands. It is also highly likely therefore that the RFG supports in the increase in total number of jobs available. During this time of COvid, we are witnessing

restaurants closing left and right. The RFG helps to drive traffic to our local restaurants, as well as educate our community around key food systems issues

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

Less capacity for distribution and data collection. We would continue to print the guide, however our distribution and outreach in Ashland would be limited. We would be unable to implement a data collection project.

Board Members

1. Name Maud Powell

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code) [REDACTED]

Occupation [REDACTED]

Title Associate Professor of Practice

Term of Office (Start and End Dates in format MM/DD/YYYY) 2015- present

2. Name Greg Holmes

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Food Systems Program Director/Southern Oregon Advocate

Term of Office (Start and End Dates in format MM/DD/YYYY)

2015- present

3. Name Sheila Foster

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Executive Director

Term of Office (Start and End Dates in format MM/DD/YYYY)

2018- present

4. Name Anne Carter

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title General Manager

Term of Office (Start and End Dates in format MM/DD/YYYY) 2017-present

5. Name Sara Mosser

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Coordinator

Term of Office (Start and End Dates in format MM/DD/YYYY)

2019-present

6. Name Maggie Gartman

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Nutritionist

Term of Office (Start and End Dates in format MM/DD/YYYY)

2019-present

7. Name Vincent Smith

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code) [REDACTED]

Occupation [REDACTED]

Title Professor

Term of Office (Start and End Dates in format MM/DD/YYYY) 206-2018; 2020-present

8. Name

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

Occupation

Title

Term of Office (Start and End Dates in format MM/DD/YYYY)

Organizational Client Demographic

Organization Rogue Vally Food System Network

Program/Event Name Rogue Flavor Guide

For the Twelve-Month Period of (MM/YYYY to MM/YYYY) 03/2019 to 02/2020

Percentage of Youth 0 to 17 years (only use numbers)

Percentage of Adult 18 to 39 years (only use numbers)

Percentage of Adult 40 to 64 years (only use numbers)

Percentage of Adult 65 and over (only use numbers)

Unknown (only use numbers) 100

Customer Age Total

Ashland (only use numbers) 50

Rogue Valley (only use numbers) 50

Other (only use numbers)

Staff Residence Total 100

Ashland (only use numbers) 30

Rogue Valley (only use numbers) 50

Other (within 50 miles) (only use numbers) 10

Other (greater than 50 miles) (only use numbers) 10

Customer Residence Total

Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? (only use numbers) 2

Grant Program Budget

Program/Event Name for Project Period July 1, 2020 to June 30, 2021

Rogue Flavor Guide

Source: City of Ashland Grant Funds - Funding Title Contributed Support- City of Ashland

Source: City of Ashland Grant Funds - Funding Amount (only use numbers)

\$7250.00

Source: Jackson County Funds/Identify - Funding Title

Source: Jackson County Funds/Identify - Funding Amount (only use numbers)

Source: State Funds/Identify - Funding Title

Source: State Funds/Identify - Funding Amount (only use numbers)

Source: Federal Funds/Identify - Funding Title

Source: Federal Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title Advertising

Source: Other Funds/Identify - Funding Amount (only use numbers) \$13,000.00

Source: Other Funds/Identify - Funding Title Sponsorship

Source: Other Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title

Source: Other Funds/Identify - Funding Amount (only use numbers)

Total Revenue/Funding Amount (only use numbers) 22500.00

Total Salaries (only use numbers) \$13554.00

Salaries: Percentage of Time to Project/Event (only use numbers) 100

Salaries Specific to Project/Event (only use numbers) \$13554.00

Total Benefits (only use numbers) 0

Benefits: Percentage of Time to Project/Event (only use numbers) 0

Benefits Specific to Project/Event 0

Total Project/Event-Specific Personnel Services (must equal sum of specific to project/event fields) \$13554.00

1. Materials and Services Description Printing

1. Materials and Services Amount (only use numbers) 6700

2. Description of Materials and Services Survey Implementation- Data Collection to assess impact on Ashland

2. Materials and Services Amount (only use numbers) 2000.00

3. Description of Materials and Services

3. Materials and Services Amount (only use numbers)

4. Description of Materials and Services

4. Description of Materials and Services

Total Project/Event Specific Materials and Services (must equal sum of materials and services amount fields) 8700.00

Signature

I have submitted my organization's most recent Form 990 IRS filing (summary page only), 501(c) letter verifying non-profit status and corporate bylaws separately to natalie.thomason@ashland.or.us before the deadline. (Past grant recipients only need to submit the most recent Form 990 IRS filing). Yes

By checking below your organization acknowledges the statement above and will provide the documents requested prior to receiving funding? Yes

Signature (Type Full Name) Alison Hensley Sexauer

Title Coordinator

Organization Rogue Valley Food System

OGDEN UT 84201-0046

In reply refer to: 0423208240
May 31, 2018 LTR 252C 0
93-1226444 000000 00
00009031
BODC: TE

ROGUE VALLEY FOOD SYSTEM NETWORK
THRIVE



058396

Taxpayer Identification Number: 
Tax Period(s): Dec. 31, 2017

Form: 990

Dear Taxpayer:

Thank you for your Form 990.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

If you need forms, schedules, or publications, you may get them by visiting the IRS website at www.irs.gov or by calling toll-free at 1-800-TAX-FORM (1-800-829-3676).

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

Form **990** **Return of Organization Exempt From Income Tax** OMB No. 1545-0047
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Department of the Treasury Internal Revenue Service
 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.

A For the 2017 calendar year, or tax year beginning January 1, 2017, and ending December 31, 2017

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

C Name of organization **Rogue Valley Food System Network**
 Doing business as
 Number and street for P.O. box (if mail is not delivered to street address) Room/suite
 country, and ZIP or foreign postal code

D Employer identification number
E Telephone number
G Gross receipts \$

F Name and address of principal officer: **Tom Doolittle**
 H(a) Is this a gross return for subsidiaries? Yes No
 H(b) Are all subsidiaries included? Yes No
 If "No," attach a list. (see instructions)
 H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) (insert no.) 4947(a)(1) or 527

J Website: www.buylocalroque.org

K Form of organization: Corporation Trust Association Other

L Year of formation: 1996 **M** State of legal domicile: OR

Part I Summary

1 Briefly describe the organization's mission or most significant activities: <u>THRIVE brings community members and locally owned independent businesses together to create a more socially, environmentally, and financially sustainable economy in the Rogue Valley - Buy Local</u>	
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
4 Number of independent voting members of the governing body (Part VI, line 1b)	4
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5
6 Total number of volunteers (estimate if necessary)	150
7a Total unrelated business revenue from Part VIII, column (C), line 12	8409
7b Net unrelated business taxable income from Form 990-T, line 34	0
Revenue	
8 Contributions and grants (Part VIII, line 1h)	218,924
9 Program service revenue (Part VIII, line 2g)	33,350
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	91
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,227
12 Total revenue--add lines 8 through 11 (must equal Part VIII, column (A), line 12)	267,592
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
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	96,437
15a Professional fundraising fees (Part IX, column (A), line 11e)	0
15b Total fundraising expenses (Part IX, column (D), line 25)	2,739
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	106,914
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	203,351
19 Revenue less expenses. Subtract line 18 from line 12	64,241
Net Assets or Fund Balances	
20 Total assets (Part X, line 16)	104,078
21 Total liabilities (Part X, line 26)	0
22 Net assets or fund balances. Subtract line 21 from line 20	104,078

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: Thomas J. Doolittle Date: 4/12/2018
 Type or print name and title: Thomas Doolittle, Treasurer

Paid Preparer Use Only
 Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check 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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2017)

Attachment 3

2020-21 Tourism Grant Application

Application Information

Created 7/6/2020 10:07 AM

Organization Name Rogue Valley Mountain Bike Association

Mailing Address [REDACTED]

Contact Name Casey Botts

Contact's Phone Number [REDACTED]

Contact's Email [REDACTED]

Secondary Contact Martin Stadtmeuller

Secondary Contact Phone Number [REDACTED]

Secondary Contact Email [REDACTED]

Federal Tax ID (XX-XXXXXXX) [REDACTED]

IRS Class (exemption) 501(c)3 non profit

Tourism (only use numbers) 10000

Briefly describe the purpose and objectives of your organization and mission statement (limit to 500 words).

Our mission is to build and maintain a world-class system of mountain bike trails that support and enhance the physical, mental and economic health of Rogue Valley communities.

RVMBBA exists to maintain trails, build trails, build community, and advocate for mountain bikes in Southern Oregon. RVMBBA completes over 1700 hours of volunteer work annually. As a subsidiary of IMBA, the International Association of Mountain Bikes, we operate as a 501c3 non profit.

Currently, one of our basic objectives of welcoming people in a more equitable way to our sport is not being served. There is a current barrier to entry with our intermediate level trails that does not make this a welcoming place for families on bike trips. Since this is a quickly expanding demographic, we believe targeting families is key towards boosting tourism revenue in Ashland. As our mission states, economic health is paramount in our mission and this project serves that need.

Briefly describe how the City grant would be used and how your activities meet the eligibility criteria in the 2012 policy for Economic Development, Cultural, Tourism, and Sustainability Grants which can be found at ashland.or.us/ECTSGrants (limit to 1,000 words).

Our grant would be used towards construction of the Ashland Pump Track at East Main Park. We have divided this project into 3 phases, with Phase 1 being a beginner pump track at the site. The project is currently heading into the design phase, pending a Parks Commission vote on July 8th that would move the East Main Park forward with development. Following planning commission review, community meetings to certify plans, and hiring a professional bike park builder, this project will be ready to construct. Much of the funding will be coming from RVMBA grants and fundraising.

This project is part of the reorganization of goals recently completed by the Ashland Parks and Rec commission, and the Parks Department received many letters from community leaders to move forward with the Pump Track project.

A pump track is a unique bike experience that helps bring our trails closer to town by offering practice areas within city parks. These facilities are popping up all over the West Coast, and bike tourists often look for towns with these facilities to vacation to. This tourism draw is what makes this project eligible for your grant process. This is explained below and repeated on the next page, explicitly related to the tourism aspect of our project.

Our 2019 survey of Ashland Mt Challenge riders showed that 100% of riders ate at restaurants and bars during their stay, and 49% stayed in hotels/motels. The average rider dropped \$525 on the weekend, which is inline with the national statistic of mountain bikers spending \$491 per weekend mountain bike trip. With a pump track, we would be targeting not only the existing demographic of travelers, but also the family mountain bikers with kids and less experienced riders. Traditionally Ashland trails have not been beginner friendly, but this facility would change that, and therefore add more overnight stays and economic boost.

Our proposal for an asphalt pump track also makes this facility useable year round. Because our best riding conditions on the watershed trails take place in the fall, winter, and spring, we can continue to attract bike tourists to town in these months, and therefore add a boost when tourism season is traditionally slower.

Finally, this can be considered a new/unique, non traditional form of tourism that could add events never before seen in Ashland. For these above reasons, we believe this project is a great fit for tourism funds from the ECTS grants.

If your grant request is for date specific events, programs or activities, please enter those below using the format: program/event title; anticipated event start date; anticipated event end date; funding request. Use next question if more room is needed.

Additional date specific events, programs or activities. Enter as: program/event title; anticipated event start date; anticipated event end date; funding request.

Please explain how you will measure success or desired outcomes, based on the Grant Reporting Section above.

This is listed on our initial application, and we will use the same methods, even though our initial application was asking for funding of a different project. We have recently partnered with SOU to conduct a trail use survey, and in starting this partnership, we would be able to add a pump track use survey in the future using these partnerships. That way, an independent body would be conducting the research to create better transparency.

Tourism - Per the list of eligible Tourism activities above, please explain how your activities qualify (limit 250 words).

A pump track is a unique bike experience that helps bring our trails closer to town by offering practice areas within city parks. These facilities are popping up all over the West Coast, and bike tourists often look for towns with these facilities to vacation to. This tourism draw is what makes this project eligible for your grant process.

Our 2019 survey of Ashland Mt Challenge riders showed that 100% of riders ate at restaurants and bars during their stay, and 49% stayed in hotels/motels. The average rider dropped \$525 on the weekend, which is inline with the national statistic of mountain bikers spending \$491 per weekend mountain bike trip. With a pump track, we would be targeting not only the existing demographic of travelers, but also the family mountain bikers with kids and less experienced riders. Traditionally Ashland trails have not been beginner friendly, but this facility would change that, and therefore add more overnight stays and economic boost.

Our proposal for an asphalt pump track also makes this facility useable year round. Because our best riding conditions on the watershed trails take place in the fall, winter, and spring, we can continue to attract bike tourists to town in these months, and therefore add a boost when tourism season is traditionally slower.

Finally, this is a new/unique, non traditional form of tourism that could add events never seen in Ashland. For these reasons, we believe this project is fits for tourism grant funds.

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

Because the total project cost for Phase 1 of our beginner pump track is roughly \$80,000, we would be thrilled to receive any amount towards this project. A lesser amount of funds would still go to Construction/materials costs. Money would not go towards plan/design/consulting, or any other needs other than the actual building and materials costs. Currently we have raised \$13,000 in funding towards the project, so the full request would put us at over 25% of our needed funding for the project, with plans to begin building in Mid 2021.

Board Members

1. Name Martin Stadtmueller

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title President

Term of Office (Start and End Dates in format MM/DD/YYYY) 09/01/18 - Present

2. Name Chad Thorson

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Vice President

Term of Office (Start and End Dates in format MM/DD/YYYY)

9/1/2018

3. Name Casey Botts

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Treasurer

Term of Office (Start and End Dates in format MM/DD/YYYY)

9/1/2018

4. Name Meadow Lacy

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Secretary

Term of Office (Start and End Dates in format MM/DD/YYYY) 11/01/2019

5. Name Steven Crowthers

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Board member

Term of Office (Start and End Dates in format MM/DD/YYYY)

07/01/2019

6. Name Leslie Eldridge

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Board member

Term of Office (Start and End Dates in format MM/DD/YYYY)

09/01/2019

7. Name Chris Herbst

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Board member

Term of Office (Start and End Dates in format MM/DD/YYYY)

09/01/2019

8. Name Alan Peterson

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title board member

Term of Office (Start and End Dates in format MM/DD/YYYY)

06/01/20

Organizational Client Demographic

Organization Rogue Valley Mt Bike Association

Program/Event Name RVMBA events

For the Twelve-Month Period of (MM/YYYY to MM/YYYY) 05/2019 - 05/2020

Percentage of Youth 0 to 17 years (only use numbers) 30

Percentage of Adult 18 to 39 years (only use numbers) 30

Percentage of Adult 40 to 64 years (only use numbers) 30

Percentage of Adult 65 and over (only use numbers) 10

Unknown (only use numbers)

Customer Age Total 100

Ashland (only use numbers) 90

Rogue Valley (only use numbers) 10

Other (only use numbers) 1

Staff Residence Total 100

Ashland (only use numbers) 35

Rogue Valley (only use numbers) 25

Other (within 50 miles) (only use numbers) 10

Other (greater than 50 miles) (only use numbers) 30

Customer Residence Total 100

Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? (only use numbers) 50

Grant Program Budget

Program/Event Name for Project Period July 1, 2020 to June 30, 2021 Ashland Skills Park/Pump Track -PHASE 1

Source: City of Ashland Grant Funds - Funding Title ECTS Tourism Grant REQUEST

Source: City of Ashland Grant Funds - Funding Amount (only use numbers)

10000

Source: Jackson County Funds/Identify - Funding Title

Source: Jackson County Funds/Identify - Funding Amount (only use numbers)

Source: State Funds/Identify - Funding Title

Source: State Funds/Identify - Funding Amount (only use numbers)

Source: Federal Funds/Identify - Funding Title

Source: Federal Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title REI Grant

Source: Other Funds/Identify - Funding Amount (only use numbers) 4500

Source: Other Funds/Identify - Funding Title Specialized Outride Foundation

Source: Other Funds/Identify - Funding Amount (only use numbers) 6500

Source: Other Funds/Identify - Funding Title Community Donations

Source: Other Funds/Identify - Funding Amount (only use numbers) 2000

Total Revenue/Funding Amount (only use numbers) 13,000

Total Salaries (only use numbers) 30000

Salaries: Percentage of Time to Project/Event (only use numbers) 0

Salaries Specific to Project/Event (only use numbers) 30000

Total Benefits (only use numbers) 0

Benefits: Percentage of Time to Project/Event (only use numbers) 0

Benefits Specific to Project/Event 0

Total Project/Event-Specific Personnel Services (must equal sum of specific to project/event fields) 30000

1. Materials and Services Description Asphalt, Dirt, Rock, and Wood, etc.

1. Materials and Services Amount (only use numbers) 50000

2. Description of Materials and Services

2. Materials and Services Amount (only use numbers)

3. Description of Materials and Services

3. Materials and Services Amount (only use numbers)

4. Description of Materials and Services

4. Description of Materials and Services

Total Project/Event Specific Materials and Services (must equal sum of materials and services amount fields) 50000

Signature

I have submitted my organization's most recent Form 990 IRS filing (summary page only), 501(c) letter verifying non-profit status and corporate bylaws separately to natalie.thomason@ashland.or.us before the deadline. (Past grant recipients only need to submit the most recent Form 990 IRS filing). No, but I understand that if these items are not submitted before the deadline the application will be rejected as incomplete.

By checking below your organization acknowledges the statement above and will provide the documents requested prior to receiving funding? Yes

Signature (Type Full Name) Casey Botts

Title Treasurer

Organization Rogue Valley Mt Bike Association

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

FEB 07 2017

INTERNATIONAL MOUNTAIN BICYCLING
ASSOCIATION-COLORADO
C/O IMBA
[REDACTED]

Employer Identification Number:
[REDACTED]

DLN:
[REDACTED]

Contact Person:

RONALD D BELL

ID# [REDACTED]

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

170(b)(1)(A)(vi)

Form 990/990-EZ/990-N Required:

Yes

Effective Date of Exemption:

January 4, 2016

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

Based on the information you submitted with your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is the postmark date of your application.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt

INTERNATIONAL MOUNTAIN BICYCLING

organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Cooper", written in a cursive style.

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements

Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45202

Department of the Treasury

Date: FEB 07 2017

INTERNATIONAL MOUNTAIN BICYCLING
ASSOCIATION COLORADO

Employer Identification Number:

Person to Contact and ID Number:

Ronald Bell 0202947

Toll Free Contact Number:

(877) 829-5500

Addendum Applies

No

Dear Applicant:

We have considered your application for a group exemption letter recognizing your subordinates as exempt from federal income tax under section 501(a) of the Internal Revenue Code as organizations of the type described in section 501(c)(3).

Our records show that you were recognized as exempt from federal income tax under section 501(c)(3) of the Code.

Based on information you supplied, we recognize your subordinates whose names appear on the list you submitted as exempt from federal income tax under section 501(c)(3) of the Code.

Additionally, we have classified the organizations that you operate, supervise, or control, and that are covered by your notification to us, as organizations that are not private foundations because they are organizations of the type described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Code.

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

Your subordinates whose gross receipts each year are normally more than \$50,000 are each required to file Form 990, Return of Organization Exempt From Income Tax, by the 15th day of the fifth month after the end of their annual accounting period. If you prefer, you may file a group return for those subordinates that authorize you in writing to include them in that return. If you are required to file Form 990 for your own activities, you must file a separate return and may not be included on any group return that you file for your subordinates. The law imposes a penalty of \$20 a day when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty imposed cannot exceed \$10,000 or 5 percent of gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall

Letter 2419
Rev. 7-15-2011

not exceed \$50,000. This penalty may also be charged if a return is not complete, so your subordinates should make sure their returns are complete before filing them.

For tax periods beginning after December 31, 2006, and before December 31, 2010, organizations with gross receipts of \$25,000 or less must file an annual electronic notice, Form 990-N. For tax periods after December 31, 2010, the gross receipts limit changed from \$25,000 to \$50,000. Organizations included in a group return are excepted from this requirement. Alternatively, organizations with gross receipts of \$50,000 or less may file a complete Form 990 Package.

Your subordinates are required to make their annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You and your subordinates are also required to make available for public inspection your group exemption application, any supporting documents and this exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

As of January 1, 1984, each of your subordinates is liable for social security taxes under the Federal Insurance Contributions Act on remuneration of \$100 or more they pay to each of their employees during a calendar year. Your subordinates are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Each year, at least 90 days before the end of your annual accounting period, please send the items listed below to the Internal Revenue Service Center at the address shown below.

1. A statement describing any changes during the year in the purposes, character, or method of operation of your subordinates;
2. A list showing the names, mailing addresses (including Postal ZIP codes), actual addresses if different, and employer identification numbers of subordinates that, since your previous report:
 - a. Changed names or address;
 - b. Were deleted from your roster; or
 - c. Were added to your roster.
3. For subordinates to be added, attach:
 - a. A statement that the information on which your present group exemption letter is based applies to the new subordinates;
 - b. A statement that each has given you written authorization to add its name to the roster;

- c. A list of those to which the Service previously issued exemption rulings or determination letters;
 - d. A statement that none of the subordinates is a private foundation as defined in section 509(a) of the Code if the group exemption letter covers organizations described in section 501(c)(3);
 - e. The street address of each subordinate whose mailing address is a P.O. Box; and
 - f. The information required by Revenue Procedure 75-50, 1975-2 C.B. 587, for each subordinate that is a school claiming exemption under section 501(c)(3). Also include any other information necessary to establish that the school is complying with the requirements of Revenue Ruling 71-447, 1971-2 C.B. 230. This is the same information required by Schedule B, Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code.
4. If applicable, a statement that your group exemption roster did not change since your previous report.

Please mail the information requested in this letter to the following address:

Internal Revenue Service
Ogden UT 84201

This determination does not apply to any of your subsidiaries organized and operated in a foreign country.

Revenue Procedure 80-27, 1980-1 C.B. 677, section 4.02, part 6, provides that a group exemption letter may be issued covering subordinates, of which one or more have been organized prior to 15 months of the date of submission of the group exemption request, only if all subordinates agree to prospective exemption from the filing date of the group exemption request. Since you have subordinates that were organized prior to 15 months of the date of your application and your subordinates have agreed to prospective exemption, the exempt status of all of your subordinates is effective January 4, 2016, the date your application was submitted.

Your Group Exemption Number is 6236. Your subordinates are required to include this number on each Form 990, Return of Organization Exempt From Income Tax, and Form 990-T, Exempt Organization Business Income Tax Return, that they file. Please advise your subordinates of this requirement and provide them with the Group Exemption Number.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, *Compliance Guide for 501(c)(3) Public Charities*, which describes your recordkeeping, reporting, and disclosure requirements.

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

Because this letter could help resolve any questions about the exempt status and foundation status of your subordinates, you should keep it for your 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,

A handwritten signature in black ink, appearing to read 'J. Cooper', written in a cursive style.

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements

Rogue Valley Mountain Bike Association By-Laws

ARTICLE I - GENERAL

1.1 NAME. The name of this organization shall be Rogue Valley Mountain Bike Association (hereinafter RVMBA and/or Organization)

ARTICLE II - PURPOSE

2.1 RVMBA is an Organization devoted to the promotion of mountain bicycling, and views the sport as a vehicle to promote low impact outdoor recreation, conservation and mountain bicycling opportunities that are environmentally and socially responsible.

2.2 RVMBA is dedicated to protecting and enhancing mountain bicycling opportunities through:

- Providing enjoyable mountain bicycling experiences and social events for the mountain bicycling community, and at the same time using these events as an opportunity to educate and encourage riders.
- Promoting responsible riding and ethical behavior among the mountain bicycling community.
- Working in concert with land managers and owners to create and improve trails and facilities;
- Working with other user groups to ensure a quality trail experience for all users, and
- Efforts to increase the diversity of the mountain bicycling community.

ARTICLE III - MEMBERSHIP

3.1 MEMBERS. RVMBA shall be comprised of no fewer than seven (7) members. A member is one who pays dues on an annual basis and remains in good standing with SOFA Renewal dues are due a calendar year after the initial dues are received by the Organization. Upon expiration, RVMBA will allow grace period of 30 days to pay renewal dues, beyond which, the person is no longer considered a Member.

3.2 SITE USERS. A "Site User" is a person who has registered on the web site but has not paid membership dues. A "Site User" shall not be permitted to vote on any official RVMBA business or is

not considered an insured under RVMBA insurance program.

3.3 DUES. Dues will be determined by the Board of Officers and approved by the Club Membership. Dues paying Members will be allowed discounts, promotions and participation in certain events, as determined by the Board.

3.4 NEW MEMBERS. New members shall be admitted upon signing a registration form and waiver, and paying annual membership dues, if any as adapted by membership

3.5 TERM OF MEMBERSHIP. Members shall serve until their dues expire, until they choose to resign or until removed from membership under the terms of Article III, Section 4 of the Bylaws.

3.6 REMOVAL FROM MEMBERSHIP.

- Members will automatically be removed if they do not renew and pay their annual membership dues.
- Members wishing to resign may do so through written or oral communication to an officer or director of RVMBA. Unless the Board of Officers determines special circumstances warrant a refund, membership dues are not refundable.
- Members' actions, which conflict with the Purpose (Article II), of RVMBA shall be brought in front of the Board of Officers for review and action. Board of Officers can elect to remove member or dismiss claim. If Board of Officers decides to remove, the member can appeal at this point, in which that particular action will be voted on by majority vote of members of RVMBA..

ARTICLE IV - NOMINATION AND ELECTION OF OFFICERS

4.1 NOMINATIONS. Nominations for officers will open at a previous meeting.

4.1.1 At the November meeting nominations for officers will close at the end of the meeting

4.1.2 Final nominations will be posted on the web site following the November meeting.

4.2 ELECTIONS.: At the December meeting, election of all officers shall take place by ballot and those elected shall take office as of January 1 of next year.

4.3 OFFICERS. Officers of RVMBA can appoint members to the board as deemed necessary and upon approval of the majority of members at a regularly scheduled meeting.

4.3.1 Officers of RVMBA shall be chosen by the membership of RVMBA. The Elected Officers shall be the President, a Vice President, a Secretary, & Treasurer. Each of the Elected Officers shall serve for a term of one (3) year and until a successor is elected.

4.3.2 PRESIDENT. The President shall be the principal spokesperson and chief elected officer of the organization, but may delegate such functions to other members or committees as deemed appropriate. The President shall exercise general supervision over the business and affairs of RVMBA and shall perform all duties incident to the office of President and other duties as may be prescribed by RVMBA.

4.3.3 VICE-PRESIDENT. The RVMBA Vice President will preside over all official meetings in the absence of the Club President. In conjunction with the Club President, the Vice President will be responsible for the conduct of all official organizational business of this club.

4.3.4 TREASURER. The Treasurer shall be the chief financial officer of RVMBA and will serve as a member of the Budget Committee. The Treasurer shall be responsible for the funds and securities of RVMBA; maintain accurate records of all receipts and disbursements; disburse funds for the purpose of and in the amounts authorized by RVMBA; and ensure that RVMBA maintains compliance with Oregon and federal statutes concerning raising and spending funds and reporting income and expenditures.

4.3.5 SECRETARY. The secretary shall be responsible for correspondence; notification of Officers when terms are expiring; recording, preparing and making available minutes of all meetings; and sending announcements of meetings. The secretary also shall be responsible for assembly and distribution of appropriate written material to newly elected Officers.

ARTICLE V – THE BOARD

5.1 The RVMBA Board shall consist of its elected Officers and other Board members as appointed by the elected Officers (hereinafter "THE BOARD") and approved by the Membership.

5.2 At the first meeting of the new Board they shall elect a chairman to run the Board Meetings and a secretary to record the minutes of the board

5.3 The Board has the authority to suspend any members for conduct contrary to the purpose of the club.

5.4 The Board shall schedule Club meetings as deemed appropriate.

5.5 The Board will decide which issues will be voted on and brought to the attention of the Club and will create an agenda for meetings.

5.6 Removal of Officers. Any officer may be removed at any time by a majority vote of those present at a meeting of the members of RVMBA if the notice listed removal of a director as one of the agenda items. The reason or reasons for the proposed removal shall be made available to all members present, and shall be recorded in the minutes of the meetings.

5.7 Duties of the officers shall include:

- To provide guidance and direction to the members in ensuring that the Bylaws and Purpose of RVMBA are being carried out.
- To serve as liaison between RVMBA and their respective community components, informing RVMBA of the needs of those components as they apply to the Purpose of RVMBA.
- To serve as a visible representative of RVMBA and its Purpose.

ARTICLE VI - MEETINGS OF THE BOARD

6.1 The RVMBA BOARD shall be required to meet at least (1) time a year prior to the required 4 Meetings of Membership. They may elect to meet more often as needed.

6.2 All meetings of the Board shall be open to the full membership.

ARTICLE VII- MEETINGS OF MEMBERS

7.1 RVMBA shall hold one annual meeting, in December, and at least three (3) regular meetings during the year. It may meet more frequently.

7.2 Only paid members in good standing with the organization are permitted to vote.

7.3 At least seven (7) members must be in attendance for there to be a quorum for the transaction of business at any meeting of the members of RVMBA. If a quorum is present, then the affirmative vote of a majority of members present is the act of the members.

7.4 Issues affecting the Organization and its members may be brought up by a member and discussed at present time or agreed by Board of Officers to be discussed at next Board meeting tabled the next meeting.

7.5 Issues not brought up at meetings may be communicated to issue specific committee member or any Board member, including online discussions.

7.6 The members present at a duly called and held meeting at which a quorum is initially present may continue to do business notwithstanding the loss of a quorum at the meeting due to a withdrawal of member(s) from the meeting, provided that any action thereafter taken must be approved by at least four members.

ARTICLE VIII - COMMITTEES

8.1 Committees shall be constituted and dissolved by the board with direction from the members.

ARTICLE IX- OPERATING POLICIES

9.1 The day-to-day operation of RVMBA shall be determined by these bylaws and policies adopted by a majority vote of the members at a duly called meeting.

ARTICLE X - AMENDMENTS TO BYLAWS

10.1 The Board may propose alterations or amendments to the bylaws to be presented and voted upon at a duly called meeting of the membership.

ARTICLE XI - DISSOLUTION

11.1 RVMBA may be dissolved by the vote of two-thirds of the members present at a duly called meeting. Upon such dissolution, RVMBA members shall vote on how to disperse of the organization's remaining assets. Such dispersal shall be consistent with the purpose (Article II) of RVMBA.

ARTICLE XII – STANDARD MEETING AGENDA

12.1 A standard agenda will be utilized and followed during all RVMBA meetings. Any additional content must be forwarded to one of the Board Members to post on the agenda prior to the meeting or be brought up under open discussion.

1. Welcome and introduction of new members
2. Treasurer's report
3. Review of minutes from the last meeting & follow up on action items
4. Old business
5. New business
6. Open discussion & contributions

CT-12

For Oregon Charities

Charitable Activities Section Oregon Department of Justice

100 SW Market Street
Portland, OR 97201-5702
Email: charitable.activities@doj.state.or.us
Website: http://www.doj.state.or.us

VOICE (971) 673-1880
TTY (800) 735-2900
FAX (971) 673-1882

2019

Section I. General Information

1. Cross Through Incorrect Items and Correct Here:
(See instructions for change of name or accounting period.)

Registration #: [REDACTED]

Organization Name: Rogue Valley Mountain Bike Association

Address: [REDACTED]

City, State, Zip: [REDACTED]

Phone: [REDACTED] Fax: [REDACTED]

Email: [REDACTED]

Period Beginning: 1/1/2019 Period Ending: 12/31/2019

Amended Report?

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements. Yes No
3. Is the organization a party to a contract involving person-to-person, advertising, vending machine or telephone fund-raising in Oregon? If yes, write the name of the fund-raising firm(s) who conducts the campaign(s): Yes No
4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency, such as a state attorney general, secretary of state, or local district attorney, or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions Yes No
5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter. Yes No
6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.) Yes No

7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
Chad Rogers	Authorized Representative	(541) 944-2896	120 Daisy Lane Jacksonville, OR 97530 ckrogers523@outlook.com

8. List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing that section. (Oregon law requires a minimum of three directors.)

(A) Name, mailing address, daytime phone number, and email address	(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)
[REDACTED]	Treasurer 5 hrs	\$0.00
[REDACTED]	Treasurer 0 hrs	\$0.00
[REDACTED]	President 5 hrs	\$0.00

Name:
Address:
Phone:
Email:

Name:
Address:
Phone:
Email:

Name:
Address:
Phone:
Email:



Vice President	\$0.00
5 hrs	
Secretary	\$0.00
5 hrs	
CPA-Paid Preparer	\$0.00
5 hrs	

Form Continued on Reverse Side

Section II. Fee Calculation

9. Total Revenue

(From Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; Line 9 on Form 1041; or see the CT-12 instructions if no federal tax return was prepared or a Form 990-N was filed. Attach explanation if Total Revenue is \$0.)

9. \$14,198.65

10. Revenue Fee

(See chart below. Minimum fee is \$20, even if total revenue is a negative amount.)

10. \$20.00

Amount on Line 9 Revenue Fee

\$0	-	\$24,999	\$20
\$25,000	-	\$49,999	\$50
\$50,000	-	\$99,999	\$90
\$100,000	-	\$249,999	\$150
\$250,000	-	\$499,999	\$200
\$500,000	-	\$999,999	\$300
\$1,000,000	or	more	\$400

11. Net Assets or Fund Balances at End of the Reporting Period

(From Line 22 (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, Line 6 on Form 990-PF; or see the CT-12 instructions to calculate.)

11. \$6,966.13

12. Net Fixed Assets Used to Conduct Charitable Activities

(Generally, from Part X, Line 10c on Form 990, Line 23B on Form 990-EZ or Part II, Line 14b on Form 990-PF; or see the CT-12 instructions to calculate. See the Ct-12 instructions if organization owns income-producing assets.)

12. \$6,966.13

13. Amount Subject to Net Assets or Fund Balances Fee

(Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)

13. \$0.00

14. Net Assets or Fund Balances Fee

(Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$2,000. Round cents to the nearest whole dollar.)

14. \$0.00

15. Are you filing this report late?

Yes No

(If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)

15. \$0.00

16. Total Amount Due

(Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)

16. \$20.00

Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS, except that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$50,000 or more, or Net Assets or Fund Balances of \$100,000 or more, see the instructions as the organization may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy or confirmation of its filing

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

s/Casey Botts

2/14/2020

Treasurer

Signature of officer

Date

Title

Casey Botts

Officer's name (printed)

Address

Phone

Paid Preparer's Use Only

s/Chad Rogers

2/14/2020

Phone

Preparer's signature

Date

Chad Rogers

Preparer's name (printed)

Address

CT12 Charity Annual Report Approved (Preparer Copy)

DoNotReply@doj.state.or.us <DoNotReply@doj.state.or.us>

Thu 2/20/2020 10:18 PM

To: ckrogers523@outlook.com <ckrogers523@outlook.com>

Rogue Valley Mountain Bike Association

Casey Botts



Re: Annual Report Submission for period ending 12/31/2019

Dear Ladies/Gentlemen:

We recently reviewed the CT12 annual report that you submitted for the fiscal year beginning 01/01/2019 and ending 12/31/2019. Thank you for your submission. Your annual filing has been accepted.

Sincerely,

Annual Report Staff

Charitable Activities Section

*****CONFIDENTIALITY NOTICE*****

This e-mail may contain information that is privileged, confidential, or otherwise exempt from disclosure under applicable law. If you are not the addressee or it appears from the context or otherwise that you have received this e-mail in error, please advise me immediately by reply e-mail, keep the contents confidential, and immediately delete the message and any attachments from your system.

2020-21 Tourism Grant Application

Application Information

Created 7/6/2020 5:08 PM

Organization Name ScienceWorks Hands-On Museum

Mailing Address [REDACTED]

Contact Name Dan Ruby

Contact's Phone Number [REDACTED]

Contact's Email [REDACTED]

Secondary Contact Erin Endress

Secondary Contact Phone Number [REDACTED]

Secondary Contact Email [REDACTED]

Federal Tax ID (XX-XXXXXXX) [REDACTED]

IRS Class (exemption) 501(c)3

Tourism (only use numbers) 24000

Briefly describe the purpose and objectives of your organization and mission statement (limit to 500 words).

ScienceWorks Hands-On Museum is an interactive science museum located in Ashland, Oregon. Founded as a private response to a critical lack of public science education, our mission is to be a champion of science, inspiring curiosity, wonder, and exploration through engaging and interactive experiences.

Approximately 53,000 individuals of all ages from across the U.S. and internationally visited ScienceWorks in 2019. Our core geographic service area is a six-county region in Southern Oregon and three counties in Northern California. ScienceWorks is the only science museum located between Redding, California to the south and Eugene, Oregon to the north -- a 3-hour drive in either direction.

Since opening in 2002, ScienceWorks has served nearly one million visitors and 100,000 K-12 students. We currently have 1,500 member households, 18 staff members (14.5 full time equivalent) and 150 volunteers, including 8 Board members and a rotating Science Advisory Board with 15+ active members. We are committed to sharing and leveraging resources through collaborations with other nonprofit community organizations.

ScienceWorks' exhibits, public programs, school activities, and the core philosophy of our Museum (science engagement through hands-on exploration of phenomena), are aligned with the Framework for Next-Generation Science (nextgenscience.org), with threads of Earth and space science, life science, physical science, and the supporting practices of technology, engineering, arts, and math (TEAM).

Our primary activities include our Museum; school field trips; camps for children and teens; off-site education at schools and community sites; and, the design and construction of exhibits for display and sale/rental to other museums. In our 17,000 square feet of exhibit space, ScienceWorks offers nearly 100 interactive exhibits, educational exhibits, activities, themed programming, and special events. We create outdoor educational opportunities on our three-acre campus, including the Climb Through Time geologic climbing wall and interpretive gardens. ScienceWorks served nearly 14,000 K-12 students from 16 counties in 2018, 78% of whom live in rural areas. Our field trips are designed for three grade ranges, K-2, 3-5, and 6-8. Our education outreach programs include two- and four-day educational inquiry labs, an engineering activity, and live science demonstrations. Our summer and school-year vacation camps serve more than 500 children annually. ScienceWorks has a successful track record of leasing and selling its proprietary designs and exhibits to museums regionally, nationally, and internationally. Our current inventory of traveling exhibitions includes Sportsology, Noise, Take Flight, and Outreach to Space -- ranging in size from 400 to 2,000 square feet -- and a 3,000 square foot exhibit, Pterosaurs: Ancient Rulers of the Sky. We also design and sell stand-alone exhibit components.

Briefly describe how the City grant would be used and how your activities meet the eligibility criteria in the 2012 policy for Economic Development, Cultural, Tourism, and Sustainability Grants which can be found at ashland.or.us/ECTSGrants (limit to 1,000 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)
- Neuman Hotel Group (partnered advertising for Portland/Bay Area)

Up to 20,000 tourists visited ScienceWorks in 2019. Thirty-five percent (35%) of our non-Member visitors are tourists. ScienceWorks has been a top tourist attraction in Ashland for 16 years, second only to Oregon Shakespeare Festival (OSF). We are featured on the Top 10 Lists of Things to Do in Ashland on both Yelp and TripAdvisor. In the last 12 months, we had visitors from 45 of the 50 United States, plus Washington, DC, Puerto Rico, Guam, and Canada. As a top tourist attraction, ScienceWorks visitors undoubtedly have a positive impact on Ashland hotel/motel occupancy, restaurant and retail sales. 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. ScienceWorks sponsors new, non-traditional special events throughout the year that appeal to tourists and residents alike. Because ScienceWorks is open year-round, our ability to attract tourists to Ashland 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. We are requesting funding to increase tourist visits to ScienceWorks through an advertising campaign targeted to residents who live within our 9-county service area but outside of a 50-mile radius of ScienceWorks.

If your grant request is for date specific events, programs or activities, please enter those below using the format: program/event title; anticipated event start date; anticipated event end date; funding request. Use next question if more room is needed.

Additional date specific events, programs or activities. Enter as: program/event title; anticipated event start date; anticipated event end date; funding request.

Please explain how you will measure success or desired outcomes, based on the Grant Reporting Section above.

The Tourism category will be measured by the successful development and roll-out of the advertising campaign described above, and by measuring the number of visitors to ScienceWorks during the grant period who reside beyond a 50-mile radius of the museum.

Tourism - Per the list of eligible Tourism activities above, please explain how your activities qualify (limit 250 words).

As described above, we are requesting funding to increase tourist visits to ScienceWorks through an advertising campaign targeted to residents who live within our 9-county service area but outside of a 50-mile radius of ScienceWorks. ScienceWorks has been a top tourist attraction in Ashland for 16 years, second only to Oregon Shakespeare Festival (OSF). We are featured on the Top 10 Lists of Things to Do in Ashland on both Yelp and TripAdvisor. In the last 12 months, we had visitors from 45 of the 50 United States, plus Washington, DC, Puerto Rico, Guam, and Canada. As a top tourist attraction, ScienceWorks visitors undoubtedly have a positive impact on Ashland hotel/motel occupancy, restaurant and retail sales. 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. ScienceWorks sponsors new, non-traditional special events throughout the year that appeal to tourists and residents alike. Because ScienceWorks is open year-round, our ability to attract tourists to Ashland 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.

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

If we receive less than requested in the Tourism category, we will determine how a smaller amount of funds can be applied to still make a measurable impact. For example, we could focus more heavily on digital advertising as opposed to higher-priced print advertising.

Board Members

1. Name Shane Sevcik

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code) [REDACTED]
[REDACTED]

Occupation [REDACTED]

Title President

Term of Office (Start and End Dates in format MM/DD/YYYY) 07/01/2016 - 07/31/2022

2. Name Krynne Lukacs, PhD

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)
[REDACTED]

Occupation [REDACTED]

Title Vice President

Term of Office (Start and End Dates in format MM/DD/YYYY)

09/01/2018 - 09/30/2024

3. Name Shel Silverberg

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Treasurer

Term of Office (Start and End Dates in format MM/DD/YYYY)

07/01/2018 - 07/31/2024

4. Name Kristin Nagy Catz, PhD

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Secretary

Term of Office (Start and End Dates in format MM/DD/YYYY) 10/01/2015 -

10/31/2021

5. Name Michael Mayerle

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Board Member

Term of Office (Start and End Dates in format MM/DD/YYYY)

10/01/2015 - 10/31/2021

6. Name Scott Lewis

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Board Member

Term of Office (Start and End Dates in format MM/DD/YYYY)

05/01/2017 - 05/30/2023

7. Name Shannon Downey

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Board Member

Term of Office (Start and End Dates in format MM/DD/YYYY)

04/01/2019 - 04/30/2025

8. Name Yvette McCulley, PhD

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Board Member

Term of Office (Start and End Dates in format MM/DD/YYYY)

08/01/2019 - 08/31/2025

Organizational Client Demographic

Organization ScienceWorks Hands-On Museum

Program/Event Name ScienceWorks Hands-On Museum

For the Twelve-Month Period of (MM/YYYY to MM/YYYY) 01/01/2019 - 12/31/2019

Percentage of Youth 0 to 17 years (only use numbers) 45

Percentage of Adult 18 to 39 years (only use numbers) 32

Percentage of Adult 40 to 64 years (only use numbers) 16

Percentage of Adult 65 and over (only use numbers) 7

Unknown (only use numbers)

Customer Age Total 100

Ashland (only use numbers) 67

Rogue Valley (only use numbers) 29

Other (only use numbers) 4

Staff Residence Total 100

Ashland (only use numbers) 25

Rogue Valley (only use numbers) 20

Other (within 50 miles) (only use numbers) 30

Other (greater than 50 miles) (only use numbers) 25

Customer Residence Total 100

Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? (only use numbers) 10

Grant Program Budget

Program/Event Name for Project Period July 1, 2020 to June 30, 2021 Economic Development; Tourism

Source: City of Ashland Grant Funds - Funding Title Economic Development; Tourism

Source: City of Ashland Grant Funds - Funding Amount (only use numbers) 42000

Source: Jackson County Funds/Identify - Funding Title

Source: Jackson County Funds/Identify - Funding Amount (only use numbers)

Source: State Funds/Identify - Funding Title

Source: State Funds/Identify - Funding Amount (only use numbers)

Source: Federal Funds/Identify - Funding Title

Source: Federal Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title

Source: Other Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title

Source: Other Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title

Source: Other Funds/Identify - Funding Amount (only use numbers)

Total Revenue/Funding Amount (only use numbers) 42000

Total Salaries (only use numbers) 42733

Salaries: Percentage of Time to Project/Event (only use numbers) 9

Salaries Specific to Project/Event (only use numbers) 3846

Total Benefits (only use numbers) 12822

Benefits: Percentage of Time to Project/Event (only use numbers) 9

Benefits Specific to Project/Event 1154

Total Project/Event-Specific Personnel Services (must equal sum of specific to project/event fields) 5000

1. Materials and Services Description Economic Development: Exhibit materials & supplies, construction, sales/marketing

1. Materials and Services Amount (only use numbers) 18000

2. Description of Materials and Services Tourism: Print and digital materials production and ad placements

2. Materials and Services Amount (only use numbers) 19000

3. Description of Materials and Services

3. Materials and Services Amount (only use numbers)

4. Description of Materials and Services

4. Description of Materials and Services

Total Project/Event Specific Materials and Services (must equal sum of materials and services amount fields) 37000

Signature

I have submitted my organization's most recent Form 990 IRS filing (summary page only), 501(c) letter verifying non-profit status and corporate bylaws separately to natalie.thomason@ashland.or.us before the deadline. (Past grant recipients only need to submit the most recent Form 990 IRS filing). Yes

By checking below your organization acknowledges the statement above and will provide the documents requested prior to receiving funding? Yes

Signature (Type Full Name) Dan Ruby

Title Executive Director

Organization ScienceWorks Hands-On Museum

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2018 calendar year, or tax year beginning , 2018, **and ending** , 2018

B Check if applicable:	C SCIENCEWORKS HANDS-ON MUSEUM	D Employer identification number	
<input type="checkbox"/> Address change			
<input type="checkbox"/> Name change		E Telephone number	
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated			
<input type="checkbox"/> Amended return		G Gross receipts \$	1,051,987.
<input type="checkbox"/> Application pending		H(a) Is this a group return for subordinates?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	F Name and address of principal officer:	H(b) Are all subordinates included?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	SAME AS C ABOVE	If "No," attach a list. (see instructions)	
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(c) Group exemption number ▶	
J Website: ▶	WWW.SCIENCEWORKSMUSEUM.ORG		
K Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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: <u>SCIENCE CENTER WITH HANDS-ON EXHIBITS, EDUCATIONAL PROGRAMS FOR STUDENTS AND TEACHERS, AND PUBLIC PROGRAMS.</u>		
	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	8
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	44
	6	Total number of volunteers (estimate if necessary)	6	300
	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 38	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	567,679.	407,729.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	665,586.	635,186.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	515.	376.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,233,780.	1,051,987.
	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)	598,567.	615,338.
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 64,233.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	468,709.	501,500.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,067,276.	1,116,838.	
19	Revenue less expenses. Subtract line 18 from line 12	166,504.	-64,851.	
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)	1,578,235.	1,611,721.
	22	Net assets or fund balances. Subtract line 21 from line 20	112,299.	210,636.
			1,465,936.	1,401,085.

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	if	PTIN

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

2020-21 Economic Development, Cultural, Tourism and Suitability Grant Application

Application Information

Created 7/7/2020 4:06 PM

Organization Name Southern Oregon Film Society dba Ashland Independent Film Festival

Mailing Address [REDACTED]

Contact Name Candace Turtle

Contact's Phone Number [REDACTED]

Contact's Email [REDACTED]

Secondary Contact Erica Thompson

Secondary Contact Phone Number [REDACTED]

Secondary Contact Email [REDACTED]

Federal Tax ID (XX-XXXXXXX) [REDACTED]

IRS Class (exemption) 501 c 3

Tourism (only use numbers) 18,000

Adding up your answers to the last four questions, what is the total amount requested? (The minimum total request is \$5,000) 30000

Briefly describe the purpose and objectives of your organization and mission statement (limit to 500 words).

The Ashland Independent Film Festival (AIFF) celebrates the diversity of human experience through the art of independent film - enriching, educating, and inspiring all audiences. This year we celebrate our 20th Anniversary!

The festival has an important and growing role in Ashland, and attracts both cultural tourists and film professionals. Moviemaker Magazine has repeatedly named AIFF as "one of the 25 coolest film festivals in the world," and cited the organization as an important reason why Ashland ranks as one of the best places in the world for filmmakers to live and work. We have received several National Endowment for the Arts grant awards, which bring national acclaim and thousands of federal dollars to Ashland.

The festival bestows both cultural prestige and economic stimulus for the city by promoting independent film. More than 75% of our operating budget is spent locally,

(AIFF currently supports 9 full and part-time employees, 17 (mostly local) contractors, and has 2-3 paid university interns annually).

In January 2020, AIFF moved to Ashland's Main Street to open the AIFF Film Center, a move that generated a great deal of attention in the media and excitement in the business community. When public health conditions allow, we will offer year-round programs with educational classes on Monday evenings when OSF is dark, hands-on workshops on weekends for local schoolteachers and filmmakers, and media art and live performances on First Fridays. The event space will be available to other arts organizations. These events will draw hundreds of visitors to the downtown.

Each year, AIFF presents a critically acclaimed 5-day festival in April, and with Coming Attractions Theatres, a week of international films in October. We hold other screenings and events throughout the year – distributing 17,000+ tickets to an estimated 7,500 individuals while screening 100+ films in a dozen venues. We bracket & extend OSF's season and provide indoor entertainment during potentially smoky summer months. We also partner with and promote local organizations such as ScienceWorks, OSF, the Schneider Art Museum, Southern Oregon University and many local businesses and artists.

We partner with film festivals in Bend and Eugene to draw film tourists from their towns, and recently we forged international ties when we brought in films and visitors from our Sister City, Guanajuato, Mexico. Our recent Virtual Festival, a pivot required by COVID-19, drew national attention to Ashland. We had audiences from 42 states, and we promoted our October and April festivals and local businesses. Smithsonian Magazine and Movie Maker Magazines both listed AIFF as a top-notch virtual festival.

AIFF has evolved from a small, community volunteer-driven local festival to one that is professionally managed, nationally acclaimed, and proudly reliant and supportive of its 340+ volunteers, sponsors and advertisers.

We are committed to helping our town get back on its feet after the COVID-19 pandemic and are planning for an expanded October World Film Week and 20th Anniversary festival in April to help make that happen.

Briefly describe how the City grant would be used and how your activities meet the eligibility criteria in the 2012 policy for Economic Development, Cultural, Tourism, and Sustainability Grants which can be found at ashland.or.us/ECTSGrants (limit to 1,000 words).

Like so many businesses and organizations, AIFF has been hit hard by the COVID-19 pandemic. We pivoted quickly and went online to salvage our festival and stem losses. We usually earn 38% of our operating budget in April and May – funds we use to run year-round operations. Because of our ability to create a new virtual event and with the help of COVID grants, we will emerge from this crisis ready to help Ashland attract summer and fall tourists through a new series of events at the AIFF Film Center – highlighted above - through an expanded Varsity World Film Week in October, and with the ability to mount a new type of festival.

We will use city funds primarily to pay general operating expenses, especially salaries to support these expanded offerings, including PR and marketing efforts to attract cultural tourists to summer and Fall activities (Varsity World Film Week), and to plan our 20th Anniversary festival in April 2021.

AIFF events are money-makers for Ashland. The 2019 AIFF post-festival audience survey shows a positive ripple effect that boosts the local economy; and that first-time tourists are quickly converted to annual visitors.

Pertinent data from the survey include:

18% of our April festival attendees live 50+ miles from Ashland, and another 18% live within 50 miles of (but not in Ashland.) Most of these attendees spend money beyond tickets to film screenings, for example:

- 87% of respondents patronized Ashland restaurants
- 48.4% of respondents patronized Ashland retail stores/shops
- 24% of respondents participated in outdoor activities (biking, hiking, etc.)
- 16% visited galleries
- 11.4% attended an Oregon Shakespeare Festival performance
- 9% visited wineries

Out attendees are very loyal and they rated their likelihood of returning to attend another festival as 9.47 out of 10. Out-of-towners stayed an average of 3.4 per night in local paid lodging.

We believe that our key festivals are also exceptionally well-positioned to support our local economy. Our program in the larger April festival and smaller-but-growing October World Film Week, bookend the primary summer tourism season and boost hotel/motel occupancy and restaurant/retail activity during those times when tourism is building and tapering.

As AIFF continues to expand year-round programming, including events at the AIFF Film Center, our intent is to cross-market activities to draw audiences to Ashland throughout the year. Our main festival weeks will spotlight year-round AIFF Film Center programs; likewise, Film Center programs will promote April's festival and October's World Film Week. We plan to add an extra morning screening daily during the World Film Week as well as a children's program.

Our outreach for Film Center events will support festival attendance. During our online film festival in May/June 2020, we will also promote Ashland and our film offerings to a potential national audience. We will continue to leverage marketing opportunities with Travel Ashland, Oregon Shakespeare Festival, SOU, Oregon Film, and others to reach potential state and regional film visitors more effectively.

If your grant request is for date specific events, programs or activities, please enter those below using the format: program/event title; anticipated event start date; anticipated event end date; funding request. Use next question if more room is needed.

Additional date specific events, programs or activities. Enter as: program/event title; anticipated event start date; anticipated event end date; funding request.

Please explain how you will measure success or desired outcomes, based on the Grant Reporting Section above.

We plan to measure outcomes in ways that are consistent with the city's grant reporting guidelines. We will continue to survey audiences annually, reach out to partner organizations (area businesses, schools, etc.), and to build our internal reporting and analyses to gauge the volume of activity and the effectiveness of programs, all as part of our regular assessment work.

We measure the success of our events based on earned revenues (ticket sales, event income, etc.) and the ability to financially support programs with attendance, sponsorships or underwriting.

We use additional metrics to determine the quality of our programs such as post-event surveys, members retained, the loyalty of audience members and requests for repeat programs, and ease of event ticket sales/sold out events.

Specific metrics for the Film Center:

- Hire a part-time film center manager.
- Hold at least 3 educational film programs/lectures in 2020 and to hold at least 6 educational film programs/lectures in 2021. (As Pandemic allows)
- Create and hold at least 2 skills workshops specifically for educators.
- Create and hold at least 2 skills workshops specifically for film professionals.
- Hold at least monthly First Friday open houses with attractive media arts foci. (Except January & April).
- Have at least 30 attendees at each open house.
- Collect meaningful data about Film Center usage, including surveying attendees of the above events to determine their plans to frequent Ashland businesses and to use overnight lodgings.

Specific metrics for World Film Week:

- Institute a post-VFWF online survey to begin to collect more meaningful statistical data about where attendees live and what attracted them to attend. This is a first step to increasing targeted PR and marketing efforts for future international film weeks.
- Attendance: Increase the number of VFWF tickets distributed by 10%.
- Event participation: Increase attendance at Opening and Closing Night (non-film) activities by 10%.
- Student/Child participation: Increase attendance by 10%.
- Live cultural events (art show, Q&A, etc.): Increase attendance by 10%.

- To engage in cross-marketing promotions with other local arts organizations and regional cultural groups to specifically market this event.

Specific metrics for April film festival:

- Retain members from the 2020 festival
- Retain sponsorship and advertising dollar levels equal to 2020 festival
- Plan and execute a 20th anniversary festival year, including a signature fundraising event.
- Increase tourist visits from 50+ miles away by 5%

Tourism - Per the list of eligible Tourism activities above, please explain how your activities qualify (limit 250 words).

Our post festival surveys, this year's virtual attendance including audiences in 42 states, repeated award of significant grants from national and state agencies and foundations, recognition by industry leaders and more all point to AIFF's solid record of mounting top-notch events.

We are confident that we meet all of the criteria listed.

We attract audiences from across the country. Both those who attend in person, and now through our new medium of on-line streaming, which brings money into the city from all over the nation to support AIFF programs.

Our signature events are in October and April. Depending on health conditions, we will hold monthly events that draw people to Ashland.

AIFF has proved that it can create a new non-traditional tourism-related event through its streaming platform. While audiences of our virtual experiences may not immediately use local hotels, they can shop online, which boosts local businesses. And we believe they will be enticed to visit when conditions allow. Our new virtual capacity allows AIFF to diversity audiences and for Ashland to diversity its economy. AIFF is growing in exciting new ways that support our town, local businesses, our employees and contractors and our quality of life.

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

If we do not receive the full amount of our request, we will reduce proportionally our spending on marketing and promotional activities intended to draw more out-of-town visitors to AIFF programs (if necessary, we would also reduce local advertising, media, etc.)

We will reduce proportionally the amount of additional part-time staff hiring during peak festival times

Board Members

1. Name Marty Rosen

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code) [REDACTED],
[REDACTED]

Occupation [REDACTED]

Title Board President

Term of Office (Start and End Dates in format MM/DD/YYYY) 07/01/2020

2. Name Chris Lucas

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)
[REDACTED]

Occupation [REDACTED]

Title Vice President

Term of Office (Start and End Dates in format MM/DD/YYYY)

07/01/2018 - 06/30-2021

3. Name Tim Johns

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)
[REDACTED]

Occupation [REDACTED]

Title Secretary and Treasurer

Term of Office (Start and End Dates in format MM/DD/YYYY)

07/01/2019 - 06/30/2022

4. Name Anne Ashbey

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)
[REDACTED]

Occupation [REDACTED]

Title Boardmember

Term of Office (Start and End Dates in format MM/DD/YYYY) 07/01/2015-

09/01/2020

5. Name Carol Jensen

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED] 0

Occupation [REDACTED]

Title Boardmember

Term of Office (Start and End Dates in format MM/DD/YYYY)

07/01/2017-06/30/2021

6. Name Stephen Sloan

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Boardmember

Term of Office (Start and End Dates in format MM/DD/YYYY)

07/01/2019 - 06/30/2022

7. Name Craig Gordon

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Entrepreneur

Term of Office (Start and End Dates in format MM/DD/YYYY)

07/01/19-06/30/2022

8. Name

Phone (XXX) XXX-XXXX

Address (Street Address, City, State, Zip Code)

Occupation

Title

Term of Office (Start and End Dates in format MM/DD/YYYY)

Organizational Client Demographic

Organization Ashland Independent Film Festival - stats based mostly on April 2019 (attachment submitted for Virtual festival in 2020)

Program/Event Name Ashland Independent Film Festival

For the Twelve-Month Period of (MM/YYYY to MM/YYYY) (see attached document for AIFF2019 and Virtual Festival 2020)

Percentage of Youth 0 to 17 years (only use numbers)

Percentage of Adult 18 to 39 years (only use numbers)

Percentage of Adult 40 to 64 years (only use numbers)

Percentage of Adult 65 and over (only use numbers)

Unknown (only use numbers)

Customer Age Total 100

Ashland (only use numbers) 100

Rogue Valley (only use numbers)

Other (only use numbers)

Staff Residence Total 100

Ashland (only use numbers) 64

Rogue Valley (only use numbers)

Other (within 50 miles) (only use numbers) 18

Other (greater than 50 miles) (only use numbers) 18

Customer Residence Total 100

Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? (only use numbers) 30

Grant Program Budget

Program/Event Name for Project Period July 1, 2020 to June 30, 2021 Ashland Independent Film Festival Events budget attached.

Source: City of Ashland Grant Funds - Funding Title

Source: City of Ashland Grant Funds - Funding Amount (only use numbers)

Source: Jackson County Funds/Identify - Funding Title

Source: Jackson County Funds/Identify - Funding Amount (only use numbers)

Source: State Funds/Identify - Funding Title

Source: State Funds/Identify - Funding Amount (only use numbers)

Source: Federal Funds/Identify - Funding Title

Source: Federal Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title

Source: Other Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title

Source: Other Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title

Source: Other Funds/Identify - Funding Amount (only use numbers)

Total Revenue/Funding Amount (only use numbers) 587500

Total Salaries (only use numbers) 363725

Salaries: Percentage of Time to Project/Event (only use numbers)

Salaries Specific to Project/Event (only use numbers)

Total Benefits (only use numbers)

Benefits: Percentage of Time to Project/Event (only use numbers)

Benefits Specific to Project/Event

Total Project/Event-Specific Personnel Services (must equal sum of specific to project/event fields)

1. Materials and Services Description

1. Materials and Services Amount (only use numbers)

2. Description of Materials and Services

2. Materials and Services Amount (only use numbers)

3. Description of Materials and Services

3. Materials and Services Amount (only use numbers)

4. Description of Materials and Services

4. Description of Materials and Services

Total Project/Event Specific Materials and Services (must equal sum of materials and services amount fields)

Signature

I have submitted my organization's most recent Form 990 IRS filing (summary page only), 501(c) letter verifying non-profit status and corporate bylaws separately to natalie.thomason@ashland.or.us before the deadline. (Past grant recipients only need to submit the most recent Form 990 IRS filing).

No, but I understand that if these items are not submitted before the deadline the application will be rejected as incomplete.

By checking below your organization acknowledges the statement above and will provide the documents requested prior to receiving funding? Yes

Signature (Type Full Name) Candace M. Turtle

Title Development Manager

Organization Ashland Independent Film Festival

AIFF By the Numbers

According to our 2019 Audience Survey



Something for everyone!
AIFF screens narrative features, documentaries and short films, including multiple family-friendly programs

Who attends AIFF



Economic Impact

Out-of-town visitors stayed an average of **3.4 nights** in **local paid lodging** 

AIFF survey respondents rated their **likelihood of returning** to AIFF **9.47** (out of 10) 

AIFF survey respondents ranked their overall **festival experience satisfaction 9.15** (out of 10) 

OTHER PATRONAGE DURING FESTIVAL



Prepared for City of Ashland (Grant): Updated July 7, 2020

Ashland Independent Film Festival - Grants Budget/Projection

Year	App. Deadline	FOUNDATIONAL GRANTS BUDGET FY 20-21		Totals	Details
		Private/Civic Foundations/Family Trusts			
FY21	1/31/20	US Bank Foundation	\$3,500		Received for FY20-21 will re-apply for FY21.
FY21	Oct. 30, 2020	Carpenter Foundation	\$8,000		Received. Covers part of 2020 & part of 2021
FY21	June	Carrico Family Foundation	\$5,000		Usually rcv. \$5K/year
FY21	Nov. 2, 2020*	American Motion Picture Academy*	\$5,000		
FY21	March 2021	Rotary of Llithia Springs	\$2,100		For Teen Press program. Including \$800 in prizes
		Miller Family Foundation (Rcvd last 2 years)	\$0		Must sit out this yr.
		Family Trusts	\$20,000		
		Subtotal		\$43,600	
		Federal Grants			
		National Endowment for the Arts - COVID	\$50,000		Approved. Not yet received.
				\$50,000	
		State Grants			
FY21	June	Oregon Arts commission Op. Grant (by %)	\$4,000		Applied. Usually receive in Jan.
FY21	August	Travel Oregon	\$20,000		Required 10% match. Will apply this summer.
		Subtotal		\$24,000	
		County Grant			
FY21	September ?	Jackson County Cultural Coalition	\$3,000	\$3,000	Will apply
		City Grant			
FY21	July 8, 2020	City of Ashland	\$18,000	\$18,000	Applied.
		TOTAL		\$138,600	

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2018 calendar year, or tax year beginning 7/01, 2018, and ending 6/30, 2019

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C SOUTHERN OREGON FILM SOCIETY ASHLAND INDEPENDENT FILM FESTIVAL. D Employer identification number. E Telephone number. G Gross receipts \$ 681,798. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No.

I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.ASHLANDFILM.ORG H(c) Group exemption number

K Form of organization: X Corporation Trust Association Other L Year of formation: 1999 M State of legal domicile: OR

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO CELEBRATE THE DIVERSITY OF HUMAN EXPERIENCE THROUGH THE ART OF INDEPENDENT FILM: ENRICHING, EDUCATING, AND INSPIRING AUDIENCES OF ALL AGES. 2 Check this box 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) 10. 4 Number of independent voting members of the governing body (Part VI, line 1b) 10. 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 11. 6 Total number of volunteers (estimate if necessary) 391. 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b Net unrelated business taxable income from Form 990-T, line 38 0.

Table with 3 columns: Revenue, Prior Year, Current Year. Rows 8-12: Contributions and grants, Program service revenue, Investment income, Other revenue, Total revenue.

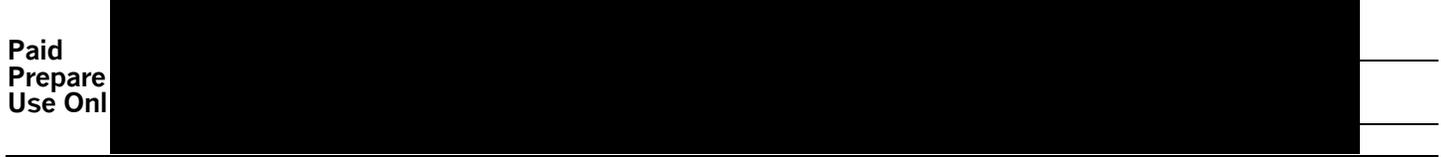
Table with 3 columns: Expenses, Prior Year, Current Year. Rows 13-19: Grants and similar amounts paid, Benefits paid to or for members, Salaries, other compensation, Professional fundraising fees, Total fundraising expenses, Other expenses, Total expenses, Revenue less expenses.

Table with 3 columns: Net Assets or Fund Balances, Beginning of Current Year, End of Year. Rows 20-22: Total assets, Total liabilities, Net assets or fund balances.

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 RICHARD HERSKOWITZ, Date, EXECUTIVE DIRECTOR



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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO CELEBRATE THE DIVERSITY OF HUMAN EXPERIENCE THROUGH THE ART OF INDEPENDENT FILM: ENRICHING, EDUCATING, AND INSPIRING AUDIENCES OF ALL AGES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

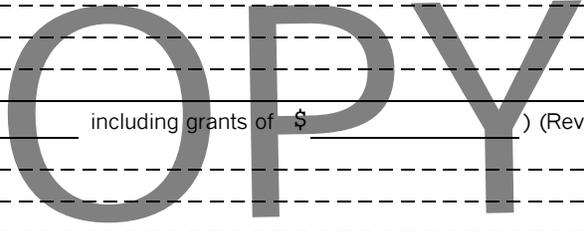
Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 438,935. including grants of \$) (Revenue \$ 287,705.)

PRODUCED ANNUAL INDEPENDENT FILM FESTIVAL AND FACILITATED YEAR-ROUND FILM EDUCATION AVAILABLE TO ALL OF SOUTHERN OREGON.



4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 438,935.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....		
25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.....		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.....		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If 'Yes,' enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 10; 1b Enter the number of voting members included in line 1a... 10; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?... X; 6 Did the organization have members or stockholders?... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body?... X; 8b Each committee with authority to act on behalf of the governing body?... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?... X; 10b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?...; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?... X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O; 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?... X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done... SEE SCHEDULE O... X; 13 Did the organization have a written whistleblower policy?... X; 14 Did the organization have a written document retention and destruction policy?... X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O... X; 15b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?... X; 16b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?... X

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OR
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	1 0	X						0.	0.	0.
	1 0	X		X				0.	0.	0.
	1 0	X						0.	0.	0.
	1 0	X						0.	0.	0.
	1 0	X						0.	0.	0.
	1 0	X						0.	0.	0.
	1 0	X						0.	0.	0.
	1 0	X		X				0.	0.	0.
	2 0	X		X				0.	0.	0.
	1 0	X						0.	0.	0.
(1)	2 0	X		X				0.	0.	0.
(1)	40 0				X			77,548.	0.	0.
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									

COPY

1 b Sub-total	77,548.	0.	0.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	77,548.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

Section B. Independent Contractors

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

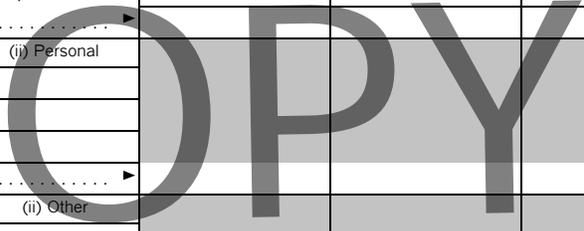
(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b 102,365.				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 339,701.				
	g Noncash contributions included in lines 1a-1f: \$	88,698.				
	h Total. Add lines 1a-1f	▶ 442,066.				
Program Service Revenue	Business Code					
	2 a TICKET SALES		94,239.	94,239.		
	b SPONSORSHIP		59,613.	59,613.		
	c ENTRY FEES		26,264.	26,264.		
	d PROGRAM ADVERTISING		9,300.	9,300.		
	e CONCESSION		5,305.	5,305.		
	f All other program service revenue	WKS	4,286.	4,286.		
	g Total. Add lines 2a-2f	▶ 199,007.				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)	▶				
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)	▶				
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a 40,724.				
		b Less: direct expenses	b 15,614.			
c Net income or (loss) from fundraising events		▶ 25,110.				
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS REVENUE		1.	1.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	▶ 1.					
12 Total revenue. See instructions	▶ 666,184.	199,008.	0.	0.		



Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	77,548.	38,774.	23,264.	15,510.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	165,926.	119,684.	22,432.	23,810.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	3,165.	1,978.	870.	317.
10 Payroll taxes	22,829.	15,067.	4,110.	3,652.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,975.		1,975.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	6,239.	6,239.		
13 Office expenses	12,957.		12,957.	
14 Information technology	1,291.		1,291.	
15 Royalties				
16 Occupancy	19,876.		19,876.	
17 Travel	6,023.	4,381.	1,642.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	841.	553.	288.	
23 Insurance	3,343.		3,343.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>IN-KIND EXPENSE</u>	88,698.	88,698.		
b <u>6605 PERSONNEL: INDEPENDENT CONTRACT</u>	15,250.	15,250.		
c <u>6205 FESTIVAL: ARMORY</u>	14,898.	14,898.		
d <u>6048 GENERAL: BANK CHARGES: PAYMENT P</u>	14,529.		14,529.	
e All other expenses. SEE SCH. O.	141,388.	133,413.	6,218.	1,757.
25 Total functional expenses. Add lines 1 through 24e.	596,776.	438,935.	112,795.	45,046.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing.....	43,249.	1	34,908.
	2 Savings and temporary cash investments.....		2	
	3 Pledges and grants receivable, net.....		3	
	4 Accounts receivable, net.....	23,200.	4	113,138.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.....		6	
	7 Notes and loans receivable, net.....		7	
	8 Inventories for sale or use.....		8	
	9 Prepaid expenses and deferred charges.....		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 28,558.		
	b Less: accumulated depreciation.....	10b 27,791.	1,608.	10c 767.
	11 Investments – publicly traded securities.....		11	
	12 Investments – other securities. See Part IV, line 11.....		12	
	13 Investments – program-related. See Part IV, line 11.....		13	
	14 Intangible assets.....		14	
	15 Other assets. See Part IV, line 11.....		15	
16 Total assets. Add lines 1 through 15 (must equal line 34).....		68,057.	16	148,813.
Liabilities	17 Accounts payable and accrued expenses.....		17	10,429.
	18 Grants payable.....		18	
	19 Deferred revenue.....		19	
	20 Tax-exempt bond liabilities.....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		22	
	23 Secured mortgages and notes payable to unrelated third parties.....		23	
	24 Unsecured notes and loans payable to unrelated third parties.....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.....	694.	25	1,613.
	26 Total liabilities. Add lines 17 through 25.....	694.	26	12,042.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets.....	67,041.	27	30,332.
	28 Temporarily restricted net assets.....	322.	28	106,439.
	29 Permanently restricted net assets.....		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds.....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund.....		31	
	32 Retained earnings, endowment, accumulated income, or other funds.....		32	
33 Total net assets or fund balances.....	67,363.	33	136,771.	
34 Total liabilities and net assets/fund balances.....	68,057.	34	148,813.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	666,184.
2	Total expenses (must equal Part IX, column (A), line 25)	2	596,776.
3	Revenue less expenses. Subtract line 2 from line 1	3	69,408.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	67,363.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	136,771.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 b	Were the organization's financial statements audited by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis			
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3 b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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

2018

Open to Public
Inspection

Name of the organization SOUTHERN OREGON FILM SOCIETY ASHLAND INDEPENDENT FILM FESTIVAL	Employer identification number [REDACTED]
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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		
(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test—2018. 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 33-1/3% support test—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	278,796.	307,097.	368,380.	393,672.	442,066.	1,790,011.
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.	210,887.	215,303.	202,315.	231,644.	199,007.	1,059,156.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	489,683.	522,400.	570,695.	625,316.	641,073.	2,849,167.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	25,000.	51,850.	10,219.	10,364.	7,825.	105,258.
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.	0.	0.	5,511.	0.	120,873.	126,384.
c Add lines 7a and 7b.	25,000.	51,850.	15,730.	10,364.	128,698.	231,642.
8 Public support. (Subtract line 7c from line 6.)						2,617,525.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.	489,683.	522,400.	570,695.	625,316.	641,073.	2,849,167.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	0.	0.	0.	0.	0.	0.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.)	43,752.	13,115.	967.	1.	1.	57,836.
13 Total support. (Add lines 9, 10c, 11, and 12.)	533,435.	535,515.	571,662.	625,317.	641,074.	2,907,003.

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**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)).	15	90.04 %
16 Public support percentage from 2017 Schedule A, Part III, line 15.	16	90.03 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)).	17	0.00 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17.	18	0.00 %

19a 33-1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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)? <i>If 'Yes,' answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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.		Yes	No
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.	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		

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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

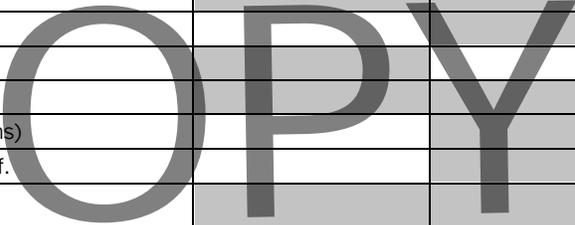
BAA

Schedule A (Form 990 or 990-EZ) 2018

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			



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.)

PART III, LINE 12 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>	<u>2014</u>
OTHER INCOME	\$ 1.	\$ 1.	\$ 967.	\$ 13,115.	\$ 43,752.
TOTAL	<u>\$ 1.</u>	<u>\$ 1.</u>	<u>\$ 967.</u>	<u>\$ 13,115.</u>	<u>\$ 43,752.</u>

OPY

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

2018

Name of the organization **SOUTHERN OREGON FILM SOCIETY**
ASHLAND INDEPENDENT FILM FESTIVAL

Employer identification number

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
 4947(a)(1) nonexempt charitable trust treated as a private foundation
 501(c)(3) taxable private foundation

Check 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 33-1/3% 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 (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

SOUTHERN OREGON FILM SOCIETY

Employer identification number

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMING ATTRACTIONS THEATRES [REDACTED]	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NATIONAL ENDOWMENT FOR THE ARTS [REDACTED]	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ROGUE CREAMERY [REDACTED]	\$ 32,567.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	ASHLAND HOME NET [REDACTED]	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	TC CHEVY [REDACTED]	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ASHLAND FOOD CO-OP [REDACTED]	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SOUTHERN OREGON FILM SOCIETY

Employer identification number

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WITHOUTABOX [REDACTED]	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	J.B. STEEL [REDACTED]	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ESTATE OF A.H. FEIGE [REDACTED]	\$ 93,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	BABUSH HOUSEHOLD [REDACTED]	\$ 6,255.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	NOBLE COFFEE [REDACTED]	\$ 5,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	NW RAW [REDACTED]	\$ 5,460.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SOUTHERN OREGON FILM SOCIETY	Employer identification number [REDACTED]
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	WEISINGER FAMILY WINERY [REDACTED]	\$ 5,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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.)
---	-----	\$ -----	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.)

COPY

Name of organization SOUTHERN OREGON FILM SOCIETY	Employer identification number [REDACTED]
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

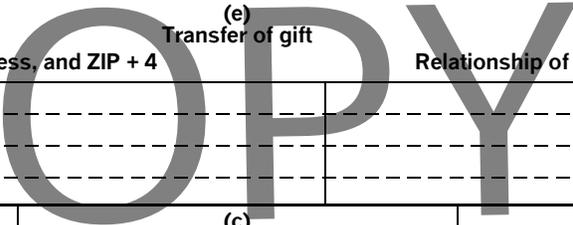
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	CHEESE	\$ 14,067.	4/11/19
10	EQUIPMENT	\$ 6,255.	4/11/19
11	COFFEE	\$ 5,000.	4/11/19
12	BEVERAGES	\$ 5,460.	4/11/19
13	BEVERAGES	\$ 5,000.	4/11/19
		\$	

COPY

Name of organization: SOUTHERN OREGON FILM SOCIETY
 Employer identification number: [REDACTED]

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.) ▶ \$ _____ N/A
 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
	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

Name of the organization

Employer identification number

SOUTHERN OREGON FILM SOCIETY ASHLAND INDEPENDENT FILM FESTIVAL

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
Preservation of land for public use (e.g., recreation or education)
Protection of natural habitat
Preservation of open space
Preservation of a historically important land area
Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified lines conservation contribution in the form of a conservation easement on the last day of the tax year.

- a Total number of conservation easements.
b Total acreage restricted by conservation easements.
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.

Table with 2 columns: Question number, Held at the End of the Tax Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1.
(ii) Assets included in Form 990, Part X.
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included on Form 990, Part VIII, line 1.
b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		28,558.	27,791.	767.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 767.

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) UMPQUA BANK VISA 7131	1,639.
(3) UMPQUA VISA 9076 (6170) CREDIT CARD	-26.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	1,613.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2 a		
	b Donated services and use of facilities	2 b		
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2 a through 2 d		2 e	
3	Subtract line 2 e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4 a and 4 b		4 c	
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2 a		
	b Prior year adjustments	2 b		
	c Other losses	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2 a through 2 d		2 e	
3	Subtract line 2 e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4 a and 4 b		4 c	
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **SOUTHERN OREGON FILM SOCIETY
ASHLAND INDEPENDENT FILM FESTIVAL** Employer identification number **[REDACTED]**

Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-
-
-

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

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
	OTHER EVENTS/S (event type)	OSCAR NIGHT GA (event type)	NONE (total number)	(add column (a) through column (c))	
1	Gross receipts	22,424.	14,593.	37,017.	
2	Less: Contributions				
3	Gross income (line 1 minus line 2)	22,424.	14,593.	37,017.	
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	3,908.	10,721.	14,629.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			14,629.
11	Net income summary. Subtract line 10 from line 3, column (d)			22,388.	

Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
				(add column (a) through column (c))
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Noncash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

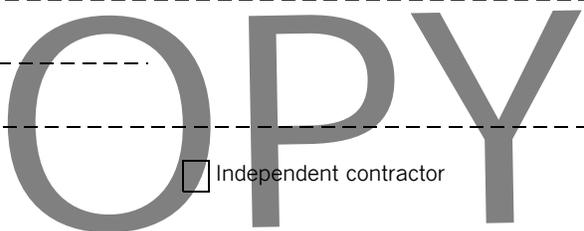
16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor



17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2018

Open To Public Inspection

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization **SOUTHERN OREGON FILM SOCIETY**
ASHLAND INDEPENDENT FILM FESTIVAL

Employer identification number XXXXXXXXXX

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) S. STAGE CELLARS, M MOORE	FMR BD MBR	2,778.	PROP. WINE MFR/SALES		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SUPPLEMENTAL INFORMATION

S.O. FILM SOCIETY PARTICIPATED IN A REVENUE SHARE ON THE SALES OF PROPRIETARY WINES PRODUCED BY SOUTH STAGE CELLARS OWNED BY FORMER BOARD MEMBER, MICHAEL MOORE.

OPY

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **SOUTHERN OREGON FILM SOCIETY
ASHLAND INDEPENDENT FILM FESTIVAL** Employer identification number **[REDACTED]**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded				
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory	X	4	29,527.	RETAIL VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EQUIPMENT)	X	1	6,255.	RETAIL VALUE
26 Other ▶ (VARIOUS GOODS)			52,916.	RETAIL VALUE
27 Other ▶ ()				
28 Other ▶ ()				

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29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If 'Yes,' describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If 'Yes,' describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

OPY

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2018

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization **SOUTHERN OREGON FILM SOCIETY
ASHLAND INDEPENDENT FILM FESTIVAL**

Employer identification number

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE EXECUTIVE COMMITTEE (BOARD PRESIDENT, VICE PRESIDENT, TREASURER, AND SECRETARY) WILL REVIEW THE FORM 990 PRIOR TO FILING THE FORM 990.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE ORGANIZATION'S CONFLICT OF INTEREST DOCUMENTS ARE UPDATED ANNUALLY AND ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY NEW CONFLICTS AS THEY ARISE THROUGHOUT THE YEAR.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE ORGANIZATION'S BOARD OF DIRECTORS COMPARED EXECUTIVE DIRECTOR COMPENSATION WITH OTHER, SIMILARLY SIZED EXEMPT ORGANIZATIONS IN OREGON.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

UPON REQUEST.

OPY

**FORM 990, PART IX, LINE 24E
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
6005 GENERAL:DEVELOPMENT	1,757.			1,757.
6006 GENERAL:BENEFIT SCREENINGS	850.	850.		
6027 GENERAL:EDUCATION	3,482.	3,482.		
6035 GENERAL:TRAINING/CONSULTATI	3,265.		3,265.	
6047 GENERAL:BANK CHARGES:BANK F	9.		9.	
6060 GENERAL:DUES/SUBSCRIPTIONS	1,210.		1,210.	
6070 GENERAL:TAXES/FEES	488.		488.	
6201 FESTIVAL:PREVIEW NIGHT	237.	237.		
6206 FESTIVAL:FESTIVAL CONCESSIO	1,014.	1,014.		
6210 FESTIVAL:AWARDS CELEBRATION	6,897.	6,897.		
6215 FESTIVAL:EQUIPMENT RENTAL/P	5,957.	5,957.		
6221 FESTIVAL:FESTIVAL TRAVEL:FI	5,009.	5,009.		
6222 FESTIVAL:FESTIVAL TRAVEL:FI	12,789.	12,789.		
6223 FESTIVAL:FESTIVAL TRAVEL:JU	1,886.	1,886.		
6225 FESTIVAL:PRIDE	3,400.	3,400.		
6230 FESTIVAL:FILM RENTAL	7,388.	7,388.		
6235 FESTIVAL:POSTAGE/SHIPPING -	3,911.	3,911.		
6240 FESTIVAL:HOSPITALITY SUITE	1,975.	1,975.		
6245 FESTIVAL:PANEL DISCUSSIONS	1,445.	1,445.		
6250 FESTIVAL:OPENING NIGHT BASH	1,997.	1,997.		
6255 FESTIVAL:FESTIVAL MISC EVEN	2,330.	2,330.		
6260 FESTIVAL:VARSITY RENTAL	10,000.	10,000.		
6265 FESTIVAL:MERCHANDISE	2,103.	2,103.		
6270 FESTIVAL:VOLUNTEER / FILMMA	5,703.	5,703.		

Name of the organization SOUTHERN OREGON FILM SOCIETY
ASHLAND INDEPENDENT FILM FESTIVAL

Employer identification number

**FORM 990, PART IX, LINE 24E (CONTINUED)
OTHER EXPENSES**

	(A) <u>TOTAL</u>	(B) <u>PROGRAM SERVICES</u>	(C) <u>MANAGEMENT & GENERAL</u>	(D) <u>FUNDRAISING</u>
6275 FESTIVAL:VOLUNTEER EVENTS	997.	997.		
6280 FESTIVAL:GRAPHIC DESIGN - F	850.	850.		
6286 FESTIVAL:PRINTING:GUIDE	875.	875.		
6287 FESTIVAL:PRINTING:POSTERS	761.	761.		
6288 FESTIVAL:PRINTING:PRINTING	1,036.	1,036.		
6289 FESTIVAL:PRINTING:PROGRAM	6,802.	6,802.		
6290 FESTIVAL:PRINTING:TICKETS/L	2,471.	2,471.		
6610 PERSONNEL:INDEPENDENT CONTR	8,000.	8,000.		
6615 PERSONNEL:INDEPENDENT CONTR	10,506.	10,506.		
6625 PERSONNEL:INDEPENDENT CONTR	5,000.	5,000.		
6640 PERSONNEL:INDEPENDENT CONTR	2,000.	2,000.		
6645 PERSONNEL:INDEPENDENT CONTR	1,750.	1,750.		
6650 PERSONNEL:INDEPENDENT CONTR	5,000.	5,000.		
6655 PERSONNEL:INDEPENDENT CONTR	4,250.	4,250.		
6665 PERSONNEL:INDEPENDENT CONTR	150.	150.		
6670 PERSONNEL:INDEPENDENT CONTR	4,592.	4,592.		
6706 PERSONNEL:PAYROLL PROCESSIN	83.		83.	
6710 PERSONNEL:RECRUITMENT	235.		235.	
POSTAGE AND SHIPPING	341.		341.	
PRINTING AND PUBLICATIONS	587.		587.	
TOTAL	<u>\$ 141,388.</u>	<u>\$ 133,413.</u>	<u>\$ 6,218.</u>	<u>\$ 1,757.</u>

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2020-21 Tourism Grant Application

Application Information

Created 7/6/2020 12:07 PM

Organization Name Southern Oregon Repertory Singers

Mailing Address [REDACTED]

Contact Name Richard Seidman

Contact's Phone Number [REDACTED]

Contact's Email [REDACTED]

Secondary Contact Nicholas Bate

Secondary Contact Phone Number [REDACTED]

Secondary Contact Email [REDACTED]

Federal Tax ID (XX-XXXXXXX) [REDACTED]

IRS Class (exemption) 501(c)(3)

Tourism (only use numbers) 1,500

Briefly describe the purpose and objectives of your organization and mission statement (limit to 500 words).

The mission of Southern Oregon Repertory Singers is to promote the love of high-quality choral music through outstanding performances, the development of young singers, and the commission of new works. Our vision is to create and perform inspiring choral music that enriches our world.

Since 1986, Repertory Singers has been a vital part of Southern Oregon's cultural community. As the only semi-professional choral group in the region, we aim to continually improve and expand our presentation of excellent choral music for a steadily growing audience.

The music we perform ranges from the Renaissance to contemporary periods. Our repertoire is internationally diverse and includes both choral masterworks and lesser-known choral literature.

We present and premier new music of contemporary, internationally-known choral composers and we commission new works every year, including some by our Composer-in-Residence, Jodi French. Under the direction of Dr. Paul French, Director

of Choral Studies at Southern Oregon University, our concerts feature a seventy-member choral ensemble, many of whom are professional performers and/or music educators. Some concerts, such as the annual First Light Festival of New Choral Music, include instrumentalists from throughout the Northwest and around the U.S.

We have been steadily increasing attendance at our concerts. During the previous 2018-19 season, we filled the SOU Music Recital Hall to an average of 90% capacity. Before the current 2019-20 season was cut short due to COVID-19, we were performing to 99% capacity houses. In other words, almost every performance this season has been sold out! This was due in part to last year's City of Ashland Cultural and Economic Development grant that helped up promote the season in numerous ways, including advertising via radio, TV, newspaper and social media.

Audience feedback we've received this season includes:

- "As a season subscriber to the Los Angeles Master Chorale, I can say this group comes in a close second."
- "The talent, passion, and brilliance of Southern Oregon Rep Singers is something Ashland can be incredibly proud of. We are fortunate to have Paul and Jodi French and all the singers."
- "The concert was absolutely transcendent."
- "Your concert on Sunday was once again magnificent! Ashland is indeed fortunate to have you and the Rep Singers in its midst to brighten our days and enchant our ears."
- "I feel blessed with gratitude to have such quality performers here in Ashland."
- "The welcoming attitude of Dr. French coupled with humor is extraordinary. It invites me to try to be the same. The choice of participants also invites me to be inclusive."
- "Words do not adequately describe my transformation into an other-world reality where I can enmesh myself into the tonal other world. I feel transported to a higher inner and outer place."

You can hear and see clips of our music at www.repsingers.org.

Briefly describe how the City grant would be used and how your activities meet the eligibility criteria in the 2012 policy for Economic Development, Cultural, Tourism, and Sustainability Grants which can be found at ashland.or.us/ECTSGrants (limit to 1,000 words).

Southern Oregon Repertory Singers requests \$1,500 to help us present and promote the fourth annual First Light Festival of New Choral Music in March 2021 (provided conditions allow us to perform safely at that time). Grant funds will pay for advertising the Festival via radio and social media to markets in Portland, Eugene, Klamath Falls, Seattle, the Bay Area and northern California.

1. Programs or activities that create cultural offerings unique from existing local offerings, activities or programs.

The First Light Festival of New Choral Music will (hopefully) take place in Ashland on March 13 and 14, 2021. The festival features contemporary music in a multi-day setting including lectures and opportunities to meet the composers. The 2021 concert will feature a world premiere of a commissioned work by internationally-renowned British composer, Will Todd, for choir and orchestra. We expect that Mr. Todd will be present and will participate in a free, open-to-the-public dress rehearsal as well as Q&A sessions with the audience before each performance.

Dr. French says regarding the contemporary music featured at First Light, "This is a body of literature Repertory Singers is uniquely positioned to perform, and a body of music that is not being performed by any other musical organization in the Rogue Valley."

We anticipate that more than 1,000 people will attend the concerts, lectures and other events included in the 2021 First Light Festival.

2. Programs or activities that ensure the long-term success of local cultural groups.

Repertory Singers aims to present concerts of superb, national-caliber artistry. As word gets out more and more about the choir's excellence, more tourists will travel to Ashland to attend our concerts. As our audience expands, we will continue to attract more season subscribers, more ticket-buyers, increased donations and sponsorships, and more bequests.

In this time of COVID-19, when we were forced to cancel our remaining 2020 concerts and when we anticipate a reduction in donations due to the downturn in the economy, this City of Ashland grant is more needed and more urgent than ever in helping us attract out of town attendees.

To confront the challenges presented by COVID-19, Repertory Singers is building financial sustainability through a multi-dimensional development program. This includes: (1) Continuing to offer high-quality performances that attract a growing audience and generate increased ticket revenue. (2) Boosting donations through Sponsorship Programs. (3) Building a long-term base of support through the Legacy Society, people who commit to making a bequest to the Repertory Singers.

3. Expansion in size or scope of existing cultural offerings, activities or programs.

This grant helps Repertory Singers expand our scope by enhancing our ability to perform leading edge contemporary choral pieces at the First Light Festival for an ever-growing audience, including more people from out of town.

4. Expansion of audience access to those existing offerings, activities or programs.

We are committed to increasing access to our concerts. We offer \$5 tickets to students and Oregon Trail Card holders. For the coming season, we will increase the number of \$15 seats to all concerts by 64% (from 26 seats per performance last year to 40 seat

this year). We will also continue to offer free lectures by musicologist Ed Wight immediately prior to each performance.

For the 2021 First Light Festival, we estimate that at least 1,000 audience members, including Ashland residents, other Rogue Valley residents, and tourists, will experience our concerts, free pre-concert lectures and free dress rehearsal.

This grant will help Repertory Singers expand our audience by:

A. Placing print, radio, and social media ads in a variety of markets and contexts, including Portland, Eugene, Corvallis, Seattle, Klamath Falls, and the Bay Area, as well as the Rogue Valley.

B. Publicizing the availability of \$5 tickets for students and Oregon Trail Card holders, \$15 tickets, free pre-concert lectures, and free dress rehearsal.

5. Support services targeted to existing or proposed cultural offerings, activities or programs.

Grant funds will go directly towards advertising via radio and social media.

If your grant request is for date specific events, programs or activities, please enter those below using the format: program/event title; anticipated event start date; anticipated event end date; funding request. Use next question if more room is needed.

First Light Festival of New Choral Music - March 13 to 14, 2021 - \$1,500

Additional date specific events, programs or activities. Enter as: program/event title; anticipated event start date; anticipated event end date; funding request.

Please explain how you will measure success or desired outcomes, based on the Grant Reporting Section above.

We will measure success as follows:

Number of people who travelled to Ashland from over 50 miles away as a direct result of activities funded by the City's grant: AT LEAST 60

Number of additional overnight stays in Ashland transient lodging businesses as a direct result of the City's grant: AT LEAST 40

Number of additional people who attended a cultural event in Ashland as a direct result of the City's grant: AT LEAST 100

Number of additional children, seniors, or low income residents who attended a cultural event in Ashland as a direct result of the City's grant: AT LEAST 40

Tourism - Per the list of eligible Tourism activities above, please explain how your activities qualify (limit 250 words).

We will increase the number of out-of-town patrons by strategically advertising in specific markets, especially via Facebook and Jefferson Public Radio. Our goal is to boost tourist attendance by 10% compared to the 2019-20 season.

"1. Increase hotel/motel occupancy or increase local restaurant and retail business sales."

As our First Light Festival continues to grow in reputation, and as we advertise and promote our concerts regionally, we feel that more tourists will come to town for our performances. We expect that the 2021 First Light concert, featuring a newly-commissioned world premiere by Will Todd, one of the world's leading composers, will attract many out of town attendees. We also boost tourism by bringing in out of town instrumentalists and their families and the families of our singers.

In a recent survey of our patrons, 47% of respondents said they dine out and/or have drinks out immediately before or after our concerts. 5% said they shop and/or stay in a hotel, motel, or B&B in conjunction with our events.

"2. Increase hotel/motel occupancy and restaurant/retail business in Ashland in the months of October through April."

The First Light Festival takes place in March.

"3. Create or support a new non-traditional tourism related event."

As the reputation of the First Light Festival grows over the years and we continue to present North American and world premieres, more and more tourists will attend.

Sustainability - Per ORS 305.824, please explain how your activities qualify (limit 250 words).

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

If not awarded the full amount we are requesting, we would need to cut back on the amount of advertising and other marketing activities we do, especially advertising on Jefferson Public Radio throughout the "State of Jefferson" to attract audience members from Redding through Eugene. We would also cut back on targeted Facebook ads in the Bay Area, Corvallis, Eugene, Portland, and Seattle.

Board Members

1. Name Nicholas Bate

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code) [REDACTED]

Occupation [REDACTED]

Title President

Term of Office (Start and End Dates in format MM/DD/YYYY) 07/01/2020 to 6/30/2023

2. Name Mindy Ferris

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Vice President

Term of Office (Start and End Dates in format MM/DD/YYYY)

07/01/2019 to 6/30/2022

3. Name Cheri Elson

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Secretary

Term of Office (Start and End Dates in format MM/DD/YYYY)

07/01/2020 to 6/30/2023

4. Name Mark McKechnie

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Treasurer

Term of Office (Start and End Dates in format MM/DD/YYYY) 07/01/2019 to 6/30/2022

5. Name Lola Egan

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Board member

Term of Office (Start and End Dates in format MM/DD/YYYY)

07/01/2019 to 6/30/2022

6. Name Phyllis Fernlund

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Board member

Term of Office (Start and End Dates in format MM/DD/YYYY)

07/01/2020 to 6/30/2023

7. Name Susan Franks

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Board member

Term of Office (Start and End Dates in format MM/DD/YYYY)

07/01/2019 to 6/30/2022

8. Name Dennis Read

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Board Member

Term of Office (Start and End Dates in format MM/DD/YYYY)

07/01/2019 to 6/30/2022

Organizational Client Demographic

Organization Southern Oregon Repertory Singers (please see our response from our initial ECTS application in April 2020)

Program/Event Name First Light Festival of New Choral Music

For the Twelve-Month Period of (MM/YYYY to MM/YYYY) 07/01/2019 to 06/30/2020

Percentage of Youth 0 to 17 years (only use numbers) 2

Percentage of Adult 18 to 39 years (only use numbers) 10

Percentage of Adult 40 to 64 years (only use numbers) 20

Percentage of Adult 65 and over (only use numbers) 68

Unknown (only use numbers)

Customer Age Total 100

Ashland (only use numbers) 70

Rogue Valley (only use numbers) 30

Other (only use numbers)

Staff Residence Total 100

Ashland (only use numbers) 65

Rogue Valley (only use numbers) 29

Other (within 50 miles) (only use numbers) 2

Other (greater than 50 miles) (only use numbers) 4

Customer Residence Total 100

Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? (only use numbers) 2

Grant Program Budget

Program/Event Name for Project Period July 1, 2020 to June 30, 2021

Promoting the First Light Festival of New Choral Music

Source: City of Ashland Grant Funds - Funding Title

Tourism Grant

Source: City of Ashland Grant Funds - Funding Amount (only use numbers)

1500

Source: Jackson County Funds/Identify - Funding Title

Source: Jackson County Funds/Identify - Funding Amount (only use numbers)

Source: State Funds/Identify - Funding Title

Source: State Funds/Identify - Funding Amount (only use numbers)

Source: Federal Funds/Identify - Funding Title

Source: Federal Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title Individual Donations

Source: Other Funds/Identify - Funding Amount (only use numbers) 5000

Source: Other Funds/Identify - Funding Title

Source: Other Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title

Source: Other Funds/Identify - Funding Amount (only use numbers)

Total Revenue/Funding Amount (only use numbers) 6500

Total Salaries (only use numbers) 1000

Salaries: Percentage of Time to Project/Event (only use numbers) 100

Salaries Specific to Project/Event (only use numbers) 1000

Total Benefits (only use numbers) 100

Benefits: Percentage of Time to Project/Event (only use numbers) 100

Benefits Specific to Project/Event 100

Total Project/Event-Specific Personnel Services (must equal sum of specific to project/event fields) 1100

1. Materials and Services Description Marketing Consultant

1. Materials and Services Amount (only use numbers) 1000

2. Description of Materials and Services Ads on Jefferson Public Radio

2. Materials and Services Amount (only use numbers) 1400

3. Description of Materials and Services

Facebook paid advertising

3. Materials and Services Amount (only use numbers) 500

4. Description of Materials and

Other advertising - print media and TV

4. Description of Materials and Services 2500

Total Project/Event Specific Materials and Services (must equal sum of materials and services amount fields) 5400

Signature

I have submitted my organization's most recent Form 990 IRS filing (summary page only), 501(c) letter verifying non-profit status and corporate bylaws separately to natalie.thomason@ashland.or.us before the deadline. (Past grant recipients only need to submit the most recent Form 990 IRS filing). Yes

By checking below your organization acknowledges the statement above and will provide the documents requested prior to receiving funding? Yes

Signature (Type Full Name) Richard Seidman

Title Executive Director

Organization Southern Oregon Repertory Singers

SOUTHERN OREGON REPERTORY SINGERS
Board of Directors as of 7-1-19

Phyllis Fernlund
President

Term: 2017-20 (2nd)

Nicholas Bate
Vice President

Term: 2017-20 (1st)

Cheri Elson
Secretary

Term: 2017-20 (1st)

Mark McKechnie

Treasurer

Term: 2018-21 (2nd)

Lola Egan

Term: 2019-22 (1st)

Mindy Ferris

2019-22 (1st)

Susan Franks

Term: 2019-22 (2nd)

Dennis Read

2019-22 (1st)

Morgan Silbaugh

Term: 2019-22 (1st)

Adam Sperber

Term: 2018-21 (1st)

Don Stone

[REDACTED]

Term: 2019-22 (2)nd

Brian Tingle

[REDACTED]

[REDACTED]

[REDACTED]

Term: 2018-2021 (2nd)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. SOUTHERN OREGON REPERTORY SINGERS	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ M Peterson LLC

Telephone No. ▶ (541) 324-3191 Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 5/15, 20 19, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 ____ or

▶ tax year beginning 7/1, 20 17, and ending 6/30, 20 18

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047
2017
Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 7/1/2017, and ending 6/30/2018

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

C Name of organization: SOUTHERN OREGON REPERTORY SINGERS

D Employer identification number: [REDACTED]

E Telephone number: 541-552-0900

F Name and address of principal officer: Susan Franks 1298 Rose Lane, Ashland, OR 97520

G Gross receipts \$: 340,810

H(a) Is this a group return for subsidiaries? Yes No

H(b) Are all subsidiaries included? Yes No

H(c) Group exemption number: [REDACTED]

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: <https://repsingers.org/>

K Form of organization: Corporation Trust Association Other

L Year of formation: 1987 **M** State of legal domicile: OR

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Production and performance of classical choral music.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of independent voting members of the governing body (Part VI, line 1a): 11

4 Number of independent voting members of the governing body (Part VI, line 1b): 11

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a): 40

6 Total number of volunteers (estimate if necessary): 6

7a Total unrelated business revenue from Part VIII, column (C), line 12: 0

7b Net unrelated business taxable income from Form 990-T, line 34: 0

Activities & Governance		Revenue		Expenses		Signature Block	
8	Contributions and grants (Part VIII, line 1h)	279,398	232,523	14,924	57,157	127,435	227,750
9	Program service revenue (Part VIII, line 2g)	49,083	50,702		155,934	127,435	227,750
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,189	144				
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	140	0				
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	340,810	283,369				
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	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)	145,038	98,777				
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0				
b	Total fundraising expenses (Part IX, column (D), line 25)			14,924			
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	66,583	57,157				
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	211,621	155,934				
19	Revenue less expenses. Subtract line 18 from line 12	129,189	127,435				
20	Total assets (Part X, line 16)	405,132	227,750				
21	Total liabilities (Part X, line 26)	48,193	0				
22	Net assets or fund balances. Subtract line 21 from line 20	356,939	227,750				

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: [REDACTED] Date: [REDACTED]

Type or print name and title: [REDACTED]

Print/Type preparer's name: [REDACTED] Preparer's signature: [REDACTED] Date: [REDACTED] PTIN: [REDACTED]

Paid Preparer Use Only

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
Production and performance of classical choral music.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 160,368 including grants of \$ 23,000) (Revenue \$ 49,083)
Produced and performed eight classical music concerts for 3,200 persons from Northern California and Southern Oregon.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 160,368

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and charitable trusts.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a, above, who are independent... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13. 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official. 15b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OR
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [X] Another's website [] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
Richard Seidman (541) 324-3191
PO Box 1091, Ashland, OR 97520

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Phyllis Fernlund ----- President	2.00 ----- 0.00	X		X						
(2) Luna Bitzer ----- Vice President	2.00 ----- 0.00	X		X						
(3) Mark McKechnie ----- Treasurer	2.00 ----- 0.00	X		X						
(4) Ellen Hamer ----- Secretary	2.00 ----- 0.00	X		X						
(5) Nicholas Bate ----- Board Member	1.00 ----- 0.00	X								
(6) Susan Franks ----- Board Member	1.00 ----- 0.00	X								
(7) Karen Spence ----- Board Member	1.00 ----- 0.00	X								
(8) Cheri Elson Sperber ----- Board Member	1.00 ----- 0.00	X								
(9) Don Stone ----- Board Member	1.00 ----- 0.00	X								
(10) Brian Tingle ----- Board Member	1.00 ----- 0.00	X								
(11) Adam Sperber ----- Board Member	1.00 ----- 0.00	X								
(12) ----- ----- -----	----- ----- -----									
(13) ----- ----- -----	----- ----- -----									
(14) ----- ----- -----	----- ----- -----									

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							0	0	0	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							0	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 0				
	b Membership dues	1b 0				
	c Fundraising events	1c 0				
	d Related organizations	1d 0				
	e Government grants (contributions)	1e 23,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 256,398				
	g Noncash contributions included in lines 1a-1f: \$	0				
	h Total. Add lines 1a-1f	▶ 279,398				
	Program Service Revenue	Business Code				
2a Concert Ticket Sales			42,284	42,284		
b Concert Ads			3,745	3,745		
c Concert CD Sales			3,054	3,054		
d			0			
e			0			
f All other program service revenue			0			
g Total. Add lines 2a-2f	▶ 49,083					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 12,189			12,189	
	4 Income from investment of tax-exempt bond proceeds	▶ 0				
	5 Royalties	▶ 0				
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)	0	0		
	d Net rental income or (loss)	▶ 0				
	7a Gross amount from sales of assets other than inventory	(i) Securities	0	0		
		(ii) Other				
		b Less: cost or other basis and sales expenses	0	0		
		c Gain or (loss)	0	0		
	d Net gain or (loss)	▶ 0				
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	0			
		b Less: direct expenses	b	0		
c Net income or (loss) from fundraising events		▶ 0				
9a Gross income from gaming activities. See Part IV, line 19	a	0				
	b Less: direct expenses	b	0			
	c Net income or (loss) from gaming activities	▶ 0				
10a Gross sales of inventory, less returns and allowances	a	0				
	b Less: cost of goods sold	b	0			
	c Net income or (loss) from sales of inventory	▶ 0				
Miscellaneous Revenue		Business Code				
11a refund of prior period expenses		140	140			
b		0				
c		0				
d All other revenue		0				
e Total. Add lines 11a-11d	▶ 140					
12 Total revenue. See instructions.	▶ 340,810	49,223	0	12,189		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	28,135	14,068	5,627	8,440
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	105,828	100,253	5,575	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	11,075	9,524	1,008	543
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	2,584		2,584	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	21,628	13,306	8,322	
13	Office expenses	4,542	13	3,738	791
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	659	329	330	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	2,881		2,881	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Scholarship Expenses	950	950		
b	Donor Event	3,838			3,838
c	Concerts	20,007	18,990	1,017	
d	Writing Support, Literature & Outreach	6,647	2,935	3,712	
e	All other expenses	2,847		1,535	1,312
25	Total functional expenses. Add lines 1 through 24e	211,621	160,368	36,329	14,924
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	74,150	1	106,036
	2 Savings and temporary cash investments	153,600	2	299,096
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	0	9	
	10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D	0		
	b Less: accumulated depreciation	0	10c	0
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	227,750	16	405,132	
Liabilities	17 Accounts payable and accrued expenses	0	17	
	18 Grants payable	0	18	
	19 Deferred revenue	0	19	46,548
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	1,645
	26 Total liabilities. Add lines 17 through 25	0	26	48,193
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	0	27	
	28 Temporarily restricted net assets	0	28	
	29 Permanently restricted net assets	0	29	
	Organizations that do not follow SFAS 117 (ASC958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	
	32 Retained earnings, endowment, accumulated income, or other funds	227,750	32	356,939
33 Total net assets or fund balances	227,750	33	356,939	
34 Total liabilities and net assets/fund balances	227,750	34	405,132	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	340,810
2	Total expenses (must equal Part IX, column (A), line 25)	2	211,621
3	Revenue less expenses. Subtract line 2 from line 1	3	129,189
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	227,750
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	356,939

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

SOUTHERN OREGON REPERTORY SINGERS

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 0
- 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
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						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 Total support. Add lines 7 through 10						0
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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	0.00%

16a 33 1/3% support test—2017. 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

b 33 1/3% support test—2016. 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

17a 10%-facts-and-circumstances test—2017. 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

b 10%-facts-and-circumstances test—2016. 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

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

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	71,363	77,966	105,836	232,523	279,398	767,086
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	56,626	59,698	69,387	50,702	49,083	285,496
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	127,989	137,664	175,223	283,225	328,481	1,052,582
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						1,052,582

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	127,989	137,664	175,223	283,225	328,481	1,052,582
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4	0		144	12,189	12,337
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	4	0	0	144	12,189	12,337
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					140	140
13 Total support. (Add lines 9, 10c, 11, and 12.)	127,993	137,664	175,223	283,369	340,810	1,065,059

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	98.83%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	99.95%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	1.16%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	0.05%

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, 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 (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 The organization satisfied the Activities Test. Complete line 2 below.
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

		Yes	No
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.	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	

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	0 0
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	0 0
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	0 0
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	0 0
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	0 0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0 0
6	Multiply line 5 by .035.	6	0 0
7	Recoveries of prior-year distributions	7	0 0
8	Minimum Asset Amount (add line 7 to line 6)	8	0 0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	0
2	Enter 85% of line 1	2	0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	0
4	Enter greater of line 2 or line 3.	4	0
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	0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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.	0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	0
10	Line 8 amount divided by line 9 amount	0.000

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013	0		
c	From 2014	0		
d	From 2015	0		
e	From 2016	0		
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2017 distributable amount			0
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2017 from Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2017 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			0
7	Excess distributions carryover to 2018. Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2013	0		
b	Excess from 2014	0		
c	Excess from 2015	0		
d	Excess from 2016	0		
e	Excess from 2017	0		



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.)

Area with horizontal dashed lines for supplemental information.

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

2017

Name of the organization

SOUTHERN OREGON REPERTORY SINGERS

Employer identification number

[REDACTED]

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 foundation

Check 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 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 SOUTHERN OREGON REPERTORY SINGERS	Employer identification number [REDACTED]
---	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	[REDACTED]	\$ 78,900	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	[REDACTED]	\$ 120,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	[REDACTED]	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	[REDACTED]	\$ 5,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	[REDACTED]	\$ 5,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SOUTHERN OREGON REPERTORY SINGERS	Employer identification number [REDACTED]
---	--

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
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----

Name of organization SOUTHERN OREGON REPERTORY SINGERS	Employer identification number [REDACTED]
---	--

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.) ▶ \$ _____ 0

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	
----- ----- -----		----- ----- -----	
For. Prov. _____ Country _____			
(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	
----- ----- -----		----- ----- -----	
For. Prov. _____ Country _____			
(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	
----- ----- -----		----- ----- -----	
For. Prov. _____ Country _____			
(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	
----- ----- -----		----- ----- -----	
For. Prov. _____ Country _____			

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

SOUTHERN OREGON REPERTORY SINGERS

Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | 0 |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0	0	0

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations | | |
| (ii) related organizations | | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	0	0	0
e Other	0	0	0	0

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

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other -----		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) payroll taxes payable	1,645
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,645

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



Part XIII Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2017

Open to Public Inspection

Employer identification number

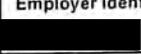
SOUTHERN OREGON REPERTORY SINGERS

Form 990, Part VI, Section B, Line 15: The board determines compensation for key employees in
a board meeting on an annual basis

Name of the organization

Employer identification number

SOUTHERN OREGON REPERTORY SINGERS



Area with horizontal dashed lines for supplemental information.

Form **CT-12**
For Oregon Charities
 For Accounting Periods Beginning in:
2017

Charitable Activities Section
Oregon Department of Justice

100 SW Market Street
 Portland, OR 97201-5702
 Email: charitable.activities@doj.state.or.us
 Website: http://www.doj.state.or.us

VOICE (971) 673-1880
 FAX (971) 673-1882

You can now file reports and pay by credit card using our online form at
<https://justice.oregon.gov/paymentportal/Account/Login>

Section I. General Information

1.
 93-0920785

Cross Through Incorrect Items and Correct Here:
 (See instructions for change of name or accounting period.)

Registration #:

Organization Name:

Address:

City, State, Zip:

Phone:

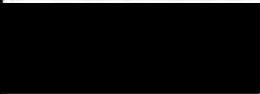
Fax:

Email:

Amended Report?

Period Beginning: 7/1/2017 Period Ending: 6/30/2018

SOUTHERN OREGON REPERTORY SINGERS



2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements. Yes No
3. Is the organization a party to a contract involving person-to-person, advertising, vending machine or telephone fund-raising in Oregon? Yes No
 If yes, write the name of the fund-raising firm(s) who conducts the campaign(s): _____
4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency, such as a state attorney general, secretary of state, or local district attorney, or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions. Yes No
5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter. Yes No
6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.) Yes No
7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
RICHARD SEIDMAN	EXECUTIVE DIREC		

8. List of Officers, Directors, Trustees and Key Employees - List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing that section. (Oregon law requires a minimum of three directors for nonprofit corporations.)

(A) Name, mailing address, daytime phone number and email address		(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)
Name:	See IRS Form		
Address:			
Phone:			
Email:			
Name:			
Address:			
Phone:			
Email:			
Name:			
Address:			
Phone:			
Email:			

Section II. Fee Calculation

<p>9. Total Revenue <small>(From Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; Line 9 on Form 1041; or see the CT-12 instructions if no federal tax return was prepared or a Form 990-N was filed. Attach explanation if Total Revenue is \$0.)</small></p>	9.		340,810																	
<p>10. Revenue Fee <small>(See chart below. Minimum fee is \$20, even if total revenue is a negative amount.)</small></p> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width:30%;">Amount on Line 9</th> <th style="width:30%;">Revenue Fee</th> </tr> </thead> <tbody> <tr><td>\$0 - \$24,999</td><td>\$20</td></tr> <tr><td>\$25,000 - \$49,999</td><td>\$50</td></tr> <tr><td>\$50,000 - \$99,999</td><td>\$90</td></tr> <tr><td>\$100,000 - \$249,999</td><td>\$150</td></tr> <tr><td>\$250,000 - \$499,999</td><td>\$200</td></tr> <tr><td>\$500,000 - \$999,999</td><td>\$300</td></tr> <tr><td>\$1,000,000 or more</td><td>\$400</td></tr> </tbody> </table>	Amount on Line 9	Revenue Fee	\$0 - \$24,999	\$20	\$25,000 - \$49,999	\$50	\$50,000 - \$99,999	\$90	\$100,000 - \$249,999	\$150	\$250,000 - \$499,999	\$200	\$500,000 - \$999,999	\$300	\$1,000,000 or more	\$400	10.		200	
Amount on Line 9	Revenue Fee																			
\$0 - \$24,999	\$20																			
\$25,000 - \$49,999	\$50																			
\$50,000 - \$99,999	\$90																			
\$100,000 - \$249,999	\$150																			
\$250,000 - \$499,999	\$200																			
\$500,000 - \$999,999	\$300																			
\$1,000,000 or more	\$400																			
<p>11. Net Assets or Fund Balances at End of the Reporting Period <small>(From Line 22 (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, Line 6 on Form 990-PF; or see the CT-12 instructions to calculate.)</small></p>	11.		356,939																	
<p>12. Net Fixed Assets Used to Conduct Charitable Activities <small>(Generally, from Part X, Line 10c on Form 990, Line 23B on Form 990-EZ or Part II, Line 14b on Form 990-PF; or see the CT-12 instructions to calculate. See the CT-12 instructions if organization owns income-producing assets.)</small></p>	12.		0																	
<p>13. Amount Subject to Net Assets or Fund Balances Fee <small>(Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)</small></p>	13.		356,939																	
<p>14. Net Assets or Fund Balances Fee <small>(Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$2,000. Round cents to the nearest whole dollar.)</small></p>	14.		36																	
<p>15. Are you filing this report late? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)</small></p>	15.																			
<p>16. Total Amount Due <small>(Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)</small></p>	16.		236																	
<p>17. Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS, except that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$50,000 or more, or Net Assets or Fund Balances of \$100,000 or more, see the instructions as the organization may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy or confirmation of its filing</p>																				

Please Sign Here

Under penalties of perjury, I declare that I am an officer/director of the organization. I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.



_____ Signature of officer	_____ Date	_____ Title
_____ Officer's name (printed)	_____ Address	
_____ Phone		

Paid Preparer's Use Only



 Preparer's name (printed)

 Address

2020-21 Tourism Grant Application

Application Information

Created 7/5/2020 3:19 PM

Organization Name Southern Oregon University Foundation on behalf of SMA

Mailing Address [REDACTED]

Contact Name Janet Fratella

Contact's Phone Number [REDACTED]

Contact's Email [REDACTED]

Secondary Contact

Secondary Contact Phone Number

Secondary Contact Email

Federal Tax ID (XX-XXXXXXX) [REDACTED]

IRS Class (exemption) 501(c)3

Tourism (only use numbers) 9500

Briefly describe the purpose and objectives of your organization and mission statement (limit to 500 words).

The SOU Foundation is SOU's private non-profit affiliate. It is the fiscal sponsor for this grant request.

The Schneider Museum of Art, part of the Oregon Center for the Arts at Southern Oregon University, is a vital force in the intellectual life of Southern Oregon University that promotes an understanding of the visual arts within a liberal arts education. Serving both an academic and community audience, it builds a challenging environment that engages with the visual arts through exhibitions and programs supporting interdisciplinary study, research, and discourse.

The Schneider Museum of Art provides the following:

- Innovative art exhibitions featuring local, Oregon, national, and international artists who have achieved acclaim in their professional careers
- Rotating exhibitions of work from the Museum's permanent collection.

- Season-long artist residencies in which professional artists create work alongside university students and engage with the community, which culminates in public exhibitions at the SMA.
- Site-specific installations in which participating artists learn about the Museum, the University and surrounding community, and respond by creating an installation for the Museum based on this experience.
- Tuesday Tours - free, drop-in, docent led tours of the exhibition every Tuesday at 12:30pm.
- FREE Family Days featuring hands-on activities for children of all ages.
- Docent-led educational tours and hands-on activities for school groups.
- Tours for University students and community groups arranged by appointment.
- Educational and engaging lectures by artists, historians, and others.
- Docent training program held twice a year for new docents and four times a year for recurring docents
- Film, music, poetry, dance, and other cultural programs that augment exhibitions.
- Opportunities for volunteers to help with front desk reception, to serve as trained docents for educational tours, to plan and help with events and opening receptions, along with other substantial tasks such as marketing and providing training to docents.
- University courses including Gallery Practices and related Museum classes, and internships, practicum and independent studies for university students.
- Employment for ten to fifteen University students each year through the PEAK Jobs and Federal Work Study Programs. Students learn about museum practices, including exhibition installation, collection management, arts education program development, how to provide education to groups of all ages, marketing, events management, fundraising, and non-profit management.

Briefly describe how the City grant would be used and how your activities meet the eligibility criteria in the 2012 policy for Economic Development, Cultural, Tourism, and Sustainability Grants which can be found at ashland.or.us/ECTSGrants (limit to 1,000 words).

The city grant would be used to partially fund the Office Manager position at the Schneider, continue the FREE Family Day program, and expand marketing.

The funds requested for Economic Development are to be put towards the Office Manager position. Traditionally, the Director is the only full-time employee at the Schneider. The Office Manager's hours were increased to full time to accommodate the

large workload. The Manager's duties include, but are not limited to, handling clerical tasks for the Schneider and University, writing and reporting grants, accounting and budgeting operations, delegation to student staff, volunteer coordination, and event planning and organization. The funds requested will help retain the full-time position and employment for the Office Manager. The Schneider will fund-raise to pay half of this need and we are requesting a portion from the City of Ashland.

Cultural development funds are requested for the Schneider's FREE Family Days. This program gives families in Southern Oregon the opportunity to learn how to relate to art on their own level. One Saturday a month, the museum hosts a family day where the staff presents creative activities related to the current art on view. The families are encouraged to discuss the process of how the art is made and how it pertains to the craft they are creating. The activities the families make are taken home for the children to enjoy. This program is open and free to people of all ages and backgrounds. Our surveys show that 70% of our attendees for this program patronize local restaurants after visiting the museum with an average total attendance of 100 patrons per family day. Due to COVID-19, we are creating plans for remote delivery as a backup plan if need be.

The Schneider is requesting \$9,500.00 for advertising in Travel Oregon, and LocalsGuide. The funding awarded to the Schneider from City of Ashland in 2019 was used to increase regional and tourist patrons and we plan to maintain and continue the increase in attendees by advertising in highly visible publications. The increase in attendees at the museum will in turn increase hotel/motel occupancy and local restaurant sales. SMA's surveys report 25% of attendees will stay overnight in local lodging and 51% will patronize local restaurants. These numbers include the months between October and April when tourism is the slowest because the Schneider has seasonal exhibitions people from out of the area attend. As the only contemporary art museum in this region, continued funds towards advertising will support a unique tourism related activity for those who come to the area.

If your grant request is for date specific events, programs or activities, please enter those below using the format: program/event title; anticipated event start date; anticipated event end date; funding request. Use next question if more room is needed.

n/a

Additional date specific events, programs or activities. Enter as: program/event title; anticipated event start date; anticipated event end date; funding request.

n/a

Please explain how you will measure success or desired outcomes, based on the Grant Reporting Section above.

The Schneider measures success through increasing audience numbers, patron feedback, docent-led tour bookings, grant funding, and recurring visitors. The Schneider has two surveys for daily attendees and Free Family Days. The data from these surveys is used to assess programming and make changes based on feedback. The data collected from these surveys detail program quality, demographic information, and economic/tourism impact. The surveys will report on the number of people who traveled to Ashland from over 50 miles away for FREE Family Days and other programs where marketing efforts increased attendance. The data also show whether patrons stay additional nights in Ashland or if they patronize local businesses after attending a museum program. The FREE Family Days increase the number of children, seniors, and low-income residents attending a cultural event in Ashland.

The award for economic development will go toward the number of jobs increased as a result of the grant. With increased hours, the office manager will have the opportunity to plan more events to draw attendees from Ashland and beyond.

Tourism - Per the list of eligible Tourism activities above, please explain how your activities qualify (limit 250 words).

SMA fits into the Tourism category of this grant by drawing in visitors from outside of Ashland and 50+ miles away. Over 40% of our surveyed patrons are visiting from 50+ miles away. We average 14,000+ patrons each fiscal year. Our surveys of walk-in and Free Family Day patrons resulted a 35% response rate. Of participants surveyed over the past fiscal year, 75% reported that they would support another local business while they were out as well as 25% staying at nearby hotels. By improving marketing, the Museum expects to increase the number of visitors from outside the City of Ashland and bring even more patrons to local establishments. By expanding advertising ventures, the Museum will reach more people from outside of the area, greatly increase attendance, and further cement Ashland as an arts destination.

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

If the Schneider does not receive full funding, then the Schneider will readjust programming spending. Depending on the amount awarded, the Schneider will take priorities into consideration. The museum needs to continue to hire an office manager full time. SMA has increased fundraising efforts to support the continuation of the office manager position. Monthly FREE Family Day programming can be decreased by offering fewer opportunities and decrease printing program fliers for public schools. The marketing efforts will be reduced by selecting certain advertisers, but the museum will not be able to afford marketing without support.

Board Members

1. Name See data provided in separate file

Phone (XXX) XXX-XXXX See data provided in separate file

Address (Street Address, City, State, Zip Code) See data provided in separate file

Occupation See data provided in separate file

Title See data provided in separate file

Term of Office (Start and End Dates in format MM/DD/YYYY) See data provided in separate file

2. Name

Phone (XXX) XXX-XXXX

Address (Street Address, City, State, Zip Code)

See data provided in separate file

Occupation

Title

Term of Office (Start and End Dates in format MM/DD/YYYY)

Organizational Client Demographic

Organization SOUF/Museum of Art

Program/Event Name Museum of Art

For the Twelve-Month Period of (MM/YYYY to MM/YYYY) 07/2018 to 06/2019

Percentage of Youth 0 to 17 years (only use numbers) 33

Percentage of Adult 18 to 39 years (only use numbers) 20

Percentage of Adult 40 to 64 years (only use numbers) 22

Percentage of Adult 65 and over (only use numbers) 24

Unknown (only use numbers) 1

Customer Age Total 100

Ashland (only use numbers) 33

Rogue Valley (only use numbers) 100

Other (only use numbers) 6

Staff Residence Total 100

Ashland (only use numbers) 1

Rogue Valley (only use numbers) 100

Other (within 50 miles) (only use numbers) 6

Other (greater than 50 miles) (only use numbers) 42

Customer Residence Total 100

Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? (only use numbers) 25

Grant Program Budget

Program/Event Name for Project Period July 1, 2020 to June 30, 2021

SOUF/Schneider Museum of Art, Marketing & Program Support

Source: City of Ashland Grant Funds - Funding Title Marketing & Program Support

Source: City of Ashland Grant Funds - Funding Amount (only use numbers)

20365

Source: Jackson County Funds/Identify - Funding Title

n/a

Source: Jackson County Funds/Identify - Funding Amount (only use numbers) n/a

Source: State Funds/Identify - Funding Title n/a

Source: State Funds/Identify - Funding Amount (only use numbers)

n/a

Source: Federal Funds/Identify - Funding Title n/a

Source: Federal Funds/Identify - Funding Amount (only use numbers) n/a

Source: Other Funds/Identify - Funding Title SOU Budgeted Operations

Source: Other Funds/Identify - Funding Amount (only use numbers) 36833

**Source: Other Funds/Identify - Funding Title Schneider Endowment
Earnings/Fundraising**

Source: Other Funds/Identify - Funding Amount (only use numbers) 21982

Source: Other Funds/Identify - Funding Title Federal Work Study & Peak Students

Source: Other Funds/Identify - Funding Amount (only use numbers) 37000

Total Revenue/Funding Amount (only use numbers) 116180

Total Salaries (only use numbers) 110745

Salaries: Percentage of Time to Project/Event (only use numbers) 23

Salaries Specific to Project/Event (only use numbers) 25471.35

Total Benefits (only use numbers) 66484

Benefits: Percentage of Time to Project/Event (only use numbers) 23

Benefits Specific to Project/Event 15291.37

Total Project/Event-Specific Personnel Services (must equal sum of specific to project/event fields) 76240.72

1. Materials and Services Description Cultural Development: FREE Family Day Supplies and Advertising

1. Materials and Services Amount (only use numbers) 5000

2. Description of Materials and Services Economic: Percentage of Office Manager Salary

2. Materials and Services Amount (only use numbers) 5,856.00.00

3. Description of Materials and Services Marketing

3. Materials and Services Amount (only use numbers) 9500

4. Description of Materials and Services

4. Description of Materials and Services

Total Project/Event Specific Materials and Services (must equal sum of materials and services amount fields) 20365

Signature

I have submitted my organization's most recent Form 990 IRS filing (summary page only), 501(c) letter verifying non-profit status and corporate bylaws separately to natalie.thomason@ashland.or.us before the deadline. (Past grant recipients only need to submit the most recent Form 990 IRS filing). Yes

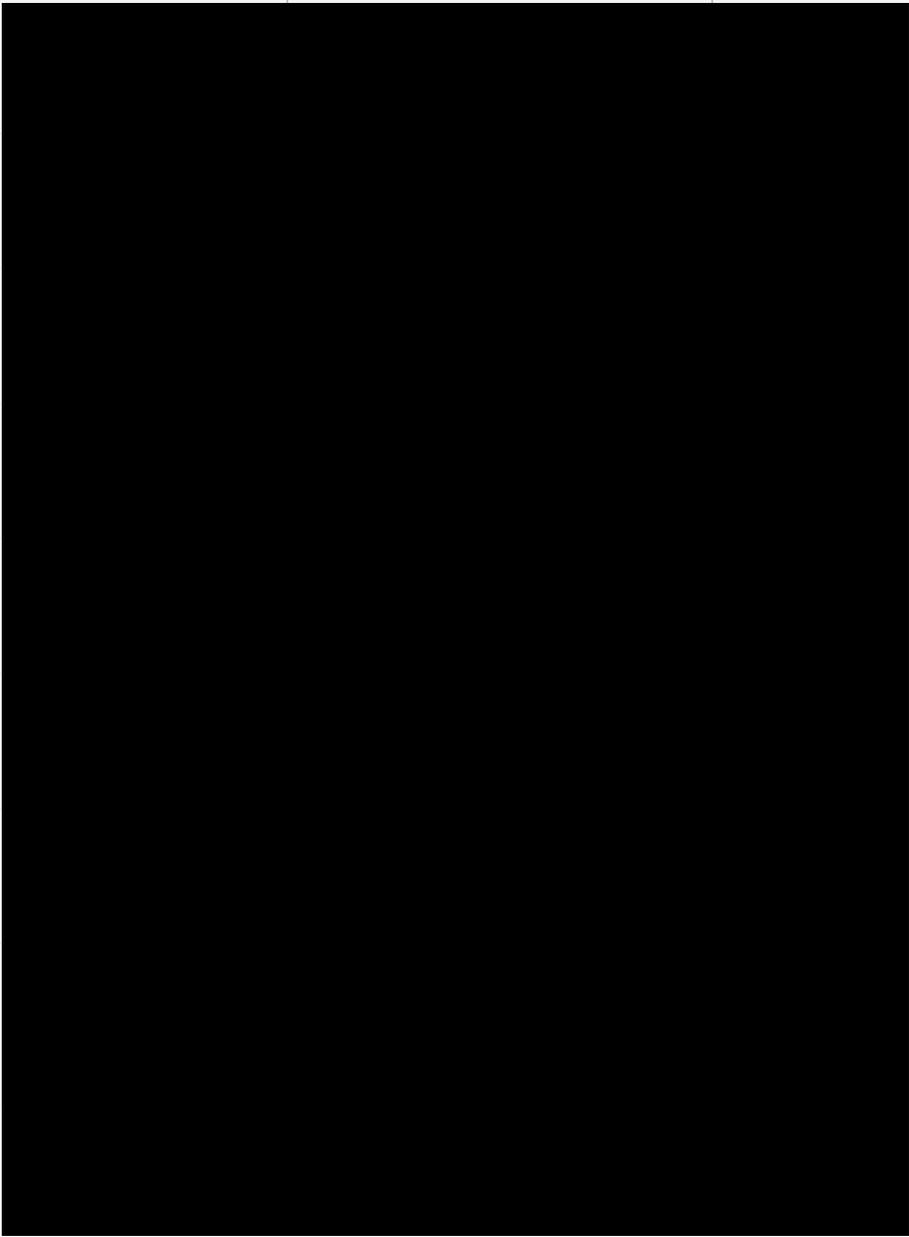
By checking below your organization acknowledges the statement above and will provide the documents requested prior to receiving funding? Yes

Signature (Type Full Name) Janet Fratella

Title Executive Director

Organization SOU Foundation

2019-20 SOU Foundation Board of Trustees

NAME	ADDRESS	PHONE/ EMAIL	OCCUPATION	TITLE	TERM OF OFFICE
Marc Bayliss				President	2011-2020
Sue Kupillas				Vice President	2007-2020
Greg Koenig				Treasurer	2011-2020
Debra Lee				Secretary	2007-2020
Dan Thorndike				Immediate Past President	2007-2020
Laz Ayala				Trustee	2015-2022
Vance Beach				Affiliate Trustee Alumni Association	2017-2020
Kelly Coates				Trustee	2018-2021
Sue Collins				Trustee	2018-2021

Jeff Cutler		Trustee	1998-2022
Sid DeBoer		Trustee	1989-2022
Art Diederich		Trustee	2019-2022
Christine Donchin		Trustee	2019-2022
Bonnie Evans		Trustee	2017-2020
Peg Evans		Trustee	2017-2022
Sandy Friend		Affiliate Trustee Schneider Museum of Art	2019-2020
Betsy Gentry		Affiliate Trustee Osher Lifelong Learning Institute	2019-2020
Dave Hyatt		Trustee	2018-2021
Sheri Loya		Trustee	2017-2020

Blair Moody		Trustee	1998-2020
Doug Morse		Trustee	2007-2022
Alexis Packer		Affiliate Trustee Chamber Music Concerts	2013-2020
Gene Pelham		Trustee	2019-2022
Lore Rutz- Burri		Faculty trustee	2018-2020
Kacie Ryan		Affiliate Trustee SOU Alumni Association	2019-2020
Barbara Saigo		Affiliate Trustee Friends of Hannon Library	2019-2020
Jim Teece		Trustee	1999-2022
Ryan Wines		Trustee	2018-2021
Ron Worland		Trustee	1999-2022
David Wright		Trustee	2005-2020

Updated: June 21, 2019

2016 Exempt Org. Return
prepared for:

SOUTHERN OREGON UNIVERSITY FOUNDATION



KDP CERTIFIED PUBLIC ACCOUNTANTS, LLP

[REDACTED]
[REDACTED]
[REDACTED]

March 14, 2018

SOUTHERN OREGON UNIVERSITY FOUNDATION

[REDACTED]
[REDACTED]

Dear Janet:

Your 2016 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Enclosed is your 2016 Oregon Form CT-12. The original should be signed at the bottom of page two. Please include a copy of your Federal Form 990 and its accompanying schedules, along with a check in the amount of \$2,400 made payable to the Oregon Department of Justice. Mail your Form CT-12 as soon as possible, but no later than May 15, 2018, to:

OREGON DEPARTMENT OF JUSTICE
CHARITABLE ACTIVITIES SECTION
100 SW MARKET STREET
PORTLAND, OR 97201-5702

Please be sure to call us if you have any questions.

Sincerely,

[REDACTED]

SOUTHERN OREGON UNIVERSITY FOUNDATION

	2016	2015	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	2,852,283	2,336,776	515,507
INVESTMENT INCOME.....	1,034,648	1,031,312	3,336
OTHER REVENUE.....	517,159	660,198	-143,039
TOTAL REVENUE.....	4,404,090	4,028,286	375,804
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	1,139,032	1,819,316	-680,284
OTHER EXPENSES.....	3,429,335	1,812,539	1,616,796
TOTAL EXPENSES.....	4,568,367	3,631,855	936,512
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	-164,277	396,431	-560,708
TOTAL ASSETS AT END OF YEAR.....	30,637,667	28,336,471	2,301,196
TOTAL LIABILITIES AT END OF YEAR.....	1,762,481	1,833,722	-71,241
NET ASSETS/FUND BALANCES AT END OF YEAR.....	28,875,186	26,502,749	2,372,437



FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH G, SCH I, SCH M, SCH O, 8868

CARRYOVERS TO 2017

NONE

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning 7/01, 2016, and ending 6/30, 202017

2016

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

SOUTHERN OREGON UNIVERSITY FOUNDATION

Name and title of officer

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1 a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1 b <u>4,404,090.</u>
2 a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2 b _____
3 a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b _____
4 a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b _____
5 a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5 b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 93015712348
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. SOUTHERN OREGON UNIVERSITY FOUNDATION	Employer identification number (EIN) or
	Number, street, and room or suite number. If a P.O. box, see instructions. [REDACTED]	Social security number (SSN) [REDACTED]

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► [REDACTED]

Telephone No. ► [REDACTED] Fax No. ► _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 5/15, 20 18, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 ____ or
- tax year beginning 7/01, 20 16, and ending 6/30, 20 17.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 7/01, 2016, and ending 6/30, 2017

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C SOUTHERN OREGON UNIVERSITY FOUNDATION. D Employer identification number. E Telephone number. G Gross receipts \$ 5,146,018.

F Name and address of principal officer: JANET FRATELLA. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No.

I Tax-exempt status: 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527. J Website: WWW.SOUFUNDATION.ORG. H(c) Group exemption number.

K Form of organization: Corporation, Trust, Association, Other. L Year of formation: 1959. M State of legal domicile: OR

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3-7a Table of financial data.

Table with columns: Revenue, Expenses, Net Assets or Fund Balances. Rows 8-19 detailing contributions, program service revenue, investment income, other revenue, total revenue, grants paid, benefits paid, salaries, fundraising fees, total fundraising expenses, other expenses, total expenses, and revenue less expenses.

Table with columns: Net Assets or Fund Balances. Rows 20-22 detailing total assets, total liabilities, and net assets or fund balances at beginning and end of year.

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, Type or print name and title: PRESIDENT

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,127,062. including grants of \$ 1,139,032.) (Revenue \$)

THE SOUTHERN OREGON UNIVERSITY FOUNDATION PROVIDES FUNDS TO SUPPORT AND PROMOTE ACADEMIC AND ATHLETIC PROGRAMS, THE UNIVERSITY ART MUSEUM AND LIBRARY OPERATIONS, AND STUDENT AND ALUMNI ACTIVITIES OF SOUTHERN OREGON UNIVERSITY. THE FOUNDATION PROVIDED \$1,139,032 OF SCHOLARSHIPS, GRANTS AND AWARDS TO STUDENTS AND ACADEMIC DEPARTMENTS AND PROGRAMS AT SOUTHERN OREGON UNIVERSITY. SOUTHERN OREGON UNIVERSITY OFFERS 41 MAJORS AND MORE THAN 160 AREAS OF STUDY TO ITS 6,200 STUDENT ENROLLMENT OF UNDERGRADUATES AND GRADUATES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,127,062.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1 a 36		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1 b 0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2 a 0		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2 b		
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a		X
3 b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. 3 b		
4 a	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)? 4 a		X
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 4 b		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 a		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a	X	
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b	X	
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7 d		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the sponsoring organization make any taxable distributions under section 4966? 9 a		
9 b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12. 10 a		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10 b		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders. 11 a		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13 a		
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13 b		
13 c	Enter the amount of reserves on hand. 13 c		
14 a	Did the organization receive any payments for indoor tanning services during the tax year? 14 a		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 14 b		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 21 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1 b	Enter the number of voting members included in line 1a, above, who are independent. 1 b 21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 SEE SCHEDULE O	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6	Did the organization have members or stockholders? 6		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	a The governing body? 8 a	X	
8 b	b Each committee with authority to act on behalf of the governing body? 8 b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates? 10 a	X	
10 b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b	X	
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a	X	
12 a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12 a		
12 b	Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12 b	X	
12 c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 c	X	
13	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. 13 SEE SCHEDULE O	X	
14	Did the organization have a written whistleblower policy? 14	X	
15	Did the organization have a written document retention and destruction policy? 15		
15 a	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15 a	a The organization's CEO, Executive Director, or top management official. 15 a		X
15 b	b Other officers or key employees of the organization. 15 b		X
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a		X
16 b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed OR
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:

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

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

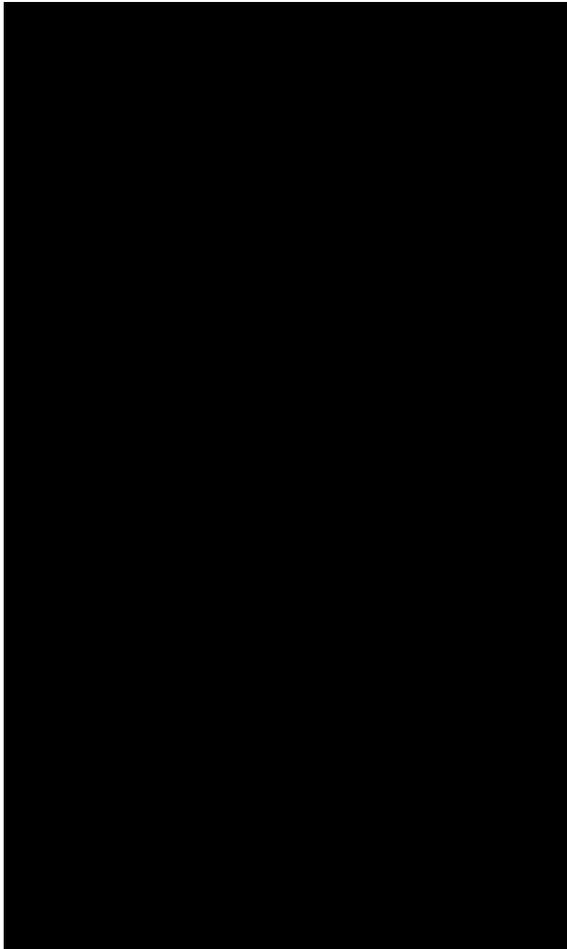
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	2 0	X						0.	0.	0.
	2 0	X		X				0.	0.	0.
	2 0	X						0.	0.	0.
	1 0	X						0.	0.	0.
	1 0	X						0.	0.	0.
	1 0	X						0.	0.	0.
	1 0	X						0.	0.	0.
	1 0	X						0.	0.	0.
	2 0	X		X				0.	0.	0.
	1 0	X						0.	0.	0.
	1 0	X						0.	0.	0.
	1 0	X						0.	0.	0.
	1 0	X						0.	0.	0.
	1 0	X						0.	0.	0.
	1 0	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
	1/0	X					0.	0.	0.
	1/0	X					0.	0.	0.
	1/0	X					0.	0.	0.
	2/0	X		X			0.	0.	0.
	1/0	X					0.	0.	0.
	1/0	X					0.	0.	0.
	1/0	X		X			0.	0.	0.
(22)									
(23)									
(24)									
(25)									
1 b Sub-total							0.	0.	0.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							0.	0.	0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0									

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 2,852,283.				
	g Noncash contributions included in lines 1a-1f: \$	27,959.				
	h Total. Add lines 1a-1f	▶ 2,852,283.				
Program Service Revenue	2 a Business Code					
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)	▶	285,401.		285,401.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)	▶	749,247.		749,247.	
	8 a Gross income from fundraising events (not including.. \$ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events		▶	276,934.		276,934.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a NON-GIFT MEMBERSHIPS			222,545.		222,545.	
b MISCELLANEOUS INCOME			17,680.		17,680.	
c -----						
d All other revenue						
e Total. Add lines 11a-11d	▶		240,225.			
12 Total revenue. See instructions	▶		4,404,090.	0.	0.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,139,032.	1,139,032.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	2,943.		2,943.	
c Accounting	25,825.		25,825.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	6,243.		6,243.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	38,388.	6,563.	31,825.	
12 Advertising and promotion	61,113.	46,924.	14,189.	
13 Office expenses	63,884.	32,280.	31,604.	
14 Information technology	61,070.	21,153.	39,917.	
15 Royalties				
16 Occupancy	42,000.	42,000.		
17 Travel	25,734.	22,406.	3,328.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	174,611.	174,611.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,396.		3,396.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSTRUCTION PROJECTS	1,000,000.	1,000,000.		
b ACADEMIC PROGRAMS	829,655.	829,655.		
c STAFFING COSTS	336,320.	336,320.		
d ACADEMIC EQUIPMENT/MATERIALS	225,853.	225,853.		
e All other expenses. SEE SCH. O.	532,300.	250,265.	170,988.	111,047.
25 Total functional expenses. Add lines 1 through 24e.	4,568,367.	4,127,062.	330,258.	111,047.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing	652,606.	1	286,134.
	2 Savings and temporary cash investments	87,463.	2	442,176.
	3 Pledges and grants receivable, net	552,642.	3	556,093.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	23,795.
	8 Inventories for sale or use	15,126.	8	18,195.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,118,625.		
	b Less: accumulated depreciation	10b	1,118,625.	10c 1,118,625.
	11 Investments – publicly traded securities		11	
	12 Investments – other securities. See Part IV, line 11	25,070,110.	12	28,104,570.
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	839,899.	15	88,079.
16 Total assets. Add lines 1 through 15 (must equal line 34)	28,336,471.	16	30,637,667.	
Liabilities	17 Accounts payable and accrued expenses	92,490.	17	88,868.
	18 Grants payable	985,917.	18	918,729.
	19 Deferred revenue	270,167.	19	286,449.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	485,148.	25	468,435.
	26 Total liabilities. Add lines 17 through 25	1,833,722.	26	1,762,481.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	911,992.	27	1,491,792.
	28 Temporarily restricted net assets	5,737,210.	28	6,922,151.
	29 Permanently restricted net assets	19,853,547.	29	20,461,243.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	26,502,749.	33	28,875,186.
	34 Total liabilities and net assets/fund balances	28,336,471.	34	30,637,667.

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Form 990 (2016)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,404,090.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,568,367.
3	Revenue less expenses. Subtract line 2 from line 1	3	-164,277.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,502,749.
5	Net unrealized gains (losses) on investments	5	2,536,714.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	28,875,186.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 b	Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3 b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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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.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

SOUTHERN OREGON UNIVERSITY FOUNDATION

Employer identification number

[REDACTED]

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		
(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	1,642,017.	1,933,707.	1,854,764.	2,336,776.	2,852,283.	10,619,547.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.	524,209.	590,375.	547,095.	619,872.	638,544.	2,920,095.
4 Total. Add lines 1 through 3.	2,166,226.	2,524,082.	2,401,859.	2,956,648.	3,490,827.	13,539,642.
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).						0.
6 Public support. Subtract line 5 from line 4.						13,539,642.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4.	2,166,226.	2,524,082.	2,401,859.	2,956,648.	3,490,827.	13,539,642.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	388,621.	486,931.	1,268,929.	600,577.	285,401.	3,030,459.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						16,570,101.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
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 2016 (line 6, column (f) divided by line 11, column (f)).	14	81.71 %
15 Public support percentage from 2015 Schedule A, Part II, line 14.	15	81.54 %

- 16a 33-1/3% support test—2016.** 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. ▶
- b 33-1/3% support test—2015.** 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. ▶
- 17a 10%-facts-and-circumstances test—2016.** 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. ▶
- b 10%-facts-and-circumstances test—2015.** 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. ▶
- 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. ▶

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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**. ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

b 33-1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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)? <i>If 'Yes,' answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



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? <i>If 'Yes' to a, b, or c, provide detail in Part VI.</i>	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? <i>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.</i>	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? <i>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.</i>	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)? <i>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).</i>	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? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>	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 The organization satisfied the Activities Test. *Complete line 2 below.*
 - b The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c 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.**

	Yes	No
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? <i>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.</i>	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? <i>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.</i>	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? <i>Provide details in Part VI.</i>	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b	



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).



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.)

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.**
▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

SOUTHERN OREGON UNIVERSITY FOUNDATION

Employer identification number

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check 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 33-1/3% 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization SOUTHERN OREGON UNIVERSITY FOUNDATION	Employer identification number 23-7030910
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILL M. AND MARGARET DODGE MEMORIAL 	\$ 68,057.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SID AND KAREN DEBOER FOUNDATION 	\$ 185,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	RON AND LOU WORLAND 	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THALDEN FOUNDATION 	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PATRICIA D. & WILLIAM B. SMULLIN FO 	\$ 264,000.	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.)

Name of organization

Employer identification number

SOUTHERN OREGON UNIVERSITY FOUNDATION

23-7030910

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
-----	N/A ----- -----	\$-----	-----
-----	----- -----	\$-----	-----
-----	----- -----	\$-----	-----
-----	----- -----	\$-----	-----
-----	----- -----	\$-----	-----
-----	----- -----	\$-----	-----
-----	----- -----	\$-----	-----
-----	----- -----	\$-----	-----

Name of organization SOUTHERN OREGON UNIVERSITY FOUNDATION	Employer identification number 23-7030910
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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.)..... ▶ \$ _____ *N/A*
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
	<i>N/A</i>		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

SOUTHERN OREGON UNIVERSITY FOUNDATION

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, aggregate value of grants, and aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
Preservation of land for public use (e.g., recreation or education)
Protection of natural habitat
Preservation of open space
Preservation of a historically important land area
Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a, 2b, 2c, 2d for total number, total acreage, number of easements on historic structure, and number of easements acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	22,396,265.	23,087,687.	23,502,843.	19,553,069.	18,344,395.
b Contributions	691,892.	940,269.	402,225.	476,456.	304,759.
c Net investment earnings, gains, and losses	3,626,480.	40,107.	242,405.	4,479,947.	1,888,714.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,257,428.	1,671,798.	1,059,787.	1,006,629.	984,799.
f Administrative expenses					
g End of year balance	25,457,209.	22,396,265.	23,087,686.	23,502,843.	19,553,069.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds. SEE PART XIII

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	1,015,125.	90,000.		1,105,125.
b Buildings		13,500.		13,500.
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,118,625.

Part VII Investments – Other Securities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other <u>BOND FUNDS</u>	4,437,672.	END OF YEAR MARKET VALUE
(A) <u>EQUITY FUNDS</u>	23,666,898.	END OF YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	28,104,570.	

Part VIII Investments – Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. N/A

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <u>OBLIGATIONS UNDER SPLIT-INT AGREEME</u>	468,435.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	468,435.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. SEE PART XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	7,710,291.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	2,536,714.
	b Donated services and use of facilities	2b	638,544.
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.) SEE PART XIII	2d	130,943.
	e Add lines 2a through 2d	2e	3,306,201.
3	Subtract line 2e from line 1	3	4,404,090.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,404,090.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	5,337,854.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	638,544.
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.) SEE PART XIII	2d	130,943.
	e Add lines 2a through 2d	2e	769,487.
3	Subtract line 2e from line 1	3	4,568,367.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,568,367.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE FOUNDATION'S ENDOWMENT CONSISTS OF APPROXIMATELY 196 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. ITS ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES.

PART X - FIN 48 FOOTNOTE

THE SOUTHERN OREGON UNIVERSITY FOUNDATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C) (3) OF THE U.S. INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON

Part XIII Supplemental Information (continued)**PART X - FIN 48 FOOTNOTE (CONTINUED)**

RELATED ACTIVITIES. NO TAX PROVISION HAS BEEN MADE IN THE ACCOMPANYING STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS. IN ADDITION, THE FOUNDATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A "PRIVATE FOUNDATION" AS DEFINED IN CODE SECTION 509(A) AND QUALIFIES FOR DEDUCTIBLE CONTRIBUTIONS AS PROVIDED IN SECTION 170(B)(1). THE FOUNDATION RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION.

THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE FOUNDATION RECOGNIZES INTEREST AND PENALTIES RELATED TO INCOME TAX MATTERS IN OPERATING EXPENSES.

**SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

FUNDRAISING EVENTS DIRECT COST.....	\$ 130,943.
TOTAL	<u>\$ 130,943.</u>

**SCHEDULE D, PART XII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

FUNDRAISING EVENTS DIRECT COST.....	\$ 130,943.
TOTAL	<u>\$ 130,943.</u>

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

SOUTHERN OREGON UNIVERSITY FOUNDATION

Employer identification number

[REDACTED]

Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-
-
-

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

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		VARIOUS (event type)	(event type)	NONE (total number)	(add column (a) through column (c))	
	1	Gross receipts	407,877.		407,877.	
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	407,877.		407,877.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	7,308.		7,308.	
	7	Food and beverages	997.		997.	
	8	Entertainment	110,532.		110,532.	
	9	Other direct expenses	12,106.		12,106.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				130,943.
	11	Net income summary. Subtract line 10 from line 3, column (d)				276,934.

Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
					(add column (a) through column (c))	
	1	Gross revenue				
DIRECT EXPENSES	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

- 9 Enter the state(s) in which the organization conducts gaming activities: _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If 'No,' explain: _____
- 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
- b If 'Yes,' explain: _____



- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

SOUTHERN OREGON UNIVERSITY FOUNDATION

Employer identification number

[REDACTED]

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ----- -----							
(2) ----- -----							
(3) ----- -----							
(4) ----- -----							
(5) ----- -----							
(6) ----- -----							
(7) ----- -----							
(8) ----- -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 0

3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SOU STUDENT SCHOLARSHIPS	434	1,139,032.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization SOUTHERN OREGON UNIVERSITY FOUNDATION	Employer identification number [REDACTED]
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	7	27,539.	FMV
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SUNGLASS CASES)	X	250	420.	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
---	-----------	--	--

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30 a		X
b If 'Yes,' describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32 a		X
b If 'Yes,' describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2016

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

SOUTHERN OREGON UNIVERSITY FOUNDATION

FORM 990, PART I AND III, LINE 1

THE SOUTHERN OREGON UNIVERSITY FOUNDATION WAS ESTABLISHED TO SUPPORT AND PROMOTE THE EDUCATIONAL, SCIENTIFIC AND CHARITABLE ACTIVITIES OF THE SOUTHERN OREGON UNIVERSITY AND PROGRAMS AND ACTIVITIES OCCURRING ON ITS CAMPUSES OR IN ITS FACILITIES OR UNDERTAKEN BY IT IN COORDINATION WITH OTHER EDUCATIONAL, SCIENTIFIC OR CHARITABLE INSTITUTIONS. SUPPORTING AND PROMOTING INCLUDES ACTIVITIES TO SOLICIT, ACQUIRE, RECEIVE, OWN, MANAGE, INVEST, AND DISPOSE OF ANY REAL AND PERSONAL PROPERTY FOR THE BENEFIT OF THE SOUTHERN OREGON UNIVERSITY.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

THERE ARE FOUR MEMBERS OF THE BOARD THAT HAVE RELATIONSHIPS WITH EACH OTHER; A HUSBAND AND WIFE TEAM, AND A FATHER-SON TEAM; THEY ARE ALL MEMBERS OF THE BOARD.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

SOUF DIRECTOR OF FINANCE PRESENTS THE FINANCE COMMITTEE WITH A PAPER COPY OF THE FORM 990, THEY REVIEW THE FORM AND THEN AUTHORIZE IT BEFORE SIGNING THE FORM 990.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

A MAJORITY OF THE BOARD OF TRUSTEES WOULD NOT BE IN A POSITION WHERE THEY WOULD BE INVOLVED WITH THE SOU FOUNDATION. SINCE THESE RELATIONSHIPS ARE NOT ROUTINE THEY ARE EASILY IDENTIFIABLE AND THE DIRECTOR OF FINANCE CLOSELY MONITORS AND REVIEWS ALL TRANSACTIONS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

COPIES OF ALL DOCUMENTS ARE MAINTAINED ON FILE AND ARE AVAILABLE UPON REQUEST.

**FORM 990, PART IX, LINE 24E
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADMINISTRATIVE ASSESSMENTS	41,000.	41,000.		
ENTERTAINMENT/PROMOTION	40,082.	40,082.		
EQUIPMENT	51,702.	51,702.		

Name of the organization

Employer identification number

SOUTHERN OREGON UNIVERSITY FOUNDATION

**FORM 990, PART IX, LINE 24E (CONTINUED)
OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT & GENERAL</u>	<u>FUNDRAISING</u>
LEASED EMPLOYEE COSTS	171,415.		81,216.	90,199.
LICENSES, PERMITS, FEES	900.	900.		
MERCHANT SERVICE FEES	23,728.	23,728.		
MISCELLANEOUS	203,473.	92,853.	89,772.	20,848.
TOTAL	<u>\$ 532,300.</u>	<u>\$ 250,265.</u>	<u>\$ 170,988.</u>	<u>\$ 111,047.</u>

SOUTHERN OREGON UNIVERSITY FOUNDATION

FORM 990, PART 1, LINE 1

THE SOUTHERN OREGON UNIVERSITY FOUNDATION WAS ESTABLISHED TO SUPPORT AND PROMOTE THE EDUCATIONAL, SCIENTIFIC AND CHARITABLE ACTIVITIES OF THE SOUTHERN OREGON UNIVERSITY AND PROGRAMS AND ACTIVITIES OCCURRING ON ITS CAMPUSES OR IN ITS FACILITIES OR UNDERTAKEN BY IT IN COORDINATION WITH OTHER EDUCATIONAL, SCIENTIFIC OR CHARITABLE INSTITUTIONS. SUPPORTING AND PROMOTING INCLUDES ACTIVITIES TO SOLICIT, ACQUIRE, RECEIVE, OWN, MANAGE, INVEST, AND DISPOSE OF ANY REAL AND PERSONAL PROPERTY FOR THE BENEFIT OF THE SOUTHERN OREGON UNIVERSITY.

SOUTHERN OREGON UNIVERSITY FOUNDATION

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
BUILDINGS																
3	RESORT PROP. TIMESHARES	6/30/08		13,500							13,500					0
	TOTAL BUILDINGS			13,500		0	0	0	0	0	13,500	0				0
LAND																
1	L. MAHAR FERN VALLEY	12/19/95		1,015,125							1,015,125					0
2	GUILEY RANCH	12/27/99		90,000							90,000					0
	TOTAL LAND			1,105,125		0	0	0	0	0	1,105,125	0				0
	TOTAL DEPRECIATION			<u>1,118,625</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,118,625</u>	<u>0</u>				<u>0</u>
	GRAND TOTAL DEPRECIATION			<u>1,118,625</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,118,625</u>	<u>0</u>				<u>0</u>

Form **CT-12**
For Oregon Charities
 For Accounting Periods Beginning in:
2016

Charitable Activities Section
Oregon Department of Justice

100 SW Market Street
 Portland, OR 97201-5702
 Email: charitable.activities@doj.state.or.us
 Website: http://www.doj.state.or.us

VOICE (971) 673-1880
 FAX (971) 673-1882

You can now file reports and pay by credit card using our online form at
<https://justice.oregon.gov/paymentportal/Account/Login>

Section I. General Information

1. REGISTRATION #: 15339
 SOUTHERN OREGON UNIVERSITY FOUNDATION
 [REDACTED]
 [REDACTED]

Cross Through Incorrect Items and Correct Here:
 (See instructions for change of name or accounting period.)

Registration #:
 Organization Name:
 Address:
 City, State, Zip:
 Phone: [REDACTED] Fax:
 Email: SOUFOUNDATION@SOU.EDU Amended Report?
 Period Beginning: 07/01/16 Period Ending: 06/30/2017

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements. Yes No
3. Is the organization a party to a contract involving person-to-person, advertising, vending machine or telephone fund-raising in Oregon? Yes No
 If yes, write the name of the fund-raising firm(s) who conducts the campaign(s): _____
4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency, such as a state attorney general, secretary of state, or local district attorney, or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions. Yes No
5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter. Yes No
6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.) Yes No
7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
JANET FRATELLA	EXECUTIVE DIR.	[REDACTED]	[REDACTED]

8. List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing that section. **(Oregon law requires a minimum of three directors for nonprofit corporations.)**

(A) Name, mailing address, daytime phone number and email address		(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)
Name:	SEE ATTACHED FORM 990		
Address:	-----		
Phone:	-----		
Email:	-----		
Name:	-----		
Address:	-----		
Phone:	-----		
Email:	-----		
Name:	-----		
Address:	-----		
Phone:	-----		
Email:	-----		

Section II. Fee Calculation

<p>9. Total Revenue (From Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; Line 9 on Form 1041; or see the CT-12 instructions if no federal tax return was prepared or a Form 990-N was filed. Attach explanation if Total Revenue is \$0.)</p>	9.	4,404,090																		
<p>10. Revenue Fee (See chart below. Minimum fee is \$20, even if total revenue is a negative amount.)</p> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr> <th style="text-align: left;">Amount on Line 9</th> <th style="text-align: left;">Revenue Fee</th> </tr> </thead> <tbody> <tr><td>\$0 - \$24,999</td><td>\$20</td></tr> <tr><td>\$25,000 - \$49,999</td><td>\$50</td></tr> <tr><td>\$50,000 - \$99,999</td><td>\$90</td></tr> <tr><td>\$100,000 - \$249,999</td><td>\$150</td></tr> <tr><td>\$250,000 - \$499,999</td><td>\$200</td></tr> <tr><td>\$500,000 - \$999,999</td><td>\$300</td></tr> <tr><td>\$1,000,000 or more</td><td>\$400</td></tr> </tbody> </table>	Amount on Line 9	Revenue Fee	\$0 - \$24,999	\$20	\$25,000 - \$49,999	\$50	\$50,000 - \$99,999	\$90	\$100,000 - \$249,999	\$150	\$250,000 - \$499,999	\$200	\$500,000 - \$999,999	\$300	\$1,000,000 or more	\$400	10.		400	
Amount on Line 9	Revenue Fee																			
\$0 - \$24,999	\$20																			
\$25,000 - \$49,999	\$50																			
\$50,000 - \$99,999	\$90																			
\$100,000 - \$249,999	\$150																			
\$250,000 - \$499,999	\$200																			
\$500,000 - \$999,999	\$300																			
\$1,000,000 or more	\$400																			
<p>11. Net Assets or Fund Balances at End of the Reporting Period (From Line 22 (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, Line 6 on Form 990-PF; or see the CT-12 instructions to calculate.)</p>	11.	28,875,186																		
<p>12. Net Fixed Assets Used to Conduct Charitable Activities (Generally, from Part X, Line 10c on Form 990, Line 23B on Form 990-EZ or Part II, Line 14b on Form 990-PF; or see the CT-12 instructions to calculate. See the CT-12 instructions if organization owns income-producing assets.)</p>	12.	1,118,625																		
<p>13. Amount Subject to Net Assets or Fund Balances Fee (Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)</p>	13.	27,756,561																		
<p>14. Net Assets or Fund Balances Fee (Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$2,000. Round cents to the nearest whole dollar.)</p>	14.			2,000																
<p>15. Are you filing this report late? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)</p>	15.																			
<p>16. Total Amount Due (Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)</p>	16.			2,400																

17. Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS, except that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$50,000 or more, or Net Assets or Fund Balances of \$100,000 or more, see the instructions as the organization may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy or confirmation of its filing.

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

⇒ _____

Signature of officer _____ Date _____ Title PRESIDENT

DANIEL C THORNDIKE _____
 Officer's name (printed) Address _____

_____ _____
 Phone _____

Paid Preparer's Use Only

⇒ _____

Preparer's signature _____ Date _____ Phone _____

_____ _____
 Preparer's name (printed) Address _____

2020-21 Economic Development, Cultural, Tourism and Suitability Grant Application

Application Information

Created 7/7/2020 11:26 AM

Organization Name The Hearth

Mailing Address [REDACTED]

Contact Name Mark Yaconelli

Contact's Phone Number [REDACTED]

Contact's Email [REDACTED]

Secondary Contact Karen Carnival

Secondary Contact Phone Number [REDACTED]

Secondary Contact Email [REDACTED]

Federal Tax ID (XX-XXXXXXX) [REDACTED]

IRS Class (exemption) 501 c 3

Tourism (only use numbers) 5000

Briefly describe the purpose and objectives of your organization and mission statement (limit to 500 words).

The mission of The Hearth is to cultivate compassion, increase awareness of inequalities, celebrate individual expression, and build a sense of community through the creative use of personal narratives. The Hearth develops public gatherings in which people explore, hone, and share stories from what they have lived. The Hearth has been particularly able to utilize personal storytelling for positive social impact. The Hearth has developed a set of tools, experience, and expertise in helping communities heal from trauma, deepen awareness around racial and social conflicts, and mobilize local people to address injustices.

The Hearth has worked with a variety of nonprofits and community-based organizations across the United States and the United Kingdom including the Oregon Department of Human Resources, Austin Theological Seminary, The Ford Family Foundation, The Greenbelt Festival, Asante Hospice Services, The Boys and Girls Club, Geos Institute, The Wild Goose Festival, and over twenty nonprofits within Southern Oregon.

Briefly describe how the City grant would be used and how your activities meet the eligibility criteria in the 2012 policy for Economic Development, Cultural, Tourism, and Sustainability Grants which can be found at ashland.or.us/ECTSGrants (limit to 1,000 words).

ECTS grant funds will be used to develop The Hearth's Certificate in Community Storytelling training program into the basis for an Ashland- based Center for Community Storytelling Institute. The Certificate program is becoming the flagship training program of The Hearth, attracting participants from throughout Oregon and across the United States who help increase economic activity, tourism, jobs, and positive publicity for the City of Ashland. The Hearth is developing a series of additional trainings and events that coalesce with the Certificate program and provide more opportunities for in-person and online engagement in the face of an insecure and changing environment.

To enhance the reach of the Certificate in Community Storytelling Program that brings out-of-area participants to Ashland for multiple day stays, The Hearth requires additional funding to support program development, media creation and a new marketing initiative. A 2020 tourism grant will support:

- Program Development – changes in the fabric of our economy require The Hearth to develop new strategies for engaging visitors to Ashland, delivering arts and culture to broad audiences, diversifying our offerings to increase attendance and revenue, and reflecting appropriate cultural changes in our programs. This requires additional staff time to collaborate with our partners as well as local businesses and other industry experts.
- Marketing and Advertising – new outreach programs will require new marketing materials and advertising placements. The Hearth plans to reconfigure our website, create more promotional materials for a variety of national media outlets, increase social media advertising, and launch a full scale marketing program. All of our marketing will promote Ashland as the hub for The Hearth's Storytelling Training Institute.
- Program Delivery – The Hearth relies on over 100 registered volunteers, a cadre of contractors, and a small local staff to produce our programs. As we scale up, we will need to increase allotted hours for program coordination and implementation.

The Hearth received ECTS grants in 2018 and 2019 to launch, develop and market the Certificate program. In 2018-19, we exceeded original registration projections and welcomed 56 participants from 8 states for 8 cumulative days of training. In 2019-20, we had 40 registrants from 10 states set to attend the training in Ashland in April. COVID-19 stay at home restrictions meant that The Hearth had to pivot to bring this training online in 2020. We plan to offer a second cohort of the training starting online in winter 2020 and concluding with an in-person intensive in Ashland in Spring 2021; the next training will then kick off with an in-person intensive in Ashland, also in Spring 2021. We hope to bring people to Ashland in regular bursts for The Hearth's unique offerings that combine arts and culture with community building and social justice.

The Hearth believes that our work will play an important role in Ashland's post-COVID economic and social recovery. Hearth events are both artistically creative and enriching through community partnerships as well as personal and professional development. Our broad-based community events (with as many as 400 attendees per event) share local people's stories, feature local musicians, highlight sponsorships from grocers, wineries, small businesses and the AHS culinary program, and garner contributions for a featured nonprofit, linking the arts with the community. Our training programs bring people together in intimate settings to learn the elements of applied storytelling and integrate these participants with the Hearth community at large. These events create a sense of connection and belonging and enrich the overall quality of life for everyone involved and have expanded to draw participants from throughout the United States.

The Hearth celebrated its 10th anniversary in February with its largest community storytelling gathering ever, standing room only at Temple Emek Shalom. All of our local trainings and workshops have been filled to capacity since 2018. The Hearth maintains a national mailing list of more than 1700, a Facebook following of more than 1400, and a recent podcast launch garnered more than 750 downloads in just a few days (over 400 from outside of Southern Oregon!). Storytelling is on the rise nationally as a major cultural phenomenon, and The Hearth is becoming a magnet for people throughout the United States who want to learn more about this craft. Many of those people will travel to Ashland to attend The Hearth's trainings and events and will spend significant dollars at area lodging and eating establishments, boosting our hard hit tourism industry. Revenue generated from these visitors will be spent to help pay for operations as well as dollars paid to contractors, grocers, restaurants, suppliers, event facilities and other small businesses to produce the events that draw people to Ashland.

If your grant request is for date specific events, programs or activities, please enter those below using the format: program/event title; anticipated event start date; anticipated event end date; funding request. Use next question if more room is needed.

- Certificate in Community Storytelling program November 2020-March 2021
- Certificate in Community Storytelling program April 2021 - October 2021
- \$5,000 in funds requested for marketing and program development to bring participants to Ashland from outside of the area

Additional date specific events, programs or activities. Enter as: program/event title; anticipated event start date; anticipated event end date; funding request.

Please explain how you will measure success or desired outcomes, based on the Grant Reporting Section above.

Success for The Hearth lies in both in the quality of the programs delivered and hard data to measure the desired outcomes of our program. We anticipate that at least 50 percent of our training participants will attend from more than 50 miles away. Qualitative measures will be evaluated by survey, anecdotal feedback, and in person interview for select activities. Metrics for measuring success will include:

1. Attendance. All registrations will be tracked and will provide a breakdown of participants in the trainings, workshops and public events scheduled in Ashland during the grant period, with special attention to their demographics.
2. Marketing. We will conduct surveys at and after events to collect demographic and outreach data and to evaluate how successful marketing and advertising initiatives were and what collateral and tools were most effective in bringing participants to Ashland for our trainings and events.
3. Economic Activity. We will track how many overnight stays our trainings and events generated, what public spaces were rented for events, how much money was spent on catering and/or food service and restaurants, and the number of local small businesses patronized to purchase supplies and materials.
4. Tourism. Participants who come to our training intensives come from many different areas of the United States. We will track participant's place of origin, the length of participants' visit days before and after Hearth trainings, whether they brought spouses or other family members to Ashland, their experience of the area, and if they think they will return to Ashland in the future.

Tourism - Per the list of eligible Tourism activities above, please explain how your activities qualify (limit 250 words).

Hearth trainings and events attract people from all sectors: faith, education, health, business, nonprofit, as well as unaffiliated individuals. Over the past two years, we have had program registrations come from Alaska to New York, Texas to North Dakota, Minnesota to Louisiana, the rural outreaches of eastern Oregon to the crowded cities of southern California: a total of fifteen different states and more than thirty different counties. All of these visitors eat at local restaurants, book lodging at local establishments, attend entertainment or recreational offerings, and spend time shopping downtown. The Hearth provides an extensive list of local restaurants, lodging establishments, wineries, arts and theater groups to each out of town participant and encourages them to stay and play after trainings conclude. Last year, The Hearth brought large groups of participants to places like Luna Cafe, the Black Sheep and Bella Fiore for celebratory events; we drew on catering from Simple Cafe, Taqueria Picaro, Market of Choice, and Ashland Food Co-op. We are all interdependent, and The Hearth takes every opportunity to promote and support local businesses, nonprofits and arts organizations. Increasing our onsite events will draw more participants; increasing our online offerings will promote Ashland to new areas and participants. Free and reduced

fee online events and workshops will provide an onboarding process to attract new participants from across the country, many of whom will follow The Hearth and its activities in Ashland, translating to future visitors when travel restrictions are eased.

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

Our grant request takes into account that our options for individual fundraising may be more limited this year as people face economic challenges that may prohibit their philanthropy. We are hopeful that grant funders can help meet the funding needs expressed by nonprofit organizations as true reflections of their budgetary needs. That said, The Hearth will adjust its project accordingly if a smaller amount of ECTS funding is awarded:

- We will reduce or restrict the staffing hours allocated to program development and/or program coordination
- We will contract with fewer technical specialists to produce our marketing collateral and/or use student interns if possible.
- We will be more selective about our target marketing, potentially reducing the overall number of training-related visitors to Ashland.

Board Members

1. Name Davis Wilkins

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code) [REDACTED]
[REDACTED]

Occupation [REDACTED]

Title Board Chair

Term of Office (Start and End Dates in format MM/DD/YYYY) 01/01/2017 – 12/31/2020

2. Name Mark DiRienzo

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)
[REDACTED]

Occupation [REDACTED]

Title Treasurer

Term of Office (Start and End Dates in format MM/DD/YYYY)

01/01/2020 – 12/31/2022

3. Name Ben Bellinson

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Secretary

Term of Office (Start and End Dates in format MM/DD/YYYY)

01/01/2020 – 12/31/2022

4. Name Jill Yaconelli

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Member at large

Term of Office (Start and End Dates in format MM/DD/YYYY)

01/01/2020 – 12/31/2022

5. Name Emily Strong

Phone (XXX) XXX-XXXX [REDACTED]

Address (Street Address, City, State, Zip Code)

[REDACTED]

Occupation [REDACTED]

Title Board member at large

Term of Office (Start and End Dates in format MM/DD/YYYY)

01/01/2017 – 12/31/2020

Organizational Client Demographic

Organization The Hearth

Program/Event Name Center for Community Storytelling

For the Twelve-Month Period of (MM/YYYY to MM/YYYY) 07/2020 - 06/2021

Percentage of Youth 0 to 17 years (only use numbers) 5

Percentage of Adult 18 to 39 years (only use numbers) 40

Percentage of Adult 40 to 64 years (only use numbers) 40

Percentage of Adult 65 and over (only use numbers) 10

Unknown (only use numbers) 5

Customer Age Total 100

Ashland (only use numbers) 75

Rogue Valley (only use numbers) 25

Other (only use numbers)

Staff Residence Total 100

Ashland (only use numbers) 20

Rogue Valley (only use numbers) 20

Other (within 50 miles) (only use numbers) 10

Other (greater than 50 miles) (only use numbers) 50

Customer Residence Total 100

Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? (only use numbers) 60

Grant Program Budget

Program/Event Name for Project Period July 1, 2020 to June 30, 2021 Center for Community Storytelling Institute

Source: City of Ashland Grant Funds - Funding Title City of Ashland Tourism Grant

Source: City of Ashland Grant Funds - Funding Amount (only use numbers)

5000

Source: Jackson County Funds/Identify - Funding Title

Source: Jackson County Funds/Identify - Funding Amount (only use numbers)

Source: State Funds/Identify - Funding Title

Source: State Funds/Identify - Funding Amount (only use numbers)

Source: Federal Funds/Identify - Funding Title

Source: Federal Funds/Identify - Funding Amount (only use numbers)

Source: Other Funds/Identify - Funding Title Foundation grants (secured) - The Ford Family Foundation and Carpenter Foundation

Source: Other Funds/Identify - Funding Amount (only use numbers) 54000

Source: Other Funds/Identify - Funding Title Oregon Humanities (secured)

Source: Other Funds/Identify - Funding Amount (only use numbers) 7500

Source: Other Funds/Identify - Funding Title Tuition and fundraising (partially secured)

Source: Other Funds/Identify - Funding Amount (only use numbers) 43300

Total Revenue/Funding Amount (only use numbers) 109800

Total Salaries (only use numbers) 73000

Salaries: Percentage of Time to Project/Event (only use numbers) 100

Salaries Specific to Project/Event (only use numbers) 100

Total Benefits (only use numbers)

Benefits: Percentage of Time to Project/Event (only use numbers)

Benefits Specific to Project/Event

Total Project/Event-Specific Personnel Services (must equal sum of specific to project/event fields) 73000

1. Materials and Services Description Contract professional services (photography/videography/web design/sound engineers/designers/social media managers)

1. Materials and Services Amount (only use numbers) 13000

2. Description of Materials and Services Software / technology / audio/visual rental plus project supplies

2. Materials and Services Amount (only use numbers) 3800

3. Description of Materials and Services Advertising / promotion / space rental / event insurance

3. Materials and Services Amount (only use numbers) 5000

4. Description of Materials and Services TFFF grant funded scholarships for rural community builders

4. Description of Materials and Services 15000

Total Project/Event Specific Materials and Services (must equal sum of materials and services amount fields) 109800

Signature

I have submitted my organization's most recent Form 990 IRS filing (summary page only), 501(c) letter verifying non-profit status and corporate bylaws separately to natalie.thomason@ashland.or.us before the deadline. (Past grant recipients only need to submit the most recent Form 990 IRS filing). Yes

By checking below your organization acknowledges the statement above and will provide the documents requested prior to receiving funding? Yes

Signature (Type Full Name) Karen Carnival

Title Operations Director

Organization The Hearth



Center for Community Storytelling Institute ECTS Grant Budget 2020

REVENUE	Amount	% of Budget
City of Ashland Grant Funds	\$10,000	9%
Jackson County Funds	\$0	0%
State Funds	\$0	0%
Federal Funds	\$0	0%
Other funds: The Ford Family Foundation grant	\$50,000	46%
Other funds: Carpenter Foundation grant	\$4,000	4%
Other funds: Program Tuition	\$37,800	34%
Other funds: Hearth fundraising	\$8,000	7%
TOTAL REVENUE	\$109,800	100%
EXPENDITURES		
Personal Services		
Total Salaries	\$73,000	67%
Program Director/Teacher-Mark Yaconelli	\$58,000	53%
Program Coordinator	\$15,000	14%
Total Benefits	0	0%
Materials and Services		
Photography and Videography - contracts	\$5,000	5%
Web and Graphic Design - contracts	\$5,000	5%
Sound Engineers - contracts	\$2,000	2%
Online Teaching Software and Materials	\$800	1%
Social Media - Contracts	\$1,000	1%
Space Rental	\$1,500	1%
Audio/Visual Rental	\$500	0%
Event Insurance	\$800	1%
Supplies	\$2,500	2%
Advertising and Promotion	\$2,200	2%
Scholarships / tuition subsidies (TFFF grant funded)	\$15,000	14%
TOTAL MATERIALS AND SERVICES	\$36,300	33%
TOTAL EXPENDITURES	\$109,300	100%

THE HEARTH
400 MORTON STREET
ASHLAND, OR 97520

2019 Exempt Org. Return

Richard W. Brewster, CPA, PC
670 Superior Ct. #106
Medford, OR 97504
(541) 773-1885

RICHARD W. BREWSTER, CPA, PC

April 6, 2020

THE HEARTH
[REDACTED]

Dear Client:

Your 2019 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Enclosed is your 2018 Oregon CT-12 Charitable Report. Please sign the CT-12 on page two. There is a balance due of \$165.

Make your check payable to the "Oregon Department of Justice" and mail your return and payment on or before May 15, 2020 to:

CHARITABLE ACTIVITIES SECTION
OREGON DEPARTMENT OF JUSTICE
100 SW MARKET ST
PORTLAND, OR 97201-5702

Please be sure to call us if you have any questions.

Sincerely,

RICHARD W. BREWSTER, CPA

THE HEARTH

	2019	2018	DIFF
FORM 990-EZ REVENUE			
CONTRIBUTIONS, GIFTS, AND GRANTS.....	125,208	70,213	54,995
PROGRAM SERVICE REVENUE.....	74,371	74,365	6
TOTAL REVENUE.....	199,579	144,578	55,001
EXPENSES			
SALARIES AND EMPLOYEE BENEFITS.....	79,516	68,456	11,060
PROFESSIONAL FEES/PYMT TO CONTRACTORS....	15,930	30,973	-15,043
OCCUPANCY/RENT/UTILITIES/MAINTENANCE.....	3,545	1,475	2,070
PRINTING, PUBLICATIONS, AND POSTAGE.....	264	708	-444
OTHER EXPENSES.....	34,111	21,709	12,402
TOTAL EXPENSES.....	133,366	123,321	10,045
NET ASSETS OR FUND BALANCES			
EXCESS OR (DEFICIT) FOR THE YEAR.....	66,213	21,257	44,956
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	85,716	64,459	21,257
NET ASSETS/FUND BAL. AT END OF YEAR.....	151,929	85,716	66,213

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20____

2019

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

THE HEARTH
Name and title of officer

MARK YACONELLI

EXECUTIVE DIR.

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1 a Form 990 check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1 b _____
2 a Form 990-EZ check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2 b <u>199,579.</u>
3 a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b _____
4 a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b _____
5 a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5 b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

**Short Form
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

Department of the Treasury
Internal Revenue Service

▶ **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 _____, **2019, and ending** _____,

<p>B Check if applicable:</p> <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	<p>C</p> <p>THE HEARTH</p> <p>_____</p> <p>_____</p>	<p>D Employer identification number</p> <p>_____</p> <p>E Telephone number</p> <p>_____</p> <p>F Group Exemption Number</p> <p>▶ _____</p>
--	--	---

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ THEHEARTHCOMMUNITY.COM

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 _____

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

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. ▶ \$ 199,579.

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	125,208.
	2 Program service revenue including government fees and contracts	2	74,371.
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5 a Gross amount from sale of assets other than inventory	a	
	b Less: cost or other basis and sales expenses	5 b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5 c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a	
	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)	6 b	
c Less: direct expenses from gaming and fundraising events	6 c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d		
7 a Gross sales of inventory, less returns and allowances	7 a		
b Less: cost of goods sold	7 b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7 c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	199,579.	
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	79,516.
	13 Professional fees and other payments to independent contractors	13	15,930.
	14 Occupancy, rent, utilities, and maintenance	14	3,545.
	15 Printing, publications, postage, and shipping	15	264.
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16	34,111.
17 Total expenses. Add lines 10 through 16	17	133,366.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	66,213.
	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	85,716.
	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	151,929.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

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. SEE SCH O

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year?
35c 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
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?
38b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b 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?
40c 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.
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed OR

42a The organization's books are in care of MARK DIRIENZO
Located at
Telephone no.
ZIP + 4
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the United States?
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

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.
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

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. 46 Yes No 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. 47 Yes No X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48 Yes No X

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Yes No X

b If 'Yes,' was the related organization a section 527 organization? 49 b Yes No

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.'

Table with 5 columns: (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. All rows contain '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.'

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows contain '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. 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 Signature of officer: MARK YACONELLI, Date: EXECUTIVE DIR.

Paid Preparer Use Only Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions. X 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

THE HEARTH

Employer identification number

[REDACTED]

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		
(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'.)	51,275.	116,042.	3,518.	70,213.	125,208.	366,256.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	51,275.	116,042.	3,518.	70,213.	125,208.	366,256.
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).						0.
6 Public support. Subtract line 5 from line 4.						366,256.

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.	51,275.	116,042.	3,518.	70,213.	125,208.	366,256.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						366,256.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
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	100.00 %
15 Public support percentage from 2018 Schedule A, Part II, line 14.	15	100.00 %

16a **33-1/3% 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.

b **33-1/3% 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.

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.

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.

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.



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'.)						
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.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

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.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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**. ▶

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33-1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

b 33-1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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)? <i>If 'Yes,' answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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? <i>If 'Yes' to a, b, or c, provide detail in Part VI.</i>	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? <i>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.</i>	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? <i>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.</i>	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)? <i>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).</i>	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? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>	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.		Yes	No
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? <i>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.</i>	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? <i>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.</i>	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? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b		

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).

BAA

Schedule A (Form 990 or 990-EZ) 2019

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			

BAA



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.)

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

THE HEARTH

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

Form 990-PF

[] 527 political organization

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check 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

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% 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

Employer identification number

THE HEARTH

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FORD FAMILY FOUNDATION ----- ----- ----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	OREGON COMMUNITY FOUNDATION ----- ----- ----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CITY OF ASHLAND ----- ----- ----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	OREGON CULTURAL TRUST ----- ----- ----- ----- -----	\$ 32,851.	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.)

Name of organization
THE HEARTH

Employer identification number

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.) ▶ \$ _____ N/A
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
	N/A		

(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)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

THE HEARTH

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION.....	\$	1,864.
BANK FEES.....		544.
DEPRECIATION.....		27.
DONATIONS MADE.....		3,900.
EVENTS.....		649.
FUNDRAISER EXPENSES.....		1,599.
INSURANCE.....		2,105.
MEALS & ENTERTAINMENT.....		4,007.
SOUND ENGINEER.....		825.
STATE FEES.....		234.
SUPPLIES.....		9,974.
TRAVEL.....		700.
VIDEO ENGINEER.....		2,087.
WEB DESIGN & MAINT.....		5,596.
TOTAL	\$	<u>34,111.</u>

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
MACHINERY AND EQUIPMENT.....	\$ 326.	\$ 299.
PREPAID EXPENSES AND DEFERRED CHARGES.....	0.	14,002.
TOTAL	<u>\$ 326.</u>	<u>\$ 14,301.</u>

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE HEARTH IS A NON-PROFIT ORGANIZATION IN SOUTHERN OREGON THAT CREATES COMMUNITY EVENTS THAT EMPLOY PERSONAL STORIES, SONG, AND SERVICE TO STRENGTHEN LOCAL COMMUNITY. IT OFFERS A PILOT TRAINING PROGRAM TO ASSIST OTHER SMALL AND MID-SIZE COMMUNITIES IN DEVELOPING THEIR OWN LOCAL COMMUNITY STORYTELLING PROGRAMS.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

COMMUNITY EVENTS THAT EMPLOY PERSONAL STORIES, SONG, AND SERVICE TO STRENGTHEN LOCAL COMMUNITY. AT EACH HEARTH GATHERING, SIX COMMUNITY MEMBERS (RECEPTIONISTS, BUSINESS OWNERS, TEACHERS, LABORERS, ETC.) ARE INVITED TO SHARE A TRUE STORY, TOLD FIRST-PERSON, IN TEN MINUTES, IN FRONT OF A LIVE AUDIENCE.

Name of the organization

Employer identification number

THE HEARTH



FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

THE HEARTH

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
MACHINERY AND EQUIPMENT																
1	COMPUTER	3/07/14		815							815	489	S/L	5		27
	TOTAL MACHINERY AND EQUIPME			815		0	0	0	0	0	815	489				27
	TOTAL DEPRECIATION			<u>815</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>815</u>	<u>489</u>				<u>27</u>
	GRAND TOTAL DEPRECIATION			<u>815</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>815</u>	<u>489</u>				<u>27</u>