All Copy



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220 MARKET AVENUE, SOUTH • SUITE 700 CANTON, OHIO 44702

PHONE 330 . 453 . 7633 FAX 330 . 453 . 9366

Michelle Charles, Executive Director Canton Symphony Orchestra Association 2331 17th Street NW Canton, OH 44708

Dear Michelle,

Enclosed are the following income tax returns prepared on behalf of Canton Symphony Orchestra Association for the year ended June 30, 2020.

2019 990-T - Exempt Organization Business Income Tax Return

2019 990 - Return of Organization Exempt from Income Tax

2019 8879-EO - IRS E-file Signature Authorization Form

2019 Schedule A - Public Charity Status and Public Support

2019 Schedule B - Schedule of Contributors

2019 Schedule D - Supplemental Financial Statements

2019 Schedule M - Noncash Contributions

2019 Schedule O - Supplemental Information to Form 990 or 990EZ

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

The Ohio Verification Annual Report has been filed electronically on your behalf. Paper check payments are no longer accepted for filing or late fees. Please login to your Ohio Attorney General Charitable Registration account to pay the amount due of \$200 by e-check or credit card. If you have not already done so, you may need to create an account on the Ohio Attorney General website to submit payment.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

S. Franklin Arner, CPA
Partner
HALL, KISTLER & COMPANY LLP

Enclosures

Canton Symphony Orchestra Association Instructions for Filing Form 990-T 990-T - Exempt Organization Business Income Tax Return For the year ended June 30, 2020

The original return should be signed (using full name and title) and dated on page 2 by an authorized officer of the organization.

File the signed return by November 16, 2020 with:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

There is no tax due with the filing of this return.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

No estimated tax payments for 2020 will be required, nor will you be subject to underpayment penalties because you have no 2019 tax liability.

Canton Symphony Orchestra Association Instructions for Filing Form 8879-EO IRS e-file Signature Authorization for Form 990 For the year ended June 30, 2020

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

HALL, KISTLER & COMPANY LLP 220 MARKET AVENUE SOUTH - SUITE 700 CANTON OH 44702-2100

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before November 16, 2020. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

► Go to www.irs.gov/Form8879EO for the latest information.

J a _ a . .	-		
. 2019. and ending		. 20	20

For calendar year 2019, or fiscal year beginning 07/01

▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization CANTON SYMPHONY ORCHESTRA ASSOCIATION Employer identification number 34-6533119

Name and title of officer

MICHELLE CHARLES, PRESIDENT & CEO

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 Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,166,127
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5).		
5a	Form 8868 check here 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 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.

nl	y	1
)	nl	nly

Χ	I authorize	HALL,	KISTLER	&	COMPANY	LLP		to enter my PIN	6 8	3	1	6	as my signature
			ER	O firı	m name				Enter fiv				t
	on the oras	anization's	tax vear 2019 (عادر	tronically filed	return	If I hav	e indicated within this	retur	n tha	at a d	onv	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 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 ▶

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 Inspection

A F	or th	e 2019	calendar year, or tax year beginning	07/01, 2019	, and end	ling	_	06/3	30, 20	20	
			C Name of organization				D Employer ider	ntification	n numb	er	
B c	heck if a	pplicable:	CANTON SYMPHONY ORCHES	STRA ASSOCIATION			34-6533	3119			
	Addre	ess	Doing business as				1				
	7 '	e change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/su	ite	E Telephone nur	mber			
	+	l return	2331 17TH STREET NW				(330) 45	2-343	34		
	-⊦	return/	City or town, state or province, country, a	and ZIP or foreign postal code			(333)				
	termi Amer	nated nded	CANTON, OH 44708	oo.o.g., p.o.o.			G Gross receipts	· c	1	173	,023.
	retur Appli	n cation	F Name and address of principal officer:	MICHELLE CHARLES			H(a) Is this a grou			Yes	X No
	pend		2331 17TH STREET NW, (subordinates	?	\vdash		
_	_					l	H(b) Are all subord			Yes	No
		empt st) (insert no.) 4947(a)(1)	or	527	-	ach a list. (•	uctions)	
_		ite: 🕨			1.		H(c) Group exemp				
				Association Other	L Ye	ear of forma	tion: 1938 M :	State of le	egal don	nicile:	OH
Pa	art I		ımmary								
	1	Briefly	y describe the organization's mission o	r most significant activities: PERFO	RMANCE	OF CU	JLTURAL AN	D EDU	CATI	ONAI	
Se		MUS	IC PERFORMANCES FOR ADUI	TS AND SCHOOL CHILDRE	IN.						
nan											
Governance	2	Check	k this box 🕨 🔙 if the organization d	iscontinued its operations or dispos	ed of more	e than 25%	6 of its net assets	3.			
တိ	3	Numb	per of voting members of the governing	body (Part VI, line 1a)				3			18.
حة س	4		per of independent voting members of t					4			18.
ij	5		number of individuals employed in cale					5			230.
Activities &	6		number of volunteers (estimate if necess					6			185.
ĕ	7a		unrelated business revenue from Part V					7a		26,	076.
			nrelated business taxable income from					7b			
				,			Prior Year		Curr	ent Ye	ear
_	8	Contri	ibutions and grants (Part VIII, line 1h)				960,05	1.		772,	472.
Revenue	9		am service revenue (Part VIII, line 2g)				273,70	7.		228,	440.
e ve	10		tment income (Part VIII, column (A), line				100,51				702.
ž	11		revenue (Part VIII, column (A), lines 5,				98,53				513.
	12		revenue - add lines 8 through 11 (must				1,432,80		1.		127.
	13		s and similar amounts paid (Part IX, colu				, - ,	0.			0.
	14		fits paid to or for members (Part IX, colu					0.			0.
	15		es, other compensation, employee bene			I	1,031,53	7.		916.	926.
Expenses			ssional fundraising fees (Part IX, column				1,001,00	0.		, _ ,	0.
ben	l					• •		-			
Ä			fundraising expenses (Part IX, column (I			_	798,14	6		555	753.
	17		expenses (Part IX, column (A), lines 11				1,829,68				679.
			expenses. Add lines 13-17 (must equal				-396,87				552.
- v	19	Rever	nue less expenses. Subtract line 18 from	1 line 12							
Net Assets or Fund Balances							nning of Current Y			of Yea	928.
sse	20		assets (Part X, line 16)				8,600,01				
nd A	21		liabilities (Part X, line 26)				159,77				103.
Z	22		ssets or fund balances. Subtract line 21	from line 20			8,440,23	/ ·	8,	∠53,	825.
	rt II		gnature Block								
Und	der pe e, corre	nalties c ect, and	of perjury, I declare that I have examined thi complete. Declaration of preparer (other than	is return, including accompanying sched officer) is based on all information of wh	dules and si nich prepare	tatements, a er has any k	and to the best of nowledge.	my knov	wledge a	and be	lief, it is
							11/1	2 / 0 0 0			
Sig	n	-	Signature of officer				Date	3/202			
He		•	•	DDEGID		GE O	Date				
		_	MICHELLE CHARLES	PRESID	ENT. &	CEO					
		·	Type or print name and title	Propararia aignatura	Data			if PTIN	.1		
Paic	ı		/Type preparer's name	Preparer's signature S. FRANKLIN ARNER CPA	Date		Check	"		0050	4
	oarer	S. I	MAINTH ARREN CFA				self-employe		P0019		4
	Only	Firm's	sname ▶HALL, KISTLER & C	OMPANY LLP			Firm's EIN ▶ 3				
		Firm's	s address >220 MARKET AVENUE SOUTH -				1 110110 1101	30-45			
_			liscuss this return with the preparer	·)			<u> </u>	X Ye		No
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions.					Form	990	(2019)

Page 2 Form 990 (2019)

P	art III	Statement of Program Service Check if Schedule O contains a	Accomplishments response or note to any line in this Part	III	
1	•	escribe the organization's missio			
	AND S	CHOOL CHILDREN.			
2	Did the	organization undertake any sign	ificant program services during the yea	ar which were not listed on	
		rm 990 or 990-EZ? describe these new services on \$	Schedule O.		Yes X No
3	services		g, or make significant changes in h dule O.		am Yes X No
4	expense	s. Section 501(c)(3) and 501(c)	ervice accomplishments for each of it 1(4) organizations are required to report each program service reported.		
4a	(Code:		936,850. including grants of \$_CACH, AND POPS CONCERTS. PR		177,840.
		· -	ITY PERFORMANCE OF LIVE MU		
			OURCE FOR PRIMARILY ADULT		
		DING INTRODUCTION OF AL RMANCES FOR 10,159 PEOF	DULTS TO CLASSICAL MUSIC. 1	3	
4b	(Code:		169,704. including grants of \$		24,524.
			S CONCERT, KINDER CONCERTS YOUTH SYMPHONY. THESE PERFO		
		· · · · · · · · · · · · · · · · · · ·	IRCE TO SCHOOL CHILDREN IN 1		
			RUMENTS WORK, SOUND, AND P		
			IR FIRST EXPOSURE TO CLASS		
	30 PEI	F. FOR 7,869 PEOPLE.			
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other p	ogram services (Describe on Sches\$ including gr	•	, \$	
40	<u> </u>	ogram service expenses	1,106,554.	·Ψ)	
JSA			,		Form 990 (2019)
961	020 2.000 739	387 2740 11/4/2020 1	0:49:43 AM V 19-7.5F		PAGE

Form 990 (2019) Page 3

Part	Checklist of Required Schedules		V	Na
4	In the expenientian described in section E01(a)(2) or 4047(a)(4) (other than a private foundation)? If "Vec"		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	х	
2	complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		21	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4		3		21
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		21
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	5		
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			
		_		Х
7	"Yes," complete Schedule D, Part I	6		21
′		7		Х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			21
0		8		Х
9	complete Schedule D, Part III	0		21
9	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	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
• •	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	15		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	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		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	18		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	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Ves." complete Schedule I, Parts I and II	21		X

Form 990 (2019) Page 4

Part	Checklist of Required Schedules (continued)		V	N.
00	Did the consequent are at the OF 000 of secretary at the confer described in dividuals		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
_ u	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
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? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		Х
20	persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		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.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	0.51		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		Х
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Page 5 Form 990 (2019)

Par	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. 230			
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	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	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).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
h	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).	-		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		Х
4	If "Yes," indicate the number of Forms 8282 filed during the year			
		7e		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
-	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · ·	14b		
	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		
	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		
	If "Yes," complete Form 4720, Schedule O.			

Page 6

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

Sect	ion A. Governing Body and Management			
			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year			
ıa	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
D	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		X
_	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct			X
	supervision of officers, directors, 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		^
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	l_		x
	one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		v
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		37	
а	The governing body?	8a	X	37
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			3.7
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.) Yes	
			res	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		v	
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		37	
	describe in Schedule O how this was done	12c	X	-
13	Did the organization have a written whistleblower policy?	13	Х	37
14	Did the organization have a written document retention and destruction policy?	14		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?		v	
а	The organization's CEO, Executive Director, or top management official	15a	X	v
b	Other officers or key employees of the organization	15b		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			v
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	4.01		
Cast	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ OH,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Γ (Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inte	est p	oolicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record CANTON SYMPHONY ORCHESTRA 2331 17TH STREET NW CANTON, OH 44708 (330) 452-3434	ds 🕨		

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

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

Check this box if neither	the organization nor	anv related	l organization	compensated	any current office	r. director. or trustee.

(A) Name and title	(B) Average hours per week	box,	unles	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)MICHELLE CHARLES	40.00									
PRESIDENT & CEO	0.	Х		Х				77,906.	0.	0
(2) JANET B. BAKER	.50									
RECORDER	0.	Х		Х				0.	0.	0
(3) WILLIAM P. BLAIR III	.50									
TRUSTEE	0.	Х						0.	0.	0
(4)LINDA M. CASEY	.50									
CHAIR - ADMINISTRATION	0.	Х						0.	0.	0
(5) JENNIFER GEORGE	.50									
TRUSTEE	0.	Х						0.	0.	0
(6) JEFFREY A. HALM	.50									
CHAIR - INVESTMENTS	0.	Х						0.	0.	0
(7) DR. STEPHEN P. JOHNSON	.50									
TRUSTEE	0.	X						0.	0.	0
(8) ROBERT L. LEIBENSPERGER	.50									
CHAIR - FACILITIES	0.	X						0.	0.	0
(9) WILLIAM A. MADDOX	.50									
TRUSTEE	0.	X						0.	0.	0
(10) GAIL I MARTINO	.50									
CHAIR	0.	X						0.	0.	0
(11) ROBERT PORTER	.50									
CHAIR - MARKETING AND DEVELOPM	0.	X						0.	0.	0
(12) DONNA LEIBENSPERGER	.50									
TRUSTEE	0.	X						0.	0.	0
(13) JOHN ABBOTT	.50									
CHAIR - EDUCATION	0.	X						0.	0.	0
(14) LAUREN CAPO	.50									
TRUSTEE	0.	Х						0.	0.	0

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Part VII Section A. Officers, Directors, True		y ∟ n	plo			and H	ııgl					
(A)	(B)			(0				(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles er and	heck ss pe d a d	rson lirect	e than or	an ee)	Reportable compensation from the	Reportable compensation from related organizations	am comp	timated ount of other pensatio	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anizatior I related nization	ı
15) ALLISON JACOB	.50											
TRUSTEE	0.	Х						0	0.			0
6) JOSEPH JADICK	.50											
TRUSTEE	0.	X						0	0.			0
L7)	.50											
TRUSTEE	0.	Х						0	0.			0
L8) TERRY ORCUTT	.50	,										_
TRUSTEE 19) KATHY SMITHBERGER	.50	X						0	0.			0
TREASURER	0 .	X		Х				0	0.			C
	 											
												
1h Sub total							_	77,906.	0.			0 .
1b Sub-total c Total from continuation sheets to Part VII, S								0.	0.			0.
d Total (add lines 1b and 1c)	-							77,906.	0.			0.
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				re		\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	. If	"Yes	,"	complete Schedu	le J for such	4		X
5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i>										5		Х
Section B. Independent Contractors			1					hat maaab ood oo				
 Complete this table for your five highest com- compensation from the organization. Report of 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 in compensation from the organization \blacktriangleright 0.

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Part VIII Statement of Revenue

(B) (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Membership dues Fundraising events 1c Related organizations Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above ... 772,472 1f g Noncash contributions included in 32,380 lines 1a-1f. 1g \$ Total. Add lines 1a-1f 772,472 **Business Code** Program Service Revenue ADMISSIONS 900099 177,840 177,840 900099 24.524 24.524 EDUCATIONAL FEES h 541800 26,076. PROGRAM ADVERTISING 26,076. d е All other program service revenue 228,440. Total. Add lines 2a-2f Investment income (including dividends, interest, and 96,702 96.702 0. 4 Income from investment of tax-exempt bond proceeds . 5 0. (ii) Personal (i) Real 8,004 Gross rents 6a **b** Less: rental expenses 6b Rental income or (loss) 6c 8,004 d Net rental income or (loss) . . 8,004 (ii) Other Gross amount from (i) Securities sales of assets other than inventory 7a b Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) 7c 0. d Net gain or (loss) income from fundraising 8a Gross events (not including \$ _ of contributions reported on line 14.391. 1c). See Part IV, line 18 8a 6,896 8b **b** Less: direct expenses 7,495 c Net income or (loss) from fundraising events. 9a Gross income from gaming 0. activities. See Part IV, line 19 0. 9b **b** Less: direct expenses 0. c Net income or (loss) from gaming activities. \triangleright 10a sales of inventory, Ω returns and allowances 0. Net income or (loss) from sales of inventory 0. **Business Code** Miscellaneous Revenue MISCELLANEOUS 900099 53.014 53,014 11a b All other revenue 53,014. Total, Add lines 11a-11d Total revenue. See instructions 26,076. 1,166,127. 255,378. 96,702. 12

34-6533119

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).

	ule O contains a respo	· ·		is mast complete colui	
Do not include amounts repo	<u> </u>				(D)
8b, 9b, and 10b of Part VIII.	orted on lines ob, 7b,	(A) Total expenses	(B) Program service	(C) Management and	Fundraising
			expenses	general expenses	expenses
 Grants and other assistance to and domestic governments. Se 	•	0.			
2 Grants and other assist individuals. See Part IV, line		0.			
3 Grants and other ass	sistance to foreign				
organizations, foreign gove	~				
individuals. See Part IV, line		0.			
4 Benefits paid to or for mem	nbers	0.			
5 Compensation of curren trustees, and key employee		77,906.		77,906.	
6 Compensation not included	above to disqualified				
persons (as defined under s	section 4958(f)(1)) and				
persons described in section 49	958(c)(3)(B)	0.			
7 Other salaries and wages _		749,265.	675,856.	54,529.	18,880.
8 Pension plan accruals and	contributions (include				
section 401(k) and 403(b) e	employer contributions)	19,891.	18,747.	1,144.	
9 Other employee benefits .		23,102.	17,709.	5,157.	236.
10 Payroll taxes		46,762.	35,746.	9,445.	1,571.
11 Fees for services (nonemple	oyees):				
a Management		0.			
b Legal		968.		968.	
c Accounting		11,625.		11,625.	
d Lobbying		0.			
e Professional fundraising service	es. See Part IV, line 17.	0.			
f Investment management fe	ees	27,598.		27,598.	
g Other. (If line 11g amount exce	eeds 10% of line 25, column				
(A) amount, list line 11g expenses o	n Schedule O.)	0.			
12 Advertising and promotion		123,645.	123,645.		
13 Office expenses		13,591.		13,591.	
14 Information technology		42,545.		42,545.	
15 Royalties		0.			
16 Occupancy		37,475.	6,300.	31,175.	
17 Travel		15,617.	8,772.	6,845.	
18 Payments of travel or ent	tertainment expenses				
for any federal, state, or lo	ocal public officials	0.			
19 Conferences, conventions,	and meetings	0.			
20 Interest		1,188.		1,188.	
21 Payments to affiliates		0.	4.54 0.50		
22 Depreciation, depletion, ar	nd amortization	157,103.	151,978.	5,125.	
23 Insurance		10,072.		10,072.	
24 Other expenses. Itemize e	expenses not covered				
above (List miscellaneous ex					
line 24e amount exceeds 10	·				
(A) amount, list line 24e exp	penses on Schedule O.)	67.001	67.001		
a CONCERT EXPENSES		67,801.	67,801.	0.755	
bMISCELANEOUS EXPE		9,755.		9,755.	
cTELEPHONE EXPENSE	<u> </u>	8,349.		8,349.	
dBANK FEES		9,611.		9,611.	2 002
e All other expenses		18,810.	1 106 EEA	14,987.	3,823.
25 Total functional expenses. A26 Joint costs. Complete the		1,472,679.	1,106,554.	341,615.	24,510.
organization reported in c from a combined educat fundraising solicitation. Che	column (B) joint costs tional campaign and eck here if				
following SOP 98-2 (ASC 9	958-720)	0.			

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Part X Balance Sheet

2 Savings and temporary cash investments.			Check if Schedule O contains a response or note to any line in this P	art X		
2 Savings and temporary cash investments.						
189,425. 3 167,955. 4 169,955. 4 169,955. 4 169,955. 4 169,955. 5 169,9		1	Cash - non-interest-bearing	74,609.	1	274,202.
4 Accounts receivable, net. 5,886. 4 0. 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0. 5 0. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 0. 6 0. 7 Notes and loans receivable, net 0. 7 0. 8 Inventories for sale or use 0. 8 0. 9 Prepaid expenses and deferred charges ATCH 1. 2,592. 9 8,508. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5,286,554. b Less: accumulated depreciation 10b 1,375,467. 4,068,190. 10c 3,911,087. 11 Investments - publicity traded securities ATCH 2. 4,251,205. 11 4,161,295. 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 8,107. 15 7,881. 16 Total assets. Add lines 1 through 15 (must equal line 33) 8,600,014 16 8,530,928. 17 Accounts payable and accrued expenses 54,262. 17 47,599. 18 Grants payable 0. 18 0. 19 0. 10 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		2	Savings and temporary cash investments		2	0.
4 Accounts receivable, net. 5,886. 4 0. 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . 0. 5 0. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(11), and persons described in section 4958(c)(3)(B). 0. 6 0. 7 Notes and loans receivable, net. 0. 7 0. 8 Inventories for sale or use. 0. 8 0. 9 Prepaid expenses and deferred charges ATCH 1 2,592. 9 8,508. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . 10a 1,375,467. 4,068,190. 10c 3,911,087. 11 Investments - publicly traded securities. ATCH 2 4,251,205. 11 4,161,295. 12 Investments - other securities. See Part IV, line 11 0. 13 0. 13 Investments - program-related. See Part IV, line 11 8,107. 15 7,881. 15 Other assets. See Part IV, line 11 8,007. 15 7,881. 16 Total assets. Add lines 1 through 15 (must equal line 33) 8,600,014 16 8,530,928. 17 Accounts payable and accrued expenses. 54,262. 17 47,599. 18 Grants payable . 0. 18 0. 18 0. 20 0. 0. 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 0. 21 0. 22 0. 22 0. 23 Secured mortgages and notes payable to unrelated third parties. 0. 24 0. 25 0. 25 0. 0. 5 0. 5 0. 5 0. 5 0. 5		3	Pledges and grants receivable, net	189,425.	3	167,955.
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		4		5,886.	4	0.
controlled entity or family member of any of these persons. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 7 Notes and loans receivable, net. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D. 10 Less: accumulated depreciation. 11 Investments - publicly traded securities. 12 Investments - other securities. See Part IV, line 11. 13 Investments - program-related. See Part IV, line 11. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33). 17 Accounts payable and accrued expenses. 18 Grants payable. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 10 Captal liabilities (including federal income tax, payables to related third parties, and other liabilities included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. 27 Intal liabilities. Add lines 17 through 25. 28 Total liabilities. Add lines 17 through 25. 29 Total liabilities. Add lines 17 through 25. 20 Total liabilities. Add lines 17 through 25.		5				
controlled entity or family member of any of these persons			· · · · · · · · · · · · · · · · · · ·			
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 7 Notes and loans receivable, net. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10b Less: accumulated depreciation. 10b 1,375,467. 11 Investments - publicly traded securities. 12 Investments - program-related. See Part IV, line 11. 13 Investments - program-related. See Part IV, line 11. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33). 17 Accounts payable and accrued expenses. 18 Grants payable. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 10 A Total liabilities. 11 Cother liabilities (including federal income tax, payables to related third parties. 22 Other liabilities (including federal income tax, payables to related third parties. 23 Cother liabilities. (including federal income tax, payables to related third parties. 24 Other liabilities (including federal income tax, payables to related third parties. 25 Other liabilities. (including federal income tax, payables to related third parties. 26 Total liabilities. Add lines 17 through 25. 27 Total liabilities. Add lines 17 through 25. 28 Total liabilities. Add lines 17 through 25. 29 Total liabilities. Add lines 17 through 25. 20 Total liabilities. Add lines 17 through 25.			controlled entity or family member of any of these persons	0.	5	0.
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 7 Notes and loans receivable, net		6	Loans and other receivables from other disqualified persons (as defined			
7 Notes and loans receivable, net .				0.	6	0.
New networks New	ţ	7		0.	7	0.
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	se			0.	8	0.
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5 , 286 , 554 . 10b 1 , 375 , 467 . 4 , 068 , 190 . 10c 3 , 911 , 087 . 11 Investments - publicity traded securities	As	-	ľ	2,592.		8,508.
basis. Complete Part VI of Schedule D		_				
b Less: accumulated depreciation						
11 Investments - publicly traded securities. ATCH 2 4 , 251 , 205 11 4 , 161 , 295 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 8 , 107 15 7 , 881 16 Total assets. Add lines 1 through 15 (must equal line 33) 8 , 600 , 014 16 8 , 530 , 928 17 Accounts payable and accrued expenses 54 , 262 17 47 , 599 18 Grants payable 0 18 0 19 Deferred revenue ATCH 3 80 , 515 19 40 , 180 20 Tax-exempt bond liabilities 0 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 0 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 22 0 23 Secured mortgages and notes payable to unrelated third parties 25 ,000 23 189 ,324 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 0 26 Total liabilities. Add lines 17 through 25 159 ,777 26 277 ,103		h	badio. Complete Fait VI of Concadio B	4,068,190.	10c	3,911,087.
Investments - other securities. See Part IV, line 11.						
13 Investments - program-related. See Part IV, line 11.						0.
Intrangible assets. See Part IV, line 11			· · · · · · · · · · · · · · · · · · ·	0.	_	0.
15 Other assets. See Part IV, line 11						0.
16 Total assets. Add lines 1 through 15 (must equal line 33) 8,600,014. 16 8,530,928. 17 Accounts payable and accrued expenses 54,262. 17 47,599. 18 Grants payable. 0. 18 0. 19 Deferred revenue. ATCH 3 80,515. 19 40,180. 20 Tax-exempt bond liabilities. 0. 20 0. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0. 21 0. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 0. 22 0. 23 Secured mortgages and notes payable to unrelated third parties 25,000. 23 189,324. 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 0. 26 Total liabilities. Add lines 17 through 25 159,777. 26 277,103.			<u> </u>	8,107.		7,881.
Tax-exempt bond liabilities. Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. Secured mortgages and notes payable to unrelated third parties. 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. Total liabilities. Add lines 17 through 25.						
18 Grants payable						
Tax-exempt bond liabilities. Tax-exempt bond liabilities. Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. Secured mortgages and notes payable to unrelated third parties. Unsecured notes and loans payable to unrelated third parties. 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. Total liabilities. Add lines 17 through 25. ATCH 3 80,515. 19 40,180. 0. 21 0. 21 0. 22 0. 25,000. 23 189,324. 0. 24 0. 25 0. 26 159,777. 26 277,103.						0.
Tax-exempt bond liabilities. Tax-exempt bond liabilities. Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. Secured mortgages and notes payable to unrelated third parties. Unsecured notes and loans payable to unrelated third parties. 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. Total liabilities. Add lines 17 through 25.				80,515.	_	40,180.
Escrow or custodial account liability. Complete Part IV of Schedule D						0.
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				0.		0.
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	s		·			
23 Secured mortgages and notes payable to unrelated third parties	itie					
23 Secured mortgages and notes payable to unrelated third parties	ig			0.	22	0.
Unsecured notes and loans payable to unrelated third parties	Ë	23	to the state of th	25,000.	_	189,324.
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.
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			· · · · · · · · · · · · · · · · · · ·			
of Schedule D			· · · · · · · · · · · · · · · · · · ·			
26 Total liabilities. Add lines 17 through 25				0.	25	0.
V		26	· ·			277,103.
and complete lines 27, 28, 32, and 33. Net assets without donor restrictions. Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here	es		Organizations that follow FASB ASC 958, check here ► X	•		
28 Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here	lanc	27	•	4.839.854	27	4.613.083
Organizations that do not follow FASB ASC 958, check here	Ba		,			
H and complete lines 20 through 22	nnd		Organizations that do not follow FASB ASC 958, check here ▶		20	3,333,132
and complete lines 29 through 33.	or F	20	and complete lines 29 through 33.		20	
29 Capital stock or trust principal, or current funds	ţs		· · · · · · · · · · · · · · · · · · ·			
30 Paid-in or capital surplus, or land, building, or equipment fund	SSE		· · · · · · · · · · · · · · · · · · ·			
Retained earnings, endowment, accumulated income, or other funds	t A		· · · · · · · · · · · · · · · · · · ·	8 440 227		8,253,825.
32 Total net assets or fund balances	Se					8,530,928.
		၁၁	Total liabilities allu liet assets/fullu balalites	0,000,014.	33	Form 990 (2019)

Page **12** Form 990 (2019)

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			66,1	
2	Total expenses (must equal Part IX, column (A), line 25)					79.
3	Revenue less expenses. Subtract line 2 from line 1	3		-3	06,5	52.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			40,2	
5	Net unrealized gains (losses) on investments	5		1	20,1	40.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		8,2	53,8	325.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>	
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted or	n a			
	separate basis, consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	the			
	Single Audit Act and OMB Circular A-133?		↓	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

SCHEDULE A (Form 990 or 990-EZ)

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 Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

CANTON SYMPHONY ORCHESTRA ASSOCIATION

Employer identification number 34-6533119

Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions	
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desci	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated f	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org					I in conjunction with a	land-grant college
		or university or a non-land-	=			-		
		university:	0 0 0	,	,		, ,,	3
10	X	An organization that norma	Ilv receives: (1) m	ore than 331/3 % of its	support	from co	ntributions, membersh	nip fees, and gross
		receipts from activities rela	ted to its exempt f	unctions - subject to o	certain e	exception	s. and (2) no more tha	n 331/3% of its
		support from gross investmacquired by the organizatio						businesses
11		An organization organized	•		. , , , ,		,	
12		An organization organized	•	•	-			arry out the nurnoses
-		of one or more publicly su	•					• • • •
		Check the box in lines 12a t	· ·					
а			=				•	_
u	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.				ajointy of	the anothers of tracte	
b		Type II. A supporting org	-			with its	supported organization	on(s) by having
		control or management of	•				· · ·	
		organization(s). You must		-		o po.co.	io triat control of man	ago ino capportoa
С	Γ	Type III functionally integ			ited in co	onnectio	n with and functional	ly integrated with
·		its supported organization						iy intogratou witii,
d	Г	Type III non-functionally		•				ted organization(s)
_		that is not functionally inte			-			- ' '
		requirement (see instruct	-	- · · · · · · · · · · · · · · · · · · ·	-		•	
е		Check this box if the orga		-				I. Type III
_		functionally integrated, or						., .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
f	Er	nter the number of supported			-	_		
g		ovide the following information	_					
	(i) N	Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				above (see instructions))	Yes	No	instructions)	instructions)
/ A \								
(A)								
(B)								
(D)								
(C)								
(
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<i>,</i>								
(E)								
Tot	al							

Page 2 Schedule A (Form 990 or 990-EZ) 2019

Par	Complete only if you checke Part III. If the organization fai	d the box on	line 5, 7, or 8	of Part I or if t	he organization	on failed to qua	
Sec	tion A. Public Support					,	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5 6	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) Public support. Subtract line 5 from line 4						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	.,					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup	port Percenta	ige				
14	Public support percentage for 2019 (li	ne 6, column (f) divided by line	11, column (f)),		14	<u>%</u>
15	Public support percentage from 2018						<u>%</u>
16a	331/3% support test - 2019. If the org						
_	box and stop here. The organization quantum and stop here.	-		_			
b	331/3% support test - 2018. If the org						
4	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2		_				
	10% or more, and if the organization Part VI how the organization meets t					-	•
	organization			_	· ·		
b	10%-facts-and-circumstances test - 2						
~	15 is 10% or more, and if the organic		-				
	Explain in Part VI how the organization						-
	supported organization				_	-	
18	Private foundation. If the organization						
	instructions						▶ 📖

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page 3

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

(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.)

Sec	tion A. Public Support						
Caler	ndar 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.")	731,200.	1,266,888.	1,074,458.	960,051.	772,472.	4,805,069.
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	302,790.	312,660.	350,118.	273,707.	228,440.	1,467,715.
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	1,033,990.	1,579,548.	1,424,576.	1,233,758.	1,000,912.	6,272,784.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	499,167.	809,620.	677,846.	452,733.	477,914.	2,917,280.
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.
С	Add lines 7a and 7b	499,167.	809,620.	677,846.	452,733.	477,914.	2,917,280.
8	Public support. (Subtract line 7c from						
	line 6.)						3,355,504.
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	1,033,990.	1,579,548.	1,424,576.	1,233,758.	1,000,912.	6,272,784.
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources	183,421.	118,134.	94,241.	100,512.	96,702.	593,010.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
	Add lines 10a and 10b	183,421.	118,134.	94,241.	100,512.	96,702.	593,010.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	14,163.	7,873.	12,016.	11,160.	0.	45,212.
12	Other income. Do not include gain or						
	loss from the sale of capital assets			110 50-	22 555	50 515	400.00
40	(Explain in Part VI.) ATCH 1	76,685.	66,128.	113,521.	98,539.	68,513.	423,386.
13	Total support. (Add lines 9, 10c, 11,	1 200 255	1 852 605	1 644 55:	1 (10 000	1 155 10-	U 224 245
4.4	and 12.)	1,308,259.	1,771,683.	1,644,354.	1,443,969.	1,166,127.	7,334,392.
14	First five years. If the Form 990 is for	-					
500	organization, check this box and stop here.						
	tion C. Computation of Public Supp			nn (f))		45	45.75%
15	Public support percentage for 2019 (line 8,	• •	•			15	47.72%
16	Public support percentage from 2018 Sche					16	47.72%
	tion D. Computation of Investment			2 aslu (0)		47	8.09%
17	Investment income percentage for 2019 (lin	,	•			17	
18	Investment income percentage from 2018 S				`	18	9.59%
19 a	331/3% support tests - 2019. If the or	_					
	17 is not more than 331/3%, check thi	-	-	•			
b	331/3% support tests - 2018. If the orga						
	line 18 is not more than 331/3%, check		-				. —
20	Private foundation. If the organization of	uu not check a	pox on line 14.	. 19a. or 19b.	cneck this box	and see instruct	ions

Vas No

Schedule A (Form 990 or 990-EZ) 2019 Page 4

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

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

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Form	990 or	990-E2	Z) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page 5

				- 3
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	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		
	on B. Type I Supporting Organizations	110		
			Yes	No
4	Did the directors, trustees, or membership of one or more supported expenientions have the power to			
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.			
Soction	on C. Type II Supporting Organizations	2		
Secur	on 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		103	110
'	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	on D. All Type III Supporting Organizations			
1	Did the experiention provide to each of its composted experientions, by the local day of the fifth month of the		Yes	No
ı	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	on 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 ins	tructi	ons).	
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	Yes	
2	Activities Test. Answer (a) and (b) below.		162	NO
а	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.			
а	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		
	or no supported organizations: if test, describe in rait vi the role played by the organization in this regard.	JD		

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	a trust o	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		•
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	y integra	ated Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Page 7 Schedule A (Form 990 or 990-EZ) 2019

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish ex						
2	Amounts paid to perform activity that directly furthers exer	ed					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations				
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 resp	onsive				
	(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						
а	From 2014						
b	From 2015						
С	From 2016						
d	From 2017						
е	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: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
С	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						
<u> </u>	Excess from 2017						
d	Excess from 2018						
е	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page 8

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.)

				ATT	FACHMENT 1				
SCHEDULE A, PART III - OTHER INCOME									
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL			
SPECIAL FUNDRAISING	55,416.	39,041.	72,667.	49,592.	7,495.	224,211.			
ACTIVITIES-NET									
OTHER INCOME	16,823.	20,914.	36,391.	40,251.	53,014.	167,393.			
RENTAL INCOME	4,446.	6,173.	4,463.	8,696.	8,004.	31,782.			
TOTALS	76,685.	66,128.	113,521.	98,539.	68,513.	423,386.			

Schedule B (Form 990, 990-EZ, or 990-PF)

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

Department of the Treasury Internal Revenue Service **Employer identification number** Name of the organization CANTON SYMPHONY ORCHESTRA ASSOCIATION 34-6533119 Organization type (check one): Filers of: Section: X 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** \mid X \mid 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

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).

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) (2019)

Name of organization CANTON SYMPHONY ORCHESTRA ASSOCIATION

Employer identification number 34-6533119

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	ARTS IN STARK - FUNDS FOR THE ARTS 900 CLEVELAND AVE NW CANTON, OH 44702	\$329,300.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	MARK & BEVERLY BELGYA 8206 EDMUND CT NW MASSILLON, OH 44646	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	WILLIAM P BLAIR III 2738 GLENMONT RD NW CANTON, OH 44708	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	FAYE A. HESTON 2735 BRENTWOOD RD NW CANTON, OH 44708	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	THE HOOVER FOUNDATION 400 MARKET AVE N, SUITE 210 CANTON, OH 44702	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization CANTON SYMPHONY ORCHESTRA ASSOCIATION

Employer identification number 34-6533119

art I	Contributors	(see instructions).	Use duplicate copies	of Part I if additional	space is needed.
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(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
7	THE W. HENRY HOOVER FOUNDATION C/O KEYBANK BROOKLYN, OH 44144	\$17,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	ROBERT & DONNA LEIBENSPERGER 6849 CHILLINGSWORTH CIR NW CANTON, OH 44718	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	OHIO ARTS COUNCIL 30 EAST BROAD ST., 33RD FLOOR COLUMBUS, OH 43215	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10	RACHEL SCHNEIDER 2805 DEMINGTON AVE NW CANTON, OH 44718	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11	ADA C. & HELEN J. RANK CHARITABLE TRUST 4495 EVERHARD RD NW CANTON, OH 44718	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12	LEO & LINDA CASEY 4927 SHADY KNOLL NW MASSILLON, OH 44646	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization CANTON SYMPHONY ORCHESTRA ASSOCIATION

Employer identification number 34-6533119

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
13	CANTON REPOSITORY 500 MARKET AVE S CANTON, OH 44702	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	DARWIN L. STEELE 256 WOODRIDGE RD TALLMADGE, OH 44278	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	WENDLING FOUNDATION 4495 EVERHARD RD NW CANTON, OH 44718	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(5)	(4)
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
I			
No.	Name, address, and ZIP + 4 GRACE HOFSTETER C/O STARK COMMUNITY FOUNDATION	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 16 (a)	Name, address, and ZIP + 4 GRACE HOFSTETER C/O STARK COMMUNITY FOUNDATION CANTON, OH 44702 (b)	\$ 8,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No. 16 (a) No.	Name, address, and ZIP + 4 GRACE HOFSTETER C/O STARK COMMUNITY FOUNDATION CANTON, OH 44702 (b) Name, address, and ZIP + 4 GREGORY INDUSTRIES 4100 13TH ST SW	\$ 8,250.	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization CANTON SYMPHONY ORCHESTRA ASSOCIATION

Employer identification number 34-6533119

			34-0533119
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	HUNTINGTON FOUNDATION 41 S HIGH ST COLUMBUS, OH 43287	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	FRESHMARK PO BOX 8840 CANTON, OH 44711	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization CANTON SYMPHONY ORCHESTRA ASSOCIATION

Employer identification number 34-6533119

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
13	NON-CASH CONTRIBUTION OF ADVERTISING		
		\$\$24,726.	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization CANTON SYMPHONY ORCHESTRA ASSOCIATION **Employer identification number** 34-6533119 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. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury

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 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number CANTON SYMPHONY ORCHESTRA ASSOCIATION 34-6533119 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6

organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

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

and section 170(h)(4)(B)(ii)?

- If the organization elected, as permitted under FASB 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.
- If the organization elected, as permitted under FASB 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:

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

- 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 FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1. ▶ \$

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

Schedule D (Form 990) 2019

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Page 2 Schedule D (Form 990) 2019

Pa	rt III Organizations Maintaini	ng Collections of	Art, Historical Tre	asures, o	r Other Si	milar Assets (d	ontinu		age =
3	Using the organization's acquisition	on, accession, and o	ther records, check	any of th	e following	g that make sign	nificant	use c	of its
	collection items (check all that app	ly):							
а	Public exhibition		d Loan o	r exchange	e program				
b	Scholarly research		e Other						
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collections	and explain how t	hey further	the organ	nization's exempt	t purpo	se in	Part
	XIII.								
5	During the year, did the organization					_			_
	assets to be sold to raise funds rath		ined as part of the o	rganizatior	n's collectio	on?	Yes		No
	Complete if the organiza 990, Part X, line 21.	ation answered "Ye					nt on F	orm	
1 a	Is the organization an agent, truste								_
	included on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and comp	lete the following tab	ole:					
						Amount			
С	Beginning balance								
d	Additions during the year.								
е	Distributions during the year								
f	Ending balance				<u> </u>		1		T
2a	Did the organization include an am						Yes	-	No
	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the explanation	has been p	rovided on	Part XIII			
Pa	rt V Endowment Funds. Complete if the organiza	stion anawarad "Va	a" on Farm 000 F	ort IV/ line	. 10				
	Complete ii the organiza			(c) Two yea		d) Three vecus heads	(a) Face		h a alı
		(a) Current year 4,251,205.	(b) Prior year 4,917,383.	4,610	,	d) Three years back 3,971,706.	(e) Fou		870.
	Beginning of year balance	16,285.	103,894.		,689.	409,778.	٦,		529.
	Contributions	10,203.	103,074.		,005.	400,770.		ΟΙ,	
С	Net investment earnings, gains,	216,842.	356,864.	358	,941.	411,990.		137	331.
	and losses	210,012.	330,001.		,918.	111,000.		137,	
	Grants or scholarships			170	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
е	Other expenditures for facilities	312,195.	351,699.	279	,615.	183,024.		183	024.
	and programs	10,842.	775,237.		7013.	10370211		100,	
T	Administrative expenses	4,161,295.	4,251,205.	4.917	,383.	4,610,450.	3.	971.	706.
g	End of year balance					-,,	- /	,	
2 a	Provide the estimated percentage Board designated or quasi-endown	nent > 19.1100	%	column (a)	neid as.				
	Permanent endowment ► 80.8								
С	Term endowment ▶	%							
	The percentages on lines 2a, 2b, a	and 2c should equal 1	00%.						
3a	Are there endowment funds not in			are held an	nd administ	ered for the			
	organization by:		J					Yes	No
	(i) Unrelated organizations						3a(i)	Х	
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate	ed organizations listed	d as required on Sch	edule R?.			3b		
4	Describe in Part XIII the intended u	uses of the organizat	ion's endowment fur	nds.					
Pa	rt VI Land, Buildings, and Equ	uipment.		2 mt 1\ / 1im	- 11- C-	- Farm 000 Da	V 1:-	- 10	
	Complete if the organize Description of property	(a) Cost or		or other basis	(c) Accum		Book v		<u> </u>
	Boompton of property	(invest		ther)	deprecia) BOOK V	aiue	
1a	Land								
b	Buildings								
С	Leasehold improvements			59,744.		3,019.		36,7	
d	Equipment		5	26,810.	452	2,448.		74,3	362.
	Other								
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part X, columi	n (B), line 10	Oc.)	▶	3,9	11,0	87.

Schedule D (Form 990) 2019

	-orm 990) 2019			Page 3
Part VII	Investments - Other Securities. Complete if the organization answere	d "Yes" on Form 990	0, 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	n:
(1) Financia	al derivatives		,	
	held equity interests			
	Tield equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 11c. See Form 990, I	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	n:
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 11d. See Form 990,	Part X, line 15.
	· · · · · · · · · · · · · · · · · · ·	escription		(b) Book value
(1)		·		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X	Other Liabilities.			
	Complete if the organization answere line 25.	d "Yes" on Form 990	0, Part IV, line 11e or 11f. See Form	990, Part X,
1.		ption of liability		(b) Book value
	ral income taxes	priori or macinity		(3) 20011 10100
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (h) must squal Form 000 Port V and (DUE) - 0.5	1	.	
	nn (b) must equal Form 990, Part X, col. (B) line 25.			st uppout- 11
	or uncertain tax positions. In Part XIII, provide the 's liability for uncertain tax positions under FASB			
organization	o hability for uncertain tax positions under FASD	, SO 1 TO. CHECK HEIE II	i ino text of the foothole has been provide	w III I CIIL AIII

Page 4 Schedule D (Form 990) 2019

	(1 dilii 330) 2013		r age -
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.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	1,293,163.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	-	
C	Recoveries of prior year grants	-	
d e	Add lines 2a through 2d	2e	127,036.
3	Subtract line 2e from line 1	3	1,166,127.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)	4c	
с 5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,166,127.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1 450 555
1	Total expenses and losses per audited financial statements	1	1,479,575.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		
a b	Prior year adjustments	-	
c	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	6,896. 1,472,679.
3	Subtract line 2e from line 1	3	1,4/2,0/9.
4 a	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	1,472,679.
	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V	line 4: Part X line
2; Part	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	, , , , , , , , , , , , , , , , , , , ,
SEE	PAGE 5		

Part XIII Supplemental Information (continued)

OTHER INCREASES TO EQUITY

THIS AMOUNT CONSISTS OF THE NET GAIN (LOSS) ON INVESTMENTS REPORTED AT FAIR VALUE.

DIRECT EXPENSES FROM FUNDRAISING EVENTS

THIS AMOUNT IS INCLUDED IN PART VIII OF THE FORM 990 AND NOT INCLUDED IN PART IX OF THE FORM 990 FOR FUNCTIONAL EXPENSES AS THESE EXPENSES ARE DIRECTLY RELATED TO THE FUNDRAISING EVENTS THAT OCCURRED DURING THE 19-20 SEASON.

INTENDED USES FOR THE ORGANIZATION'S ENDOWMENT FUNDS

THESE FUNDS ARE INVESTED ACCORDING TO THE CONSERVATIVE INVESTMENT POLICY OF THE CANTON SYMPHONY BOARD OF TRUSTEES, WITH A SMALL PORTION OF THE TOTAL-RETURN PROCEEDS USED TO FUND BASIC OPERATIONS AND PROGRAMS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

CANTON SYMPHONY ORCHESTRA ASSOCIATION

34-6533119

Employer identification number

Par	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	Method of noncash cont			
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							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		1.0	20.200				
25	Other ►(ATCH 1)		10.	32,380.				
26	Other ►()							
27	Other ►()							
	Other ►()							
29	Number of Forms 8283 received				20			
	which the organization completed I	-orm 8283,	Part IV, Donee Acknowledg	jement	29		Yes	Na
20-	During the year did the argenizat		hu aantributian anu arana	which reported in Dort I line.	o 1 through		162	NO
Sua	During the year, did the organizat				_			
	28, that it must hold for at least the					30a		Х
L	to be used for exempt purposes for		olding period?			Sua		21
	If "Yes," describe the arrangement in Does the organization have a		tance notice that require	os the review of and	nonetondord			
31	=					24		Х
222	contributions? Does the organization hire or use					31		23
s∠a	•	•	•	•		323		Х
L	contributions?					32a		23
	If "Yes," describe in Part II. If the organization didn't report an	amount in a	alumn (a) for a type of area	norty for which column (a)) is chooked			
33	describe in Part II.	amount in C	olumn (c) for a type or pro	perty for writch column (a)	is checked,			

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

Schedule M (Form 990) 2019

Schedule M (Form 990) (2019) Page **2**

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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
IN-KIND ADVERTISING	X	10.	32,380.	CASH PRICE FOR ADS
TOTALS	_	10.	32,380.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

On Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

CANTON SYMPHONY ORCHESTRA ASSOCIATION

34-6533119

PART VI, SECTION B, LINE 11B

THE BOARD OF TRUSTEES IS ASKED TO REVIEW THE PREPARED FORM 990 BEFORE IT

IS FILED WITH THE IRS.

PART VI, SECTION B, LINE 12C

WRITTEN CONFLICT OF INTEREST POLICY IS PROVIDED ANNUALLY FOR COMPLIANCE.

PART VI, SECTION B, LINE 15A

THE BOARD OF TRUSTEES ANNUALLY REVIEWS AND APPROVES THE COMPENSATION OF THE CEO/PRESIDENT FOR COMPARABILITY OF THIS POSITION TO THE MARKET.

PART VI, SECTION C, LINE 19

THE ORGANIZATION PROVIDES ACCESS TO ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS VIA GUIDESTAR.ORG OR UPON REQUEST.

FORM 990, PART X - PREPAID EXPENSES AND	DEFERRED CHARGES	
DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
PREPAID EXPENSES	2,592.	8,508.
TOTALS	2,592.	8,508.

ATTACHMENT 2

ATTACHMENT 1

Name of the organization		Employer identification number			
CANTON SYMPHONY ORCHESTRA ASSOCIATION		34-6533119			
	ATT	ACHMENT 2 (CONT	(D')		
FORM 990, PART X - INVESTMENTS - PUBLICLY TRAD	ED SECURITIES				
BEG	INNING E	NDING	COST		
DESCRIPTION BOO	K VALUE BOOI	K VALUE	OR FMV		

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
EQUITIES	2,310,977.	2,345,911.	FMV
FIXED INCOME	1,273,961.	1,201,203.	FMV
CASH & EQUIVALENTS	389,120.	341,436.	FMV
INVESTMENT IN SCF POOLED ACCT	277,147.	272,745.	FMV
TOTALS	4,251,205.	4,161,295.	

ATTACHMENT 3

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE
DEFERRED INCOME		80,515.	40,180.
	TOTALS	80,515.	40,180.

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 20 2 0.

		For cale	ndar year 2019 or other tax year begin			-	. <u> </u>	<u> </u>
	tment of the Treasury	_	► Go to www.irs.gov/Form990					Open to Public Inspection for
_	al Revenue Service	▶ Do	not enter SSN numbers on this form a					501(c)(3) Organizations Only oyer identification number
A _	Check box if address changed		Name of organization (Check bo	ox II nar	ne changed and see instruction	ons.)		byees' trust, see instructions.)
B Ev	empt under section		CANTON SYMPHONY ORCI	TECT	RA ASSOCIATION			
_	501(C)(3)	Print	Number, street, and room or suite no. I				34-6	533119
	1 —	or	Trumber, street, and room or suite no. I	141.0	box, see mandenons.			ated business activity code
	408(e) 220(e) 408A 530(a)	i y pc	2331 17TH STREET NW					nstructions.)
	529(a)		City or town, state or province, country	/. and Z	IP or foreign postal code			
C Bo	ok value of all assets		CANTON, OH 44708	,,	or roroight poolar code		5418	00
	end of year	F Gro	up exemption number (See instructi	ons.) I	-			
	8,530,928.		ck organization type X 501			c) trust	401(a)	trust Other trust
H F			nization's unrelated trades or busine					(or first) unrelated
			GRAM ADVERTISING	0000.			•	e than one, describe the
			end of the previous sentence, cor	nplete				
	ade or business, th		•	пріосо	Tarto Faria II, complete a	Corrodate Writer Car	orr addition	Titali
			corporation a subsidiary in an affili	ated a	roup or a parent-subsidiary	controlled group?		Yes X No
			identifying number of the parent co			oon a one a group .		
	· · · · · · · · · · · · · · · · · · ·		ANTON SYMPHONY ORCHEST	•		one number > (3	30)452	2-3434
			or Business Income		(A) Income	(B) Expen		(C) Net
	Gross receipts or				. ,			, ,
b	•		c Balance ▶	1c				
2			ule A, line 7)	2				
3	-		2 from line 1c	3				
4a			ttach Schedule D)	4a				
b			Part II, line 17) (attach Form 4797)	4b				
С			rusts	4c				
5			r an S corporation (attach statement)	5				
6	Rent income (Sch	edule C)		6				
7			come (Schedule E)	7				
8	Interest, annuities, roya	alties, and re	ents from a controlled organization (Schedule F)	8				
9	Investment income of a	section 50	1(c)(7), (9), or (17) organization (Schedule G)	9				
10	Exploited exempt	activity in	ncome (Schedule I)	10				
11	Advertising incom	ne (Sched	dule J)	11	26,076	12	2,473.	13,603.
12	Other income (Se	ee instruc	tions; attach schedule)	12				
13	Total. Combine li	nes 3 thr	ough 12	13	26,076	12	2,473.	13,603.
Pa			Taken Elsewhere (See instr		ns for limitations on	deductions.) (I	Deducti	ons must be directly
			ne unrelated business incom					
14			directors, and trustees (Schedule K)					
15								
16								
17								
18			(see instructions)				18	
19							19	
20			4562)					
21			on Schedule A and elsewhere on re				21b	1
22								
23			compensation plans					
24			S					
25			Schedule I).					13,603.
26			chedule J)					13,003.
27			chedule)					13,603.
28			s 14 through 27					13,003.
29 20			le income before net operating					
30 21			g loss arising in tax years beginnir e income. Subtract line 30 from line	-				
31	Uniterated busine	รร เสมสิปโ	e income. Subtract line 30 from line	Z9 .			31	Ť.

For Paperwork Reduction Act Notice, see instructions.

Page 2

Par	t III Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
	instructions)	32		
33	Amounts paid for disallowed fringes	33		
34	Charitable contributions (see instructions for limitation rules)	34		
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line			
55	34 from the sum of lines 32 and 33	35		0.
26	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	33		<u> </u>
36				
	instructions)	36		
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37		0.0
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,0	00.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,			_
	enter the smaller of zero or line 37	39		0.
Par	t IV Tax Computation			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40		
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on			
	the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041)	41		
42	Proxy tax. See instructions	42		
43	Alternative minimum tax (trusts only).	43		
44	Tax on Noncompliant Facility Income. See instructions			
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies			
Par		43		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	-		
	Other credits (see instructions)	-		
	General business credit. Attach Form 3800 (see instructions)	-		
	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 46a through 46d	46e		
47	Subtract line 46e from line 45	47		
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48		
49	Total tax. Add lines 47 and 48 (see instructions)	49		0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3,	50		
51 a	Payments: A 2018 overpayment credited to 2019			
	2019 estimated tax payments	-		
	Tax deposited with Form 8868			
	Foreign organizations: Tax paid or withheld at source (see instructions) 51d	-		
		-		
	Backup withholding (see instructions)	-		
	Credit for small employer health insurance premiums (attach Form 8941)	-		
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total ▶ 51g			
52	Total payments. Add lines 51a through 51g	52		
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53		
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶ Refunded ▶	56		
Par	t VI Statements Regarding Certain Activities and Other Information (see instruction	s)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	other authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	•		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	•		
	here	rororgir country		X
E 0		ian truot?		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign the light of the structure of the	ign trust?	'	21
-	If "Yes," see instructions for other forms the organization may have to file.			
<u>59</u>	Enter the amount of tax-exempt interest received or accrued during the tax year ► \$			
٠.	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	pest of my knowledge	and belief	ı, it is
Sig	Ma	ay the IRS discus	s this re	eturn
Her	e MICHELLE CHARLES 11/13/2020 PRESIDENT & CEO wit	th the preparer		
	Signature of officer Date Title (se		Yes	No
D-:	Print/Type preparer's name Preparer's signature Date Chec	k if PTIN		
Paid	S. FRANKLIN ARNER CPA S. FRANKLIN ARNER CPA self-e	employed P00	190524	1
	Darer Firm's name ► HALL, KISTLER & COMPANY LLP Firm's	s EIN ► 34-07	15770	
use	Only	one 330-453		

Form 990-T (2019)										Pa	age 3
Schedule A - Cost of G	oods Sold. E	nter metho	d of invent	ory valuat	ion I	>					
1 Inventory at beginning of y	/ear 1			6 Inver	ntory a	at end of yea	ar	6			
2 Purchases							ld. Subtract line				
3 Cost of labor				6 fro	m lir	ne 5. Enter	here and in Part				
4a Additional section 263A co				I, line	2 _			7			
(attach schedule)	4a						section 263A (w	ith re	spect to	Yes	No
b Other costs (attach schedu							or acquired for				
5 Total. Add lines 1 through	, - 						<u> </u>				X
Schedule C - Rent Income	e (From Real F	Property a	nd Perso	nal Prop	erty	Leased V	Vith Real Proper	ty)			
(see instructions)	•			-	-		•	• /			
Description of property											
(1)											
(2)											
(3)											
(4)											
,	2. Rent rece	ived or accru	ed								
(a) From personal property (if the	porcontage of rent	(b) [rom real and	l porconal pr	on ortiv	/if the	3(a) Deductions di	ootly oo	nnoctod with t	ho incon	no
for personal property is more th			age of rent fo				in columns 2(a				iie
more than 50%)		50% o	r if the rent is	based on pr	ofit or	income)					
(1)											
(2)											
(3)											
(4)											
Total		Total									
(c) Total income. Add totals of c	olumne 2(a) and 2						(b) Total deduction				
nere and on page 1, Part I, line 6	` '	` '					Enter here and on Part I, line 6, colum				
Schedule E - Unrelated D			ae instructi	ions)			1 drt 1, mic 0, colum	III (D)			
onicadie E officialed D	CDI I IIIailoca	inoonic (s		,		3. [Deductions directly con	nected v	with or allocabl	e to	
1. Description of del	ot-financed property		2. Gross income from or allocable to debt-financed			nced property					
·		property			(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)				
(1)						(dita	on concauto,		(attaon conca	u.o,	
(2)											
(3)											
(4)											
4. Amount of average	5. Average adju	ısted basis									
acquisition debt on or	of or allocation	able to		Column divided		7. Gross	income reportable		Allocable dedumn 6 x total of		
allocable to debt-financed property (attach schedule)	debt-financed (attach sch			column 5		(columr	n 2 x column 6)	(colui	3(a) and 3(b		15
	(attach sci	icauic)	<u> </u>		%						
(1)					%						
(2)					%						
(3)											
(4)	l		1		%	Enter has	o and on page 1	Entai	horo and a	2 0000	1
							e and on page 1, le 7, column (A).		here and or I, line 7, colu		
							` ′		•	` '	
Totals					.▶						
Fotal dividends-received deduct	tions included in c	column 8		_. .							

Page 4

Schedule F - Interest, Ann	uities, Royalties						ions (se	e instructi	ions)		
		Exe	mpt Co	ontrolled Or	ganizatio	ons	1			T	
Name of controlled organization	2. Employer identification numb	ei		ated income instructions)		of specified ents made	included	Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations					1					
7. Taxable Income	8. Net unrelated in (loss) (see instruct	I .		Total of specification		include	t of column ed in the co ation's gros	ntrolling		Deductions directly nected with income in column 10	
(1)											
(2)											
(3)											
(4)							columns 5 a				
Totals					► ′) Orga	Enter I Part I	nere and on line 8, colu	page 1, mn (A).	Ent	dd columns 6 and 11. ter here and on page 1, rt I, line 8, column (B).	
1. Description of income	2. Amount of	income		3. Deduction directly contact (attach sch	nnected			t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
<u>(1)</u>											
(2)											
(3)											
(4)											
Totals ▶	Enter here and o Part I, line 9, co									Enter here and on page 1 Part I, line 9, column (B).	
Schedule I-Exploited Exc	empt Activity In	come, Ot	her Th	an Advert	ising Ir	ncome (s	ee instru	ctions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expe direct connecte product unrela business	tly ed with ion of ited	4. Net incor from unrela or business 2 minus co If a gain, c cols. 5 thre	ted tradé (column lumn 3). ompute	from ac	s income tivity that nrelated s income	6. Expeatributa	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(4)											
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, line 10, c	Part I,			on pag			Enter here and on page 1, Part II, line 25.		
Schedule J- Advertising I	ncome (see instri	uctions)									
Part I Income From Per	•		Consol	idated Ba	sis						
incomo i ioni i o		<u> </u>	3011001								
1. Name of periodical	2. Gross advertising income	3. Dir advertisin		0 minus sal 0\ If		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).			
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))											

Page 5 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) PROGRAM ADVERTISING	26,076.	12,473.	13,603.		20,351.	13,603.
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	26,076.	12,473.				13,603.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1 Part II line 14	·		