

# soundideas, solidanswers.

4505 STEPHEN CIRCLE, NW SUITE 202 • CANTON, OHIO 44718

PHONE 330.453.7633

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, 2021.

2020 990 - Return of Organization Exempt from Income Tax

2020 8879-EO - IRS E-file Signature Authorization Form

2020 Schedule A - Public Charity Status and Public Support

2020 Schedule B - Schedule of Contributors

2020 Schedule D - Supplemental Financial Statements

2020 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.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them.

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 8879-EO IRS e-file Signature Authorization for Form 990 For the year ended June 30, 2021

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 4505 STEPHEN CIRCLE NW - SUITE 202 CANTON OH 44718-3682

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 May 16, 2022. 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

OMB No. 1545-0047

Department of the Treasury

For calendar year 2020, or fiscal year beginning 07/01, 2020, and ending 06/30

Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization or person subject to tax Taxpayer identification number CANTON SYMPHONY ORCHESTRA ASSOCIATION 34-6533119 Name and title of officer or person subject to tax 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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1,032,805. 1a Form 990 check here ► X **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12).... 1b 2a Form 990-EZ check here ▶ Form 1120-POL check here ▶ **b** Total tax (Form 1120-POL, line 22)......... b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b Form 990-PF check here ▶ Form 8868 check here ▶ **b** Balance due (Form 8868, line 3c). . . . . . . . . . . . . . . . 5b 5a Form 990-T check here ▶ **b Total tax** (Form 990-T, Part III, line 4) . . . . . . . . . . . . . . 6b Form 4720 check here ▶ **b** Total tax (Form 4720, Part III, line 1) . . . . . . . . . . . . . . . . 7b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that \_\_\_\_ I am an officer of the above organization or \_\_\_\_ I am a person subject to tax with respect to (name of organization) and that I have examined a copy of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the 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 electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only lauthorize HALL, KISTLER & COMPANY LLP to enter my PIN as my signature **ERO firm name** on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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. Date  $\triangleright 02/10/2022$ Signature of officer or person subject to tax 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. I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. ERO's signature Date > **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So For Paperwork Reduction Act Notice, see back of form. Form **8879-EO** (2020)

# **Return of Organization Exempt From Income Tax**

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

Department of the Treasury Internal Revenue Service

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

OND 140. 1040 0047
2020
Open to Public
Inspection

<u> </u>	or th	ie 2020	calendar year, or tax year beginning	07/	′∪⊥, <b>2020</b> ,	and ending				/30, <b>20</b> ZI
ь.			C Name of organization					D Employer ider	tificat	ion number
_	_	applicable:	CANTON SYMPHONY ORCHE	STRA ASSOCIATION	N			34-6533	3119	
	Addr chan		Doing business as							
	Nam	e change	Number and street (or P.O. box if mail is	not delivered to street address	s)	Room/suite		E Telephone nur	nber	
	Initia	al return	2331 17TH STREET NW					(330) 452	2 – 34	434
		I return/ inated	City or town, state or province, country, a	and ZIP or foreign postal code	)					
		nded	CANTON, OH 44708					<b>G</b> Gross receipts	\$	1,037,981.
		lication	F Name and address of principal officer:	MICHELLE CHAR	LES			H(a) Is this a grou	p returr	of for Yes X No
		2g	2331 17TH STREET NW,	CANTON, OH 4470	8			H(b) Are all subordi		luded? Yes No
ī	Tax-e	xempt st	tatus: X 501(c)(3) 501(c) (	) ◀ (insert no.)	4947(a)(1) d	or 52	7	If "No," at	ach a li	ist. See instructions
J	Webs	ite: 🕨		, , , , , , , , , , , , , , , , , , , ,				H(c) Group exemp	tion nu	mber <b>&gt;</b>
ĸ	Form	of organ	nization: Corporation Trust X	Association Other		L Year o	f format	ion: 1938 <b>M</b> s	State o	of legal domicile: OH
	art I	_	ımmary							
_	1		y describe the organization's mission o	r most significant activities	PERFOR	RMANCE O	F CU	LTURAL ANI	) EI	DUCATIONAL
Ð			IC PERFORMANCES FOR ADUI							
anc										
ern	2	Check	k this box let if the organization d	iscontinued its operation	e or dienoed	d of more th	an 25%	of its not assets		
Governance	3		per of voting members of the governing	•	•			1	3	16.
<u>«</u>	4		per of independent voting members of t						4	16.
Activities &	5		number of individuals employed in cale						5	148.
₹	6		number of volunteers (estimate if neces						6	50.
Act	-		unrelated business revenue from Part V						7a	0.
			nrelated business taxable income from						7b	
_		i Net ui	meiated business taxable income nom	FOITH 990-1, Fait I, lifte 11	<u> </u>		<del></del>	Prior Year	7.0	Current Year
		Contr	ibutions and grants (Part VIII line 1h)					772,47	2	874,039.
ne	8		ibutions and grants (Part VIII, line 1h)					228,44	_	29,072.
Revenue	9		am service revenue (Part VIII, line 2g)					96,70	_	87,545.
Re	10		tment income (Part VIII, column (A), line					68,51		42,149.
	11		revenue (Part VIII, column (A), lines 5,					1,166,12	_	1,032,805.
	12		revenue - add lines 8 through 11 (must						0.	1,032,803.
	13		s and similar amounts paid (Part IX, colu						0.	0.
	14		fits paid to or for members (Part IX, colu					916,92		488,093.
ses	15		es, other compensation, employee bene					910,92	0.	400,093.
Expenses	16 a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)	0 7//				0.	0.
Ĕ	b		fundraising expenses (Part IX, column (						2	400 000
	17		expenses (Part IX, column (A), lines 11					555,75		480,899.
	18		expenses. Add lines 13-17 (must equal					1,472,67	_	968,992.
_ s	19	Rever	nue less expenses. Subtract line 18 fron	line 12			<u> </u>	-306,55		63,813.
Net Assets or Fund Balances							Begin	ning of Current Y		End of Year
sse 3ala	20		assets (Part X, line 16)					8,530,92		9,342,742.
et A	21		liabilities (Part X, line 26)					277,10	_	177,049.
			ssets or fund balances. Subtract line 21	from line 20				8,253,82	5.	9,165,693.
	art II		gnature Block							
Un tru	der pe e, corr	enalties of ect, and	of perjury, I declare that I have examined th complete. Declaration of preparer (other thar	is return, including accompa i officer) is based on all infori	anying schedu mation of whic	iles and stater ch preparer ha	ments, a as any kr	and to the best of nowledge.	my kı	nowledge and belief, it is
				·				0.0 /1/		
Sig	ın	-	Signature of officer					02/10	)/20	)22
He			_					Date		
		_	MICHELLE CHARLES		PRESIDE	ENT & CE	:0			
			Гуре or print name and title			le:			1 -	TIAL
Paid	4		Type preparer's name	Preparer's signature	D.	Date		Check	"	TIN
	u parer		FRANKLIN ARNER CPA		PA			self-employe		P00190524
	Only	Eirm's	sname ▶HALL, KISTLER & C	OMPANY LLP				Firm's EIN ▶ 3		
		Firm's	s address >4505 STEPHEN CIRCLE NW -						30-4	453-7633
Ма	y the	IRS d	liscuss this return with the prepare	shown above? (see ir	nstructions)			<u> </u>		X Yes No
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions						Form <b>990</b> (2020)

Page 2 Form 990 (2020)

P	art III	Statement of Program Service Check if Schedule O contains	e Accomplishments a response or note to any line in this Part III	
1		escribe the organization's missi		
		HOOL CHILDREN.		
	Did the	organization undertake any sig	nificant program services during the year which were not	listed on the
	prior Fo	m 990 or 990-EZ? describe these new services on	Schedule O.	Yes X No
3	services		g, or make significant changes in how it conducts,	
4	Describ expense	e the organization's program s s. Section 501(c)(3) and 501(c	ervice accomplishments for each of its three largest p (4) organizations are required to report the amount of or each program service reported.	
4a	(Code: CULTUI		557,536. including grants of \$) (Reven	ue \$)
			LITY PERFORMANCE OF LIVE MUSIC	
			SOURCE FOR PRIMARILY ADULT AUDIENCES,	
			OULTS TO CLASSICAL MUSIC. DUE TO THE	
		19 PANDEMIC, THERE WE	RE 2 PERFORMANCES DURING THE YEAR, BOTH	
	BEING	VIRIUAL.		
4b	(Code:		100,994. including grants of \$) (Reven	ue \$)
			'S CONCERT, KINDER CONCERTS, ENSEMBLE	
			YOUTH SYMPHONY. THESE PERFORMANCES	
			JRCE TO SCHOOL CHILDREN IN NORTHEAST	
			STRUMENTS WORK, SOUND, AND PERFORM EIR FIRST EXPOSURE TO CLASSICAL MUSIC.	
	TOGETI	ER AS THEI RECEIVE III	EIR FIRST EMPOSORE TO CHASSICAL MOSTC.	
4c	(Code:	) (Expenses \$	including grants of \$) (Reven	ue \$)
4d	-	ogram services (Describe on Sc	•	
4-	(Expens		rants of \$ ) (Revenue \$ 658,530.	)
JSA		ogram service expenses >	030,330.	Form <b>990</b> (2020)
0E1	020 1.000 739	387 2740 2/7/2022 4	:27:38 PM V 20-7.14	PAGE

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Part	Checklist of Required Schedules			Ü
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			3.7
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> .  Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<b>-</b>		- 21
0	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		
3	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			
	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,			
	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,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			77
40	"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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 21
D	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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		Х
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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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 1? If "Yes," complete Schedule I, Parts I and II	21		X

Page 4 Form 990 (2020)

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individue Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III.  2 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of organization's current and former officers, directors, trustees, key employees, and highest compenent of organization have a tax-exempt bond issue with an outstanding principal amount of more \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines through 24d and complete Schedule K If "No." go to line 25a.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization at as an 'on behalf of' issuer for bonds outstanding at any time during the to defease any tax-exempt bonds?  d Did the organization at as an 'on behalf of' issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess b transaction with a disqualified person during the year? """ """ exa: "complete Schedule I. Part I.  b Is the organization avaire that it engaged in an excess benefit transaction with a disqualified person organized in an excess benefit transaction with a disqualified person organized in an excess benefit transaction with a disqualified person organized to recomplete Schedule I. Part II.  Did the organization report any amount on Part X, line 5 or 22, for recolvables from or payables to any cord or former officer, trustee, we persons? If "res" complete Schedule I. Part II.  Did the organization report any amount on Part X, line 5 or 22, for recolvables from or payables to any cord or former officer, director, trustee, we propose, creator or founder, substantial contribution or any controlled entity or family member of any of these persons? If "res"		Voc	No
Part IX, column (A), line 2' II' 'Yes, 'complete Schedule I, Parts I and III .  20 Did the organization swere "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation o organization's current and former officers, directors, trustees, key employees, and highest compenemolyses? II' 'Yes,' complete Schedule J, Part III.  21 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more \$100,000 as of the last day of the year, that was issued after December 31, 2002? II "Yes," answer lines through 24d and complete Schedule K II' Mor, 'go to line 25a.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  b Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization ergage in an excess b transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I.  b Is the organization averant that it engaged in an excess benefit transaction with a disqualified person in a year, and that the transaction has not been reported on any of the organization sprior Forms 99 or 98 If "Yes," complete Schedule I, Part I.  Did the organization averant and the organization report any amount on Part X. line 5 or 22, for receivables from or payables to any corrent organization report any amount on Part X line 5 or 22, tor receivables from or payables to any corrent forcer, director, trustee, eye employee, creator or founder, substantial contributor or controlled entity or transity member of any of these persons? If "Yes," complete Schedule I, Part II.  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 comm member, or to a 35% controlled entity of	is on	Yes	No
<ul> <li>23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation or organization's current and former officers, directors, trustees, key employees, and highest compenent employees? If "Yes," complete Schedule J.</li> <li>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more \$100,000 as of the late day of the year, that was issued after December 31, 2002? If "Yes," answer lines through 24d and complete Schedule K. If "No." go to line 25a.</li> <li>b Did the organization meintain an escrow account other than a refunding escrow at any time during the to defease any tax-exempt bonds?</li> <li>c Did the organization maintain an escrow account other than a refunding escrow at any time during the tot defease any tax-exempt bonds?</li> <li>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess b transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I.</li> <li>b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?</li> <li>26 Did the organization proof any and the organization sprior Forms 990 or 90 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or controlled antity or family member of any of these persons? If "Yes," complete Schedule L. Part II.</li> <li>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 commember, or to a 35% controlled entity (including an employee thereof), a grant selection commember, or to a 35% controlled entity (including an employee thereof), a grant selection commember, or to a 35% controlled entity (in</li></ul>	<b>I</b>		Х
organization's current and former officers, directors, trustees, key employees, and highest compenemployees? If "Yes," complete Schedule J.  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines through 24d and complete Schedule K. If No." go to fine 25a.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?, c Did the organization aminatian an escrow account other than a refunding escrow at any time during the to defease any tax-exempt bonds?, d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?,  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excass b transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I.  b Is the organization are that it engaged in an excass benefit transaction with a disqualified person in a year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 98/ If "Yes," complete Schedule L. Part II.  25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current officer, director, trustee, key employee, creator or founder, substantial contributor, or controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part III.  27c Did the organization provide a grant or other assistance to any current or former officer, director, trustee employee, creator or founder, substantial contributor or employee thereof, a grant selection commember. or to a 35% controlled entity (including an employee thereof) or family member of any of persons? If "Yes," complete Schedule L. Part IV.  28 Was the organization aparty to a business transaction with one of the following parities (see Schedule Part IV.  29 Did the organization in quiditual described in li			
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Form 990 (2020) Page 5

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. 2a 148			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	<b>Note:</b> 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,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40.		
	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
a	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			
_	the organization is licensed to issue qualified health plans			
	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			
13	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 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management				
			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a	16			
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.  b. Enter the number of voting members included on line 1a, above, who are independent.	16			
Enter the number of voting members included on the Ta, above, who are independent 1.1.1.				
2 Did any officer, director, trustee, or key employee have a family relationship or a business relation	-	2		Х
any other officer, director, trustee, or key employee?				
3 Did the organization delegate control over management duties customarily performed by or under		3		X
supervision of officers, directors, trustees, or key employees to a management company or other person		4		X
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		5		X
5 Did the organization become aware during the year of a significant diversion of the organization's asset		6		X
6 Did the organization have members or stockholders?		<b>├</b>		
7a Did the organization have members, stockholders, or other persons who had the power to elect of		7a		X
one or more members of the governing body?		<u>- ۳ </u>		
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by)		7b		X
stockholders, or persons other than the governing body?				
8 Did the organization contemporaneously document the meetings held or written actions undertak	en auring			
the year by the following:		8a	Х	
a The governing body?		8b		X
<b>b</b> Each committee with authority to act on behalf of the governing body?				
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O.</i>		9		X
Section B. Policies (This Section B requests information about policies not required by the Internal			.)	
The Goddon Broqueste information about policies not required by the internal	110101140	Oodo	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		10a		X
		100		
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such	-	10b		
affiliates, and branches to ensure their operations are consistent with the organization's exempt purpos  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing t		11a	X	
	ie iomi? .			
		12a	Х	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that or rise to conflicts?		12b	Х	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy describe in Schedule O how this was done		12c	Х	
13 Did the organization have a written whistleblower policy?		13	Х	
14 Did the organization have a written document retention and destruction policy?		14		Х
15 Did the process for determining compensation of the following persons include a review and ar				
independent persons, comparability data, and contemporaneous substantiation of the deliberation and				
a The organization's CEO, Executive Director, or top management official		15a	Х	
b Other officers or key employees of the organization		15b		Х
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 arr	angement			
with a taxable entity during the year?	angomoni	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to every contract the contract of the contrac	valuate its			
participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
organization's exempt status with respect to such arrangements?		16b		
Section C. Disclosure				
17 List the states with which a copy of this Form 990 is required to be filed ▶ OH,				
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990	 , and 990-T	(Sec	tion 5	01(c)
	,	,500		- ( - )
(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	./- O)			
(3)s only) available for public inspection. Indicate now you made these available. Check all that apply.  Own website X Another's website X Upon request Other (explain on Schedu	ile O)			
Own website X Another's website X Upon request Other (explain on Schedu	,	f inte	rest r	oolicy.
Own website X Another's website X Upon request Other (explain on Schedu	,	f inte	rest p	oolicy,

### 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 any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	box,	unles	Position check more than one cless person is both an and a director/trustee)			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				79,170.	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.	X						0.	0.	0.
(7) DR. STEPHEN P. JOHNSON	.50									
TRUSTEE	0.	X						0.	0.	0.
(8) ROBERT L. LEIBENSPERGER	.50									
CHAIR - FACILITIES	0.	Х						0.	0.	0 .
(9) WILLIAM A. MADDOX	.50									
TRUSTEE	0.	Х						0.	0.	0 .
(10) GAIL I MARTINO	.50									
BOARD CHAIR	0.	Х		Х				0.	0.	0 .
(11) ROBERT PORTER	.50									
CHAIR - MARKETING AND DEVELOPM	0.	Х						0.	0.	0 .
(12) JOHN ABBOTT	.50									
CHAIR - EDUCATION	0.	Х						0.	0.	0 .
(13) LAUREN CAPO	.50									
TRUSTEE	0.	Х						0.	0.	0
(14) ALLISON JACOB	.50									
TRUSTEE	0.	Х						0.	0.	0

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and F	ligl	hest Compensat	ed Employees (d	continue	ed)	
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles	heck ss pe d a d	rson	e than o is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	an	stimated nount of other pensation	f
	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)	org an	om the anizatio d related anization	b
15) JOSEPH JADICK	.50											
TRUSTEE	0.	Х						0	0.			C
16) CHRISTINE KRUMAN	.50											
TRUSTEE	0.	X						0	0.			C
17) TERRY ORCUTT	.50											0
TRUSTEE  18) KATHY SMITHBERGER	.50	X						0	0.			
TREASURER	0.	X		Х				0	0.			C
		-										
1b Sub-total							<b></b>	79,170.	0.			0.
c Total from continuation sheets to Part VII, S							$\blacktriangleright$	0.	0.			0.
d Total (add lines 1b and 1c)							<b>&gt;</b>	79,170.	0.			0.
2 Total number of individuals (including but not reportable compensation from the organization		hose 0.		d al	bove	e) who	re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched.										3		X
<b>4</b> For any individual listed on line 1a, is the organization and related organizations graindividual.	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? If "Yo	accrue co	mpen	sati	on f	fron	n any	un	related organization	on or individual	5		Х
Section B. Independent Contractors	,						,					
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 ► 0.

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# Part VIII Statement of Revenue

ıaı	· VIII	Check if Schedule O contains a respon	nse or note to an	v line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts t	1a	Federated campaigns 1a					
aut	b	Membership dues 1b					
ڡۣٚۊۜ	С	Fundraising events 1c					
ifts	d	Related organizations 1d					
פֿיַּפ	e	Government grants (contributions) 1e	139,324.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,					
er		and similar amounts not included above . 1f	734,715.				
들된	g	Noncash contributions included in					
g		lines 1a-1f 1g	\$				
ಹ	h	Total. Add lines 1a-1f		874,039.			
			Business Code				
<u>8</u>	2a	ADMISSIONS	900099	10,165.	10,165.		
Program Service Revenue	b	EDUCATIONAL FEES	900099	18,907.	18,907.		
en.	С						
Fan	d						
og F	е						
₫	f	All other program service revenue					
	g	Total. Add lines 2a-2f	▶	29,072.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	▶	87,545.			87,545.
	4	Income from investment of tax-exempt bond	•	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a	8,950.				
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c	8,950.	0.050			
	_d	Net rental income or (loss)		8,950.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
4	<u>_</u>	other than inventory 7a					
evenue	b	Less: cost or other basis and sales expenses 7b					
ě	С	Gain or (loss) 7c					
	d	Net gain or (loss)	<b>•</b>	0.			
Other R	8a	Gross income from fundraising					
ŏ	Oa	events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	7,415.				
	b	Less: direct expenses 8b	5,176.				
	С	Net income or (loss) from fundraising events.		2,239.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less					
		returns and allowances10a	0.				
	b	Less: cost of goods sold	0.				
	С	Net income or (loss) from sales of inventory.		0.			
ns			Business Code				
neo iue	11a	MISCELLANEOUS	900099	30,960.	30,960.		
Miscellaneous Revenue	b						
Sce	С	All other program					
Ž	d	All other revenue		20.060			
	<u>е</u> 12	Total. Add lines 11a-11d		30,960. 1,032,805.	60,032.		87,545.
	. 4	. Grant Grantage, Octobrotholistic and a series and		1,002,000.	00,032.		07,040.

CANTON SYMPHONY ORCHESTRA ASSOCIATION

Form **990** (2020)

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### 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).

(C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, 0 foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, 79,170 79,170 trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 2,769. 354,185 293,530. 57,886 7 Other salaries and wages 8 Pension plan accruals and contributions (include 2,602 739 1,863 section 401(k) and 403(b) employer contributions) 21,488 19,561 1,927 30,648. 31,537. -1,101. 212. 11 Fees for services (nonemployees): 0 a Management 0 18,314. 18,314 **c** Accounting 0 **d** Lobbying 0 . e Professional fundraising services. See Part IV, line 17. 29,932. 29,932 f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column 0 (A) amount, list line 11g expenses on Schedule O.) 17,514.17,514 12 Advertising and promotion 6,848. 6,848 13 Office expenses 40,726. 40,726. 14 Information technology 0 . 15 Royalties 21,633. 2,500. 19,133 Occupancy 16 5,235. 538. 4,697. 17 Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 237 237. 0 21 Payments to affiliates 153,724. 153,724. Depreciation, depletion, and amortization 22 12,592. 12,592. Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) aCONCERT EXPENSES 138,887. 138,887. hMISCELANEOUS EXPENSES 3,350. 3,350 cTELEPHONE EXPENSE 8,388 8,388 dBANK FEES 4,357 4,357 19,162. 5,763. 13,399. e All other expenses 301,718  $8, \overline{744}$ . 968,992 658,530. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) 0

Form 990 (2020) Page **11** 

# Part X Balance Sheet

	ai t A	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	274,202.	1	521,870.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	167,955.	3	141,416.
	4	Accounts receivable, net	0.	4	5,916.
	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.
Ś	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges ATCH .1	8,508.	9	1,218.
	-	Land, buildings, and equipment: cost or other			
	···	basis. Complete Part VI of Schedule D 10a 5,224,251.			
	h	Less: accumulated depreciation	3,911,087.	100	3,757,363.
	11	Investments - publicly traded securities	4,161,295.	11	4,908,212.
	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	7,881.	15	6,747.
	16		8,530,928.	16	9,342,742.
_	17	Total assets. Add lines 1 through 15 (must equal line 33)	47,599.	17	37,727.
	18	Accounts payable and accrued expenses	0.	18	0.
		Grants payable	40,180.	19	0.
	19	Deferred revenue	0.	20	0.
	20 21	Tax-exempt bond liabilities	0.	21	0.
		Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
Liabilities	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%	0.		0.
ᆵ		controlled entity or family member of any of these persons	189,324.	22	139,322.
	23	Secured mortgages and notes payable to unrelated third parties	109,324.	23	139,322.
	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	0.		0.
	20	of Schedule D	277,103.		177,049.
	26	Total liabilities. Add lines 17 through 25	277,103.	26	177,040.
Ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
Fund Balances	27	Net assets without donor restrictions	4,613,083.	27	5,577,123.
Bal	27 28	Net assets without donor restrictions	3,640,742.	27 28	3,588,570.
5	20		3,040,742.	28	3,300,370.
Ξ		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	20			20	
jts	29 30	Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund.		29 30	
Assets		Retained earnings, endowment, accumulated income, or other funds.			
t A	31	Total net assets or fund balances	8,253,825.	31	9,165,693.
Net	32		8,530,928.	32	9,165,693.
	33	Total liabilities and net assets/fund balances	0,530,520.	33	9,342,742. Form <b>990</b> (2020)

Form 990 (2020) Page **12** 

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			32,8	
2	2 Total expenses (must equal Part IX, column (A), line 25)					92.
3	Revenue less expenses. Subtract line 2 from line 1	3			63,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			53,8	
5	Net unrealized gains (losses) on investments	5		8	48,0	)55.
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		9,1	65,6	93.
Part	XII Financial Statements and Reporting					
	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 accounts	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			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.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization CANTON SYMPHONY ORCHESTRA ASSOCIATION 34-6533119 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) document? instructions) Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2020

Total

Page 2 Schedule A (Form 990 or 990-EZ) 2020

Par	Support Schedule for Orga (Complete only if you checke						
	Part III. If the organization fai						anily under
Sec	tion A. Public Support	. ,		· · ·	· ·	,	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	(4) 2010	(3) 2011	(6) 2010	(4) 2010	(0) 2020	(i) rotal
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (	see instructions)				12	
13	<b>First 5 years.</b> If the Form 990 is fo organization, check this box and <b>stop here</b>	<u> </u>					
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2020 (li						%
15	Public support percentage from 2019						%
16a	331/3% support test - 2020. If the or						
-	box and <b>stop here.</b> The organization q						
b	331/3% support test - 2019. If the organization						
170	this box and <b>stop here.</b> The organizati	-		_			
1 <i>1</i> a	10% -facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets	n meets the fa the facts-and-	cts-and-circums	stances test, cheest. The organiz	eck this box ai zation qualifies	nd <b>stop here.</b> I as a publicly s	Explain in supported
b	organization	<b>2019.</b> If the or	ganization did r	not check a box	on line 13, 16	a, 16b, or 17a	, and line
	15 is 10% or more, and if the organi in Part VI how the organization meet organization	s the facts-and	d-circumstances	test. The organ	ization qualifies	as a publicly	supported
18	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2020

## Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			, i	<u> </u>	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,266,888.	1,074,458.	960,051.	772,472.	734,715.	4,808,584.
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	312,660.	350,118.	273,707.	228,440.	29,072.	1,193,997.
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	1,579,548.	1,424,576.	1,233,758.	1,000,912.	763,787.	6,002,581.
	Amounts included on lines 1, 2, and 3	1,5,5,540.	1,121,570.	1,233,130.	1,000,012.	,,,,,,,,,	
ı a	received from disqualified persons	809,620.	677,846.	452,733.	477,914.	492,517.	2,910,630.
b	Amounts included on lines 2 and 3	305,020.	377,040.	132,133.	111,014.	1,72,311.	2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						0.
	or 1% of the amount on line 13 for the year	809,620.	677,846.	452,733.	477,914.	492,517.	2,910,630.
8 8	Add lines 7a and 7b	003,020.	077,010.	132,733.	177,511.	1,52,517.	2,310,030.
Ü	line 6.)						3,091,951.
Sec	tion B. Total Support						3,001,001.
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	1,579,548.	1,424,576.	1,233,758.	1,000,912.	763,787.	6,002,581.
	Gross income from interest, dividends,	, ,	, , , , , ,	,,	, , .	,	
	payments received on securities loans,						
	rents, royalties, and income from similar sources	118,134.	94,241.	100,512.	96,702.	935,600.	1,345,189.
h	Unrelated business taxable income (less		,,		,	111,111	
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
c	Add lines 10a and 10b	118,134.	94,241.	100,512.	96,702.	935,600.	1,345,189.
11	Net income from unrelated business	110,131.	71,211.	100,512.	30,702.	2337000.	1,313,133.
•	activities not included in line 10b, whether						
	or not the business is regularly carried on.	7,873.	12,016.	11,160.	0.	0.	31,049.
40	, , , , , , , , , , , , , , , , , , ,	7,073.	12,010.	11/1001			31,013.
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.) ATCH 1	66,128.	113,521.	98,539.	68,513.	181,473.	528,174.
13	Total support. (Add lines 9, 10c, 11,	00,120.		20,332.	55,515.		220,1.1.
	and 12.)	1,771,683.	1,644,354.	1,443,969.	1,166,127.	1,880,860.	7,906,993.
14	First 5 years. If the Form 990 is for						
-	organization, check this box and <b>stop here</b> .						. $\square$
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2020 (line 8,	•		nn (f))		15	39.10%
16	Public support percentage from 2019 Sche	* *	•			16	45.75%
	tion D. Computation of Investment				1	- 1	
17	Investment income percentage for 2020 (lir			3, column (f))		17	17.01%
18	Investment income percentage from 2019 S				T	18	8.09%
	331/3% support tests - 2020. If the org						
. J u	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2019. If the orga						
~	line 18 is not more than 331/3%, check				•		
20	<b>Private foundation.</b> If the organization d			•			<del></del>

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

		Yes	No
g by			
	1		
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	2		
er	3a		
id ie			
	3b		
3)	2-		
If	3с		
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	4b		
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fit	30		
	9с		
n d			
	10a		
to	10b		

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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations	116		
	<u> </u>		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	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 or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance)  The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	e instr		s). <b>No</b>
2	Activities Test. Answer lines 2a and 2b below.		162	.40
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 <b>Part VI identify</b> 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 line 2a, above, 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 <b>Part VI</b> 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 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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>If "Yes" or "No," 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? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3h		

30 1.000 Schedule A (Form 990 or 990-EZ) 2020

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S				
1							
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Se	ection 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		7					
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Se	ection 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					
C	Total (add lines 1a, 1b, and 1c)	1d					
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e					
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 0.015 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 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Se	ection C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6					
7			ated Type III supporting	g organization			
	(see instructions).	-		· <del>-</del>			

Schedule A (Form 990 or 990-EZ) 2020

<b>Part</b>	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	i <b>ons</b> (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				

Schedule A (Form 990 or 990-EZ) 2020

Part VI. See instructions.

Breakdown of line 7:

Excess from 2016 . . .

Excess from 2017 . . .

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

and 4c.

Excess distributions carryover to 2021. Add lines 3j

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.)

				AT	FACHMENT 1	
SCHEDULE A, PART III	- OTHER INCOME					
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
SPECIAL FUNDRAISING	39,041.	72,667.	49,592.	7,495.	2,239.	171,034.
ACTIVITIES-NET						
OTHER INCOME	20,914.	36,391.	40,251.	53,014.	170,284.	320,854.
RENTAL INCOME	6,173.	4,463.	8,696.	8,004.	8,950.	36,286.
TOTALS	66,128.	113,521.	98,539.	68,513.	181,473.	528,174.

# Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasur

Department of the Treasury Internal Revenue Service Name of the organization

# 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

2020

**Employer identification number** 

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**  $\lfloor exttt{X} 
floor$  For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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) (2020)

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
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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WILLIAM P BLAIR III  2738 GLENMONT RD NW	\$\$	Person Payroll Noncash  (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.)  (d)  Type of contribution
3_	FAYE A. HESTON  2735 BRENTWOOD RD NW  CANTON, OH 44708	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE W. HENRY HOOVER FOUNDATION  C/O KEYBANK  BROOKLYN, OH 44144	\$17,500.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	ROBERT & DONNA LEIBENSPERGER  6849 CHILLINGSWORTH CIR NW  CANTON, OH 44718	\$20,380.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_	OHIO ARTS COUNCIL  30 EAST BROAD ST., 33RD FLOOR  COLUMBUS, OH 43215	\$103,780.	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
7	VARIOUS LESS THAN \$5,000 2331 17TH STREET NW	\$98,913.	Person X Payroll Noncash
	CANTON, OH 44708		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	KAREN JONES ESTATE		Person X Payroll
	NORTH CANTON, OH 44720	\$15,079.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	WENDLING FOUNDATION  4495 EVERHARD RD NW  CANTON, OH 44718	\$15,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	FRED F SILK FOUNDATION  1731 EDMAR ST  LOUISVILLE, OH 44641	\$25,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	KEY BANK  4495 EVERHARD RD NW  CANTON, OH 44718	\$10,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	GREGORY INDUSTRIES  4100 13TH ST SW  CANTON, OH 44710	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13	VISIT CANTON  227 2ND ST NW  CANTON, OH 44702	\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14	BRAD & SUE GORIS  3075 SOUTH UNION AVE  ALLIANCE, OH 44601	\$5,815.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
15	JAMES & CYNTHIA RUDICK  7811 BENTLER AVE  CANTON, OH 44721	\$5,086.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
16	FISHER-RENKERT FOUNDATION  1201 MILLERTON ST SE  CANTON, OH 44707	\$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
17	SMALL BUSINESS ADMINISTRATION  409 THIRD STREET SW  WASHINGTON, DC 20416	\$139,324.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	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 additiona	I space is needed
	140110a3111 10pcity	1000 111011 401101107.	. Obe auplicate copies	or r art ii ii aaaitioria	i opace is riceaca.

(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
		\$	
(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) (2020) 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 B (Form 990, 990-EZ, or 990-PF) (2020)

# SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Name of the organization Employer identification number CANTON SYMPHONY ORCHESTRA ASSOCIATION 34-6533119 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 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 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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: 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:

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

Schedule D (Form 990) 2020

▶ \$

Revenue included on Form 990, Part VIII, line 1.

Schedule D (Form 990) 2020 Page f 2

	rt    Organizations Maintaini	ng Collections of	Art Historical Tre	asures or O	ther Similar Ass	ents (continu		age Z
3	Using the organization's acquisition							of ite
5	collection items (check all that app		trici records, ericei	carry or the re	onowing that mar	to significant	u30 0	1113
а	Public exhibition	·y/·	d Loan o	or exchange pr	ogram			
b	Scholarly research		e Other	or exerially pr	ogram			
C	Preservation for future gene	rations	C Other					
4	Provide a description of the organ		and explain how t	hev further th	e organization's e	evemnt nurno	se in	Part
•	XIII.	nzation's concetions	and explain now t	incy futfici til	c organizations c	xempt purpo	30 111	ı arı
5	During the year, did the organization	on solicit or receive d	onations of art histo	orical treasures	s or other similar			
	assets to be sold to raise funds rath					Yes		No
Pa	rt IV Escrow and Custodial A		anou do part or trio t	organization o				110
. ~	Complete if the organiza		s" on Form 990. F	Part IV. line 9.	or reported an a	amount on F	orm	
	990, Part X, line 21.		,	, ,				
1a	Is the organization an agent, trus	tee, custodian or ot	her intermediary fo	or contribution	s or other assets	not		
	included on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement i							J
		·	J		Aı	mount		
С	Beginning balance			1c				
	Additions during the year							
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an am				odial account liabili	ity? Yes		No
	If "Yes," explain the arrangement i					- —		
Pa	rt V Endowment Funds.			-				
	Complete if the organiza	ation answered "Ye	s" on Form 990, F	Part IV, line 10	).			
		(a) Current year	(b) Prior year	(c) Two years b	ack (d) Three years	s back (e) Fou	r years l	back
1a	Beginning of year balance	4,161,295.	4,251,205.	4,917,3	83. 4,610,	450. 3,	971,	706.
	Contributions	73,254.	16,285.	103,8	94. 50,	689.	409,	778.
	Net investment earnings, gains,							
	and losses	899,295.	216,842.	356,8	64. 358,	941.	411,	990.
d	Grants or scholarships				-176,	918.		
	Other expenditures for facilities							
	and programs	225,632.	312,195.	351,6		615.	183,	024.
f	Administrative expenses		10,842.	775,2	37.			
q	End of year balance	4,908,212.	4,161,295.	4,251,2	05. 4,917,	383. 4,	610,	450.
2	Provide the estimated percentage	of the current year e	end balance (line 1g.	column (a)) he	ld as:			
а	Board designated or quasi-endown		_%	· //				
b	Permanent endowment ► 70.0							
С	Term endowment ▶ 29.9300							
	The percentages on lines 2a, 2b, a							
3a	Are there endowment funds not in	the possession of th	e organization that	are held and a	dministered for the	Э		
	organization by:						Yes	No
	(i) Unrelated organizations					3a(i)	X	
	(ii) Related organizations					3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate	•	•			3b		
4	Describe in Part XIII the intended u		tion's endowment fur	nds.				
Pa	Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.							
	Description of property	(a) Cost or	<del></del>		Accumulated	(d) Book v		
	· · · · ·	(invest		ther)	depreciation			
1a	Land							
b	Buildings		_					
С	Leasehold improvements				1,058,257.		01,4	
d	Equipment		4	64,507.	408,630.		55,8	377.
	e Other							
Tota	<ol> <li>Add lines 1a through 1e. (Column</li> </ol>	(d) must equal Forn	n 990, Part X, columi	n (B), line 10c.)	<u> ▶                     </u>	3,7	57,3	63.

Schedule D (Form 990) 2020

Page 3 Schedule D (Form 990) 2020

Part VII	Investments - Other Securities.	l "Vos" on Form 000	0, Part IV, line 11b. See Form 990, Part X, line 1	2
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	<u>Z.</u>
	(including name of security)	(b) Book value	Cost or end-of-year market value	
	al derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
T GIT VIII		"Yes" on Form 990	0, Part IV, line 11c. See Form 990, Part X, line 1	3.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)			Obst of Glu-or-year Harket value	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	l "Yes" on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 1	5.
	(a) De	scription	(b) Book val	ue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	umn (b) must equal Form 990, Part X, col. (B) I	line 15 )	<b>&gt;</b>	
Part X	Other Liabilities.	<i>IIIC 10.)</i>		
raitx		d "Yes" on Form 990	0, Part IV, line 11e or 11f. See Form 990, Part X	.,
1.		otion of liability	(b) Book val	ue
	al income taxes	,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<u></u>		
			the organization's financial statements that reports the	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

JSA
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PAGE 31

Page 4 Schedule D (Form 990) 2020

	10 D (1 0111 000) 2020		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	1,886,036.
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	853,231.
3	Subtract line 2e from line 1	3	1,032,805.
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 <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	5	1,032,805.
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.		0.7.4.1.60
1	Total expenses and losses per audited financial statements	1	974,168.
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	5,176. 968,992.
3	Subtract line 2e from line 1	3	900,992.
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	968,992.
	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	: 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		

Page 5

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 OCCURED DURING THE 20-21 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 0** (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 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 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.

PART IX LINE 24E

OFFICE EQUIPMENT RENTAL - 8,516

DUES AND SUBSCRIPTIONS - 4,883

TOTAL - 13,399

Employer identification number Name of the organization CANTON SYMPHONY ORCHESTRA ASSOCIATION 34-6533119 ATTACHMENT 1 FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES BEGINNING ENDING DESCRIPTION BOOK VALUE BOOK VALUE PREPAID EXPENSES 8,508. 1,218. TOTALS 8,508. 1,218.

ATTACHMENT 2

## FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
EQUITIES	2,345,911.	2,970,822.	FMV
FIXED INCOME	1,201,203.	1,290,780.	FMV
CASH & EQUIVALENTS	341,436.	283,384.	FMV
INVESTMENT IN SCF POOLED ACCT	272,745.	363,226.	FMV
TOTALS =	4,161,295.	4,908,212.	

ATTACHMENT 3

# FORM 990, PART X - DEFERRED REVENUE

BEGINNING DESCRIPTION BOOK VALUE DEFERRED INCOME 40,180. TOTALS 40,180.