

soundideas. solidanswers.

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

PHONE 330.453.7633

Rachel Hagemeier, Executive Director Canton Symphony Orchestra Association 2331 17th Street NW Canton, OH 44708

Dear Rachel,

Enclosed are the following income tax returns prepared on behalf of Canton Symphony Orchestra Association for the year ended June 30, 2022.

2021 990-T - Exempt Organization Business Income Tax Return
2021 990 - Return of Organization Exempt from Income Tax
2021 8879-TE - IRS E-file Signature Authorization Form
2021 8868 Application for Extension of Time to File
2021 8868 Application for Extension of Time to File for Form 990-T
2021 Schedule A - Public Charity Status and Public Support
2021 Schedule B - Schedule of Contributors
2021 Schedule D - Supplemental Financial Statements
2021 Schedule G - 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.

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

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

Sincerely,

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

Enclosures

Canton Symphony Orchestra Association Instructions for Filing Form 8879-TE IRS e-file Signature Authorization for Form 990-T For the year ended June 30, 2022

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-TE 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-T 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 15, 2023. 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.

No estimated tax payments for 2022 will be required, nor will you be subject to underpayment penalties because you have no 2021 tax liability.

Canton Symphony Orchestra Association Instructions for Filing Form 8879-TE IRS e-file Signature Authorization for Form 990 For the year ended June 30, 2022

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-TE 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 15, 2023. 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-TE	
--------------	--

### IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 07/01/2021 and ending 06/30/2022

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

Department of the Treasury	
Internal Revenue Service	
Name of filer	

Go to www.irs.gov/Form8879TE for the latest information.

34-6533119

EIN or SSN

CANTON SYMPHONY ORCHESTRA ASSOCIATION Name and title of officer or person subject to tax

## RACHEL HAGEMEIER, PRESIDENT & CEO

#### Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	X	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) <b> 1b</b> <u>1,370,45</u>	57.
2a	Form 990-EZ check here ►		b Total revenue, if any (Form 990-EZ, line 9)	
3a	Form 1120-POL check here .		b Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here 🕨		b Tax based on investment income (Form 990-PF, Part V, line 5) 4b	
5a	Form 8868 check here 🕨		b Balance due (Form 8868, line 3c)	
6a	Form 990-T check here		b Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here 🕨		b Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here 🕨		b FMV of assets at end of tax year (Form 5227, Item D)	
9a	Form 5330 check here 🕨		b Tax due (Form 5330, Part II, line 19)	
10a	Form 8038-CP check here 🕨		b Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b	
Part	Declaration and Signatu	ure /	Authorization of Officer or Person Subject to Tax	
Under	penalties of perjury, I declare that		I am an officer of the above entity or I am a person subject to tax with respect to (name	
of enti	ty)		, (EIN) and that I have examined a copy of the	
2021	electronic return and accompanying s	sche	dules and statements, and, to the best of my knowledge and belief, they are true, correct, and	
compl	ete. I further declare that the amount	in P	Part I above is the amount shown on the copy of the electronic return. I consent to allow my	
interm	ediate service provider, transmitter, o	or ele	ectronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an	
ackno	wledgement of receipt or reason for r	reject	tion of the transmission, <b>(b)</b> the reason for any delay in processing the return or refund, and <b>(c)</b>	
the da	te of any refund. If applicable, I author	orize	e the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal	
(direc	debit) entry to the financial institutio	n ac	count indicated in the tax preparation software for payment of the federal taxes owed on this	
return	, and the financial institution to debit	the e	entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at	
			prior to the payment (settlement) date. I also authorize the financial institutions involved in the	
proces	ssing of the electronic payment of tax	kes to	o receive confidential information necessary to answer inquiries and resolve issues related to	
•	· ·	entifi	ication number (PIN) as my signature for the electronic return and, if applicable, the consent to	
electro	onic funds withdrawal.			

### PIN: check one box only

X I authorize	HALL,	KISTLER	& COMPANY	L	to enter my PIN	6 8 3 1 6 as my signature
		ERO firm name			_	Enter five numbers, but
on the tax year 2	021 electronic	ally filed return	If I have indicated	within this roturn t	that a capy of the r	do not enter all zeros eturn is being filed with a state
on the tax year /	UZ E electronic	anv med return. I	I I nave indicated	wiinin inis reiurn i	nal a coov ol ine re	aum is deind 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 entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax

• 1	L2/	21,	/2022
-----	-----	-----	-------

Part III Certification and Authentication	1
---	---

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

3	4	4	5	8	4	3	4	0	7	1
Do not enter all zeros										

Date

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 Privacy Act and Paperwork Reduction Act Notice, see back of form. JSA 1X3008 3.000

Form 8879-TE (2021)

739387 2740 12/20/2022 13:54:49 V21-7.8F

Department of the Treasury

Internal Revenue Service

# IRS e-file Signature Authorization

OMB No. 1545-0047

for a lax	Exempt Entity
Construction by a singular size	07/01/2021

For calendar year 2021, or fiscal year beginning 07/01/2021 and ending 06/30/2022

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

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

### CANTON SYMPHONY ORCHESTRA ASSOCIATION

34-6533119

EIN or SSN

Name and title of officer or person subject to tax

### RACHEL HAGEMEIER, PRESIDENT & CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) <b> 1b</b>	
2a	Form 990-EZ check here ►	b Total revenue, if any (Form 990-EZ, line 9)	
3a	Form 1120-POL check here .	<b>b</b> Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here ►	b Tax based on investment income (Form 990-PF, Part V, line 5)4b	
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	
6a	Form 990-T check here ► X	<b>b</b> Total tax (Form 990-T, Part III, line 4)	NONE
7a	Form 4720 check here	<b>b</b> Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	
9a	Form 5330 check here	<b>b</b> Tax due (Form 5330, Part II, line 19)	
10a	Form 8038-CP check here ►	b Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b	
Part	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 entity or 🛄 I am a person subject to tax with respe	ect to (name
of enti	ty)	, (EIN) and that I have examined a cop	by of the
compl	ete. I further declare that the amount in	edules and statements, and, to the best of my knowledge and belief, they are true, co Part I above is the amount shown on the copy of the electronic return. I consent to al locateopic return originator (EPO) to cond the return to IPS and to receive from the	llow my

provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS 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

X I authorize	HALL, KISTLER	& COMPANY L	to enter my PIN	6 8 3 1 6 as my signature
	ERO firm name			Enter five numbers, but
				do not enter all zeros

on the tax year 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax

12,	/21	/2	022

		_
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.

3	4	4	5	8	4	3	4	0	7	1			
	Do not enter all zeros												

Date

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 Privacy Act and Paperwork Reduction Act Notice, see back of form. JSA 1X3008 3.000

Form 8879-TE (2021)

739387 2740 12/20/2022 13:54:49 V21-7.8F

Form **990** 

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

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

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

OMB No. 1545-0047 6

**Open to Public** 

		of the Trea	asury	o www.irs.gov/Fo	-		-		-		Inspectio	
A Fo	r the	2021	calendar year, or tax year begin	ning	07/01/	2021	and ending			06/3	80/2022	
			<b>C</b> Name of organization						D Employer ide	ntificatio	on number	
Che			CANTON SYMPHONY OR	CHESTRA ASS	SOCIATION							
Ш	Addres change		Doing business as						34-653			
	Name o	change	Number and street (or P.O. box if	mail is not delivered t	o street address)	F	Room/suite		E Telephone nu	mber		
	Initial r	return	2331 17TH STREET N						(330)4	52-34	134	
	Final re termina		City or town, state or province, co	untry, and ZIP or fore	ign postal code							
	Amend return	Ļ	CANTON, OH 44708						G Gross receipt		1,377,	563
	Applica		F Name and address of principal office	cer: RACHE	L HAGEMEIE	R			H(a) Is this a gro subordinates		or Yes	χN
			2331 17TH STREET NW	, CANTON, C	<u>)н 44708</u>				H(b) Are all subore	linates includ	led? Yes	N
Та	ax-exe	empt stat	tus: X 501(c)(3) 501	(c) ( ) ◀ (in	sert no.) 494	17(a)(1) oi	r 52	7	lf "No," a	ttach a list	. See instructions	
W	ebsite	ie: 🕨	N/A						H(c) Group exem			
		of organiz	zation: Corporation Trust	X Association	Other 🕨		L Year of	f formati	ion: 1938 <b>M</b>	State of	legal domicile:	OH
Par	't I	Sun	nmary									
	1 6	Briefly	describe the organization's miss	sion or most signif	cant activities:	PERFOR	RMANCE (	OF CU	JLTURAL A	ND ED	UCATIONAL	Ĺ
S	-	MUSI	C PERFORMANCES FOR A	ADULTS AND	SCHOOL CHI	LDREN	•					
Governance	-											
Nel			· v	tion discontinued	•	•				1 1		
			er of voting members of the gove							3		1
ss 8			er of independent voting member							4		1
vitie			umber of individuals employed i							5		14
Activities &			umber of volunteers (estimate if i							6		5
<			nrelated business revenue from I							7a		
	b	Net uni	related business taxable income	from Form 990-T,	Part I, line 11	<u></u>		<u></u>		7b		NON
	_								Prior Year		Current Yea	
e			outions and grants (Part VIII, line						874,0		970,0	
Revenue			m service revenue (Part VIII, line						29,0		226,2	
			nent income (Part VIII, column (A						87,5			032
			evenue (Part VIII, column (A), lii						42,1			459
			evenue - add lines 8 through 11						1,032,80		1,370,4	
			and similar amounts paid (Part I.							ONE		NON
			s paid to or for members (Part IX							ONE		NON
ses 1			s, other compensation, employe						488,0		791,	
Expenses			sional fundraising fees (Part IX, c						N	ONE		NON
Ä,			undraising expenses (Part IX, col			,476.			400.0		01.0	<u> </u>
			expenses (Part IX, column (A), lir						480,8		817,0	
			xpenses. Add lines 13-17 (must	•					968,9		1,609,1	
- <u>v</u>	9	Revenu	ue less expenses. Subtract line 1	8 from line 12	<u></u>	<u></u>	· · · · · ·	Bogin	63,8 ning of Current		-238,6 End of Year	
Fund Balances		Total	anota (Part V line 16)					Degini				
Bala	20 54 -		ssets (Part X, line 16) abilities (Part X, line 26)						9,342,74		8,494,9	
	- 1 - 1		sets or fund balances. Subtract l		· · · · · · · · · · · · · · · · · · ·				9,165,69		8,430,	107
Par			nature Block		/ <u></u>				9,105,0		0,430,	191
			perjury, I declare that I have exami	ned this return, incl	uding accompanyin	a schedul	es and stater	ments, a	nd to the best o	f mv kno	wledge and beli	ief. it i
true,	correc	ct, and c	complete. Declaration of preparer (oth	er than officer) is ba	sed on all information	on of which	h preparer ha	is any kn	owledge.	,		
		•							12/	21/20	22	
Sign		Si	gnature of officer						Date	, 20		
lere	•	R	ACHEL HAGEMEIER			PRE	SIDENT a	& CE(	C			
			pe or print name and title					<u>a 020</u>				
	'T	Print/T	ype preparer's name	Preparer's s	gnature		Date		Check	if PTI	N	
aid									self-employ	· .	0190524	
Prepa		Firm's I	name 🕨 HALL, KISTLER	& COMPANY	LLP				Firm's EIN		0715770	
lse C	nly		· · · · · · · · · · · · · · · · · · ·	IRCLE NW - SUITE		I 44718-	3682		Phone no.		-453-7633	3
	ho l		scuss this return with the pre									
1ay t	ine i	i to uit		parer snown ab	ove? See instru	ctions .					X Yes	No

For	m 990 (2021) Pa	age <b>2</b>
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	PERFORMANCE OF CULTURAL AND EDUCATIONAL MUSIC PERFORMANCES FOR ADULTS	
	AND SCHOOL CHILDREN.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		No
	If "Yes," describe these new services on Schedule O.	,
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
Ŭ		No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$387,512.)	
	CULTURAL CLASSICAL, OUTREACH, AND POPS CONCERTS. PRESENTATION	
	OF THESE CONCERTS MAKES QUALITY PERFORMANCE OF LIVE MUSIC	
	ACCESSIBLE AS A CULTURAL RESOURCE FOR PRIMARILY ADULT AUDIENCES,	
	INCLUDING INTRODUCTION OF ADULTS TO CLASSICAL MUSIC. THERE WERE 35	
	PERFORMANCES FOR 10,000 ATTENDEES DURING THE YEAR.	
4b	(Code: ) (Expenses \$ 74,998. including grants of \$ ) (Revenue \$ 96,346. )	
	EDUCATIONAL YOUNG PEOPLE'S CONCERT, KINDER CONCERTS, ENSEMBLE	
	LECTURE/DEMONSTRATIONS, AND YOUTH SYMPHONY. THESE PERFORMANCES	
	PROVIDE AN EDUCATIONAL RESOURCE TO SCHOOL CHILDREN IN NORTHEAST	
	OHIO. CHILDREN LEARN HOW INSTRUMENTS WORK, SOUND, AND PERFORM	
	TOGETHER AS THEY RECEIVE THEIR FIRST EXPOSURE TO CLASSICAL MUSIC.	
	THERE WERE 9 PERFORMANCES FOR 10,292 ATTENDEES DURING THE YEAR.	
_		
4C	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 993,571.	
JSA		2021)
101	739387 2740 12/20/2022 13:54:49 V21-7.8F 11	,

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Is the organization required to complete Schedule B, Schedule of Contributors? See instructions

	F	Page 3
	Yes	No
1	X X	
1 2	Х	
3		х
4		x
5		
6		X
7		Х

a Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year/ II "ves," complete Schedule C, Part II.         4         X           5         Is the organization asset on 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dus, assessments, or similar amounts as defined in Rev. Proc. 98-197 // "ves," complete Schedule C, Part II.         5           7         X         6         X           7         Did the organization materian 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 "vis," complete Schedule D, Part II.         7         X           8         Did the organization metanin collections of works of art, historical trassures, or other similar asset? If "vis," complete Schedule D, Part II.         8         X           9         Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian report an amount for land, buildings, and equipment in Part X, line 17 thes," complete Schedule D, Part V.         9         X           10         Ut the organization report an amount for land, buildings, and equipment in Part X, line 17 thes," complete Schedule D, Part VI.         10         X           11         the organization report an amount for langesteric Schedule D, Part VI.         11         X	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
<ul> <li>election in effect during the tax year? If "Yes," complete Schedule C, Part II.</li> <li>5 Is the organization maintain any doner advised funds or any similar funds or accounts for which doners have the right to provide advice on the distribution or investment of a mount is nucl funds or accounts? If "Yes," complete Schedule D, Part II.</li> <li>6 Did the organization maintain any doner advised funds or any similar funds or accounts for which doners have the right to provide advice on the distribution or investment of a mount is nucl funds or accounts? If "Yes," complete Schedule D, Part II.</li> <li>7 Did the organization reports an amount in Part X, line 21, for secrew or custodial account liability, serve as a custodian for amounts not listed in Part X, ine provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II.</li> <li>9 Did the organization aniset of the following questions is "Yes," then complete Schedule D, Part II.</li> <li>9 Did the organization aniset to any other following questions is "Yes," then complete Schedule D, Part V.</li> <li>10 If the organization report an amount for investments-other securities in Part X, line 10? III "Yes," complete Schedule D, Part V.</li> <li>11 If the organization report an amount for investments-other securities in Part X, line 10? III "Yes," complete Schedule D, Part VI.</li> <li>11 If the organization report an amount for ther assets in Part X, line 12, that is 5% or more of its total assets eported in Part X, line 16? III "Yes," complete Schedule D, Part VI.</li> <li>11 Did the organization report an amount for there sates in Part X, line 12, that is 5% or more of its total assets the draganization scheder for the sax year? If Yes," complete Schedule D, Part XI.</li> <li>11 Did the organization report an amount for there sates in Part X, line 12, that is 5% or more of its total assets eported in Part X, line 17! "Yes," complete Schedule D, Part XI.</li> <li>11 Did the organization r</li></ul>		candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
5         Is the organization a section 501(c)(14), 501(c)(16) or 501(c)(16) organization that receives membership dues, assessments or similar amounts as defined in Rev Proc. 98:191 /f Yes; "complete Schedule D, Part II	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
<ul> <li>assessments, or similar amounts a defined in Rev. Proc. 98-197 // "Yes," complete Schedule C, Part //</li></ul>		election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II.         7 Did the organization receive or hold a conservation easement, including easements to preserve one paper. the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.       7         8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negonization, directly if Yes," complete Schedule D, Part IV.       8         10 Did the organization, directly if Yes," complete Schedule D, Part V.       9         11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.       10         11 B       x       11b         x       11b       x         11 B       x       11b       x         12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.       11b       x         11 Did the organization report an amount for land, buildings, and equipment 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 X.       11b       x         11 Did the organization report an amount for land, buildings, and equipment in Part X, line 13, that	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II.       6       X         7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III.       7       X         8       Did the organization maintain collections of works of art, historical trassures, or other similar assets? If "Yes," complete Schedule D, Part III.       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? II "Yes," complete Schedule D, Part VI.       9       X         10       Did the organization amount for land, buildings, and equipment in Part X, line 10? II "Yes," complete Schedule D, Part VI.       10       X         111       X       Did the organization report an amount for linvestments-orber securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 17! II "Yes," complete Schedule D, Part XI.       111       X         112       Did the organization report an amount for threassets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 17! II "Yes," complete Schedule D, Part XI.       111       X         112       Did the organization report an amount for there assets in Part X, line 21, Part S and VI.		assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
"Yes," complete Schedule D, Part I,	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
7       Did the organization receive or hold a conservation easement, including easements to preserve pen space, the environment, historic can derase, or historic structures? If "Nes," complete Schedule D, Part II.       7       X         8       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, ior provide credit counseling, debt management, credit repair, or debt neganization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Nes," complete Schedule D. Part V       9       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI       9       X         11       If the organization report an amount for investments-other securities in Part X, line 13, this 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VI       111       X         12       Did the organization report an amount for investments-rooram related in Part X, line 13, this 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VI       114       X         13       Did the organization report an amount for investments-program related in Part X, line 13, this 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI       114       X         14       Did the organization report an amount for investments-program related in Part X, line 13, this 15% or more of its total assets reported in Part X, line 16? If "Yes,		have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes," complete Schedule D, Part II       8       X         9       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, line 12, that is 5% or more of 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       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII.       10       X         11       Did the organization report an amount for investments-orber 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.       111       X         11       Did the organization report an amount for other assets 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 X       111       X         11       Did the organization report an amount for other assets 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 X       111       X         12       Did the organization report an amount for other assets in Part X, line 14.       111       X </th <th></th> <th>"Yes," complete Schedule D, Part I</th> <th>6</th> <th></th> <th>Х</th>		"Yes," complete Schedule D, Part I	6		Х
8       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negatization, report an amount for Part X, lone 2D, Part V       8       X         10       Did the organization report an amount in Part X, inr 2D, Part V       9       X         11       If the organization freetity or through a related organization, hold assets in donor-restricted endowments or in guasi endowments? If "Yes," complete Schedule D, Part V       9       X         11       If 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 VI       10       X         11       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 VI       114       X         11       X       114       X       114       X         12       Did the organization report an amount for investments-program related in Part X, line 15. If "I "Se," complete Schedule D, Part VI       114       X         14       X       116       X       116       X         14       Did the organization report an amount for investments-other securities in Part X, line 15, that is 5% or more of its total assets peroted in Part X, line 16? If "Se," complete Schedu	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
complete Schedule D, Part II       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part V       9       X         10       Did the organization, field in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part V       10       X         11       If the organization, field in Part X, inc 21, inc 12, inc 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI.       10       X         11       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 VI.       11a       X         12       Did the organization report an amount for other assets 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 X       11e       X         13       Did the organization report an amount for other asset in Part X, line 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X       11e       X         14       Did the organization included in incosid statements for the tax year? If 'Yes,' complete Schedule D, Part X       11e       X         12       Did the		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V       9       X         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       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.       11a       X         12       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.       11a       X         13       Did the organization report an amount for there 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 X       11c       X         14       X       Did the organization report an amount for there 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 X       11c       X         114       X       Did the organization report an amount for other assets 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 X       11c       X         115       Did the organizatio	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
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       y       x         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       x         11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       11a       x         11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       11a       x         11 Did the organization report an amount for investments-order 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 VII.       11a       x         11 Did the organization report an amount for other tassitis 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 X       11a       x         11 Did the organization report an amount for other lastitues for the tax year include a footnote that addresses the organization stap estrete. Independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11a       x         12 Did the organization askool described in section 17(Div)(1)(A)(A)(A) "Yes," complete Schedule D, Part X       11a       x         13 Is the organization shool described in section 17(Div)(1)(A)(A)(A)(A) "Yes," complete Schedule D, Part X		complete Schedule D, Part III	8		Х
debt negotiation services? If "Yes," complete Schedule D, Part V       9       x         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? II "Yes," complete Schedule D, Part V       10       x         11       If the organization answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, VIII, Xo, rX, as applicable.       10       x         a 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         c 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 VII.       11c       X         d Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X       11e       X         11       X       11e       X       11e       X         12a       Did the organization included in a consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11e       X         12a       X       11f       X       11e       X	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
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       x         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable.       10       x         a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII.       11a       x         b Did the organization report an amount for investments-other securities 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 VII.       11b       x         c Did the organization report an amount for thre sasts 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 XII.       11c       x         d Did the organization report an amount for other assets 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 X       11d       x         112       Did the organization report an amount for the respect and report an amount for the respect and the tax year? If "Yes," complete Schedule D, Part X       11d       x         114       X       11d       X       11d       X         115       Did the organization and XII.       114       X       11d       X         116       Did		custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
or in quasi-endowments? If "Yes," complete Schedule D, Part V       10       x         11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI,       11		debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         11a       X       X       11a       X         11a       X       X       11a       X         11bit he 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         11bit 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         11bit the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X       11c       X         11c       X       11d       X       11d       X         11d       X       11d       X       11d       X         11d       X       11d       X       11d       X         12a       X       11d       X       11d	10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
VII, VIII, X, or X, as applicable.         a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI         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.         c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.         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 X         e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X         f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X         f Did the organization report an amount for investments for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X         11 W       X         12a Did the organization asknowerd "No" to line 12a, then completing Schedule D, Part X and XII is optional         13 Is the organization asknowerd "No" to line 12a, then completing Schedule D, Part X and XII is optional         13 Is the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, sunore than \$15,000 of grants or other assistance to or		or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
<ul> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>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 VI.</li> <li>c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>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 VII.</li> <li>c Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Part X and XII is optional 3</li> <li>ls the organization answered "No" to line 12.4, then completing Schedule E.</li> <li>that a XII and XII.</li> <li>b Did the organization answered "No" to line 12.4, then completing Schedule E.</li> <li>that a school described in section 170(b)(1)(A)(II)" If "Yes," complete Schedule E.</li> <li>that a XII and XII.</li> <li>b Did the organization neport on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report more than \$15,000 of expenses of professional fundraising services on Part VII. Unline 5 cand life "Yes," complete Schedule F, Parts II and IV.</li> <li>16 X.</li> <li>16 X.</li> <li>17 X.</li> <li>18 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report more than \$15,000 of expenses for professional fundraising services on Part VII. Unlines 1 and 116 "I" "Yes," complete Schedule F, Parts II and IV.</li> <li>18 X.</li> &lt;</ul>	11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
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         c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11c       X         d Did the organization report a 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 VII.       11c       X         e Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XI is optional       11f       X         12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XI is optional       12a       11d       X         13 Is the organization answered "No" to line '2a, then completing Schedule D, Parts X and XI is optional       13a       X       11d       X         14a Did the organization maintain an office, employees, or agents outside of the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV       11d       X         15 Did the organization report on Part IX, column (A)		VII, VIII, IX, or X, as applicable.			
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	а				
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.       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 VII.       11c       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11f       X         12a       X       11d       X       11d       X         13 Is the organization included in socion 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Parts X and XII is optional 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 D, Parts X and XII is optional fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$10,000 or more? If "Yes," complete Schedule E, Parts II and IV       14a       X         14 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grant		complete Schedule D, Part VI	11a	Х	
c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.       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         e 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 separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII       11e       X         12a       X       12a       X       11e       X         13       Is the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional statements for the tax year? If "Yes," complete Schedule E, and XI is optional that addresses the organization anitania no ffice, employees, or agents outside the United States?       11a       X         14a       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants are ot orther assistance to or for regin individuals? If "Yes," complete Schedule F, Parts I and IV       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Pa	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 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 X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         12a Did the organization separate, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts X and XII is optional       12a       X         b Was the organization naintain an office, employees, or agents outside of the United States?       11d       X         t Aa Did the organization naintain an office, employees, or agents outside of the United States?       11d       X         t Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States?       11d       X         t Did the organization report on Part IX, column (A), line 3, more than \$5,000 of agregate grants or other assistance to or for oreign individuals? If "Yes," complete Schedule F, Parts II and IV       11d       X         t Did the organization report more than \$15,000 of expenses for professional fundra		of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X.       11d       X         e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is bability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11e       X         12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII.       11d       X         b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is optional       12a       X         13 Is the organization answered "No" to line 12a, then completing Schedule D, Parts X and XII is optional       13       X         14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       X         18 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for	С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.       11d       X         e 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 obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11e       X         12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.       12e       X         b Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13 Is the organization maintain an office, employees, or agents outside of the United States?       11a       X         b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for oreign individuals? If "Yes," complete Schedule F, Parts I and IV       14b       X         15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for oreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for oreign individuals? If "Yes," complete Schedule F, Parts II and IV       17       X         17 Did the orga			11c		Х
<ul> <li>e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li></ul>	d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
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       111         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII.       12a         13       by Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b         14       Did the organization maintain an office, employees, or agents outside of the United States, or aggregate foreign investments, 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       14a       X         14       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garegate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargeate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       15       X         16       Did the organization report nore than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on		reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
12a       Did the organization obtain separate, independent audited financial statements for the tax yea? If "Yes," complete Schedule D, Parts XI and XII,	f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
Schedule D, Parts XI and XII.       12a       X         b Was the organization included in consolidated, independent audited financial statements for the tax year? If       "Yes," and if the organization aswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.       13       X         14a Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
b Was the organization included in consolidated, independent audited financial statements for the tax year? If       12b         "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13         13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.       13       x         14a Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       x         15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garts or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 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 G, Part I. See instructions       17       X         18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 3?       18       <	12 a				
"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12 k         13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.       13 X         14a Did the organization maintain an office, employees, or agents outside of the United States?       14 X         14 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14 X         15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of ggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15 X         16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17 X         18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II       18 X         19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       19 X         20a Did the organization report more than \$5,000 of grass income from gaming activities on Part VIII, line 9a?       18 X         17 X       18 X         18 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H <th></th> <th></th> <th>12a</th> <th>X</th> <th></th>			12a	X	
<ul> <li>13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</li></ul>	b				
<ul> <li>14a Did the organization maintain an office, employees, or agents outside of the United States?</li></ul>					
<ul> <li>b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i></li></ul>	-	<b>G</b>			
fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       15       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       Did the organization report more than \$5,000 of grants or other assistance to this return?       20b         19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       Did the organization report more than \$5,000 of grants or ot			14a		X
foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       19       X         20a       Did the organization report more than \$5,000 of grants or other assistance to this return?       20a       X         21       Did the organization attach a copy of its audited financial statements to this return?       20b       20b	b				
<ul> <li>15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i></li> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i></li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions</li> <li>18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i></li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part II</i></li> <li>20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i></li> <li>20a X</li> <li>21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or</li> </ul>					
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       19       X         20a       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       20a       X         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       10       10	45		14b		_X
<ul> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i></li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions</li> <li>18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i></li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i></li> <li>20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i></li> <li>20a Lid the organization report more than \$5,000 of grants or other assistance to any domestic organization or</li> </ul>	15		4.5		
<ul> <li>assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i></li> <li>16 X</li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions</li> <li>18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i></li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part II</i></li> <li>20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i></li> <li>20a X</li> <li>20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</li> <li>20b</li> </ul>	4.0		15		_X
<ul> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions</li></ul>	16		40		37
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       19       X         20a       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       20a       X	47		10		X
<ul> <li>18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i></li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part II</i></li> <li>19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i></li> <li>19 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</li> <li>20 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or</li> </ul>	17		47		37
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?       19       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       0       0	19		17		
19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       0       0	10		10	v	
If "Yes," complete Schedule G, Part III       19       X         20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       0       0	10		10		
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20 a       X         b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20 b       20 b         21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       0 b       0 b	19		10		v
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       0	20 -				
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
			200		
			21		х

Form 990 (2021) Part IV

2

**Checklist of Required Schedules** 

Page	4

Form 9	CANTON SYMPHONY ORCHESTRA ASSOCIATION 34-6533	119	ſ	Page <b>4</b>
Part				age -
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23	Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	22		X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ь	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
00	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		37
35 2	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	554		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			37
Part	<ul> <li>19? Note: All Form 990 filers are required to complete Schedule O</li> <li>V Statements Regarding Other IRS Filings and Tax Compliance</li> </ul>	38		X
T art	Check if Schedule O contains a response or note to any line in this Part V	_		
		_	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	000	
1E1030	1.000	Form	990	(2021)

CANTON	SYMPHONY	ORCHESTRA	ASSOCIATION
CITATOIN	DINI HONI	OICCIIDDIICI	10000011111010

Form	990 (2021)		P	age <b>5</b>						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax									
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 145									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	3a	Х							
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	40		v						
h	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
D	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).									
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х						
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).									
а	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						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_								
	required to file Form 8282?	7c		X						
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		37						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X						
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g								
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79 7h								
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. <b>. Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	/ 11								
0	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.	-								
	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	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										
	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.)									
	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 12b									
13	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? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	IJa								
h	Enter the amount of reserves the organization is required to maintain by the states in which									
5	the organization is licensed to issue qualified health plans									
с	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15								
	If "Yes," see the 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? If "Yes," complete Form 4720, Schedule O.	16								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.	11								
JSA		Form	990	(2021)						
1E104	<sup>0 1.000</sup> 739387 2740 <b>12/20/2022 13:54:49</b> V21-7.8F		14	,						

Form 9	90 (202	1) CANTON SYMPHONY ORCHESTRA ASSOCIATION 34-6533	119	F	age <b>6</b>
Part	: VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	, and	for a	"No"
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			tions.
		Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect		Governing Body and Management			
				Yes	No
10	Entor	the number of voting members of the governing body at the end of the tay year $ \mathbf{1a}  = 19$			
Id		the number of voting members of the governing body at the end of the tax year 1a 19 e 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			
		ittee, explain on Schedule O.			
-			-		
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with	2		37
	-	her officer, director, trustee, or key employee?	2		X
3		e organization delegate control over management duties customarily performed by or under the direct			
	-	vision of officers, directors, trustees, or key employees to a management company or other person?	3		<u>X</u>
4		e organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did th	e organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did th	e organization have members or stockholders?	6		X
7a	Did th	e organization have members, stockholders, or other persons who had the power to elect or appoint			
	one oi	more members of the governing body?	7a		Х
b	Are a	ny governance decisions of the organization reserved to (or subject to approval by) members,			
	stockł	nolders, or persons other than the governing body?	7b		X
8	Did th	e organization contemporaneously document the meetings held or written actions undertaken during			
		ar by the following:			
а		overning body?	8a	Х	
b		committee with authority to act on behalf of the governing body?	8b		Х
9		e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•		ganization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti		Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
				Ýes	No
102	Did th	e organization have local chapters, branches, or affiliates?	10a		Х
		s," did the organization have written policies and procedures governing the activities of such chapters,			
b		es, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110			11a	Х	
		e organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	1.0		
		ibe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	х	
12a		e organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	124		
D		officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
		conflicts?	120	A	
С		ne organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	х	
		be on Schedule O how this was done			
13		e organization have a written whistleblower policy?	13	Х	
14		e organization have a written document retention and destruction policy?	14		X
15		e process for determining compensation of the following persons include a review and approval by			
		endent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		rganization's CEO, Executive Director, or top management official	15a	X	
b	Other	officers or key employees of the organization	15b		X
	If "Yes	" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did th	e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a	taxable entity during the year?	16a		X
b		s," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	partici	pation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		zation's exempt status with respect to such arrangements?	16b		
Secti	ion C.	Disclosure			
17	List th	e states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ _ OH ,			
18	Sectio	n 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1	[ (sec	tion 5	01(c)
	<u>(3)s</u> or	nly) available for public inspection. Indicate how you made these available. Check all that apply.	,		. ,
		Dwn website 🔟 Another's website 🔟 Upon request 🗌 Other <i>(explain on Schedule O)</i>			
19	Descr	ibe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	est n	olicv
		nancial statements available to the public during the tax year.		- P	- ,,
20		the name, address, and telephone number of the person who possesses the organization's books and record	s 🕨		
		IFER SLOANE 2331 17TH STREET NW CANTON, OH 44708	-		
		) 452-3434	Form	990	(2021)
JSA	-				、 -= • )
1E1042		$87 \ 2740 \ 12/20/2022 \ 13.54.49 \ 321-7 \ 8F$		15	

34-6533119

	compensation of	Unicers,	Directors,	musiees,	ney	Employees,	підпезі	Compensate	u ⊑m	loyees,	anu	
	Independent Contra	actors										
(	Check if Schedule O	contains a re	esponse or n	ote to any lin	e in this	s Part VII						
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees												
1a Complet	a this table for all y	orcone rog	wired to be	listed Pop	ort oo	mnoncotion fo	r the colo	ndar voar ondir	a with	or withi	n tho	

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

(**a**)

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

				(0	C)					
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and title	Average					e than o		Reportable	Reportable	Estimated amount
	hours per week					is both or/trust		compensation from the	compensation from related	of other compensation
	(list any						, 	organization (W-2/	organizations (W-2/	from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	1099-MISC/	1099-MISC/	organization and
	related	rect	tutio	ë,	due	est o	ler	1099-NEC)	1099-NEC)	related organizations
	organizations below	or tru	nalt		loye	e mo				
	dotted line)	stee	rust		e	bens				
	,		ee			Highest compensated employee				
						<u> </u>				
(1) MICHELLE CHARLES	40.00									
PRESIDENT & CEO	NONE	X		х				84,500.	NONE	NONE
(2) JANET B. BAKER	0.50									
RECORDER	NONE	Х		Х				NONE	NONE	NONE
(3) WILLIAM P. BLAIR III	0.50									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(4) LINDA M. CASEY	0.50									
CHAIR - ADMINISTRATION	NONE	Х						NONE	NONE	NONE
(5) JENNIFER GEORGE	0.50									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(6) JEFFREY A. HALM	0.50									
CHAIR - INVESTMENTS	NONE	Х						NONE	NONE	NONE
(7) DR. STEPHEN P. JOHNSON	0.50	-								
TRUSTEE	NONE	Х						NONE	NONE	NONE
(8) ROBERT L. LEIBENSPERGER	0.50									
CHAIR - FACILITIES	NONE	Х						NONE	NONE	NONE
(9) GAIL I MARTINO	2.00									
CHAIR	NONE	Х		Х				NONE	NONE	NONE
(10) ROBERT PORTER	0.50	-								
CHAIR - MARKETING AND DEVELOPM	NONE	Х						NONE	NONE	NONE
(11) JOHN ABBOTT	0.50	-								
CHAIR - EDUCATION	NONE	Х						NONE	NONE	NONE
(12) LAUREN CAPO	0.50	-								
TRUSTEE	NONE	Х						NONE	NONE	NONE
(13) ALLISON JACOB	0.50	-								
TRUSTEE	NONE	X						NONE	NONE	NONE
(14) TERRY ORCUTT	0.50	-								
TRUSTEE - NON VOTING	NONE	Х						NONE	NONE	NONE

#### Form 990 (2021) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (B) (E) (F) Name and title Position Reportable Reportable Estimated Average (do not check more than one compensation hours per compensation from amount of week (list any box, unless person is both an other from related officer and a director/trustee) compensation hours for the organizations Officer Former Individual trustee or director Institutional Highest compensated employee related Key from the organization (W-2/1099-MISC) organizations organization employee (W-2/1099-MISC) and related below dotted organizations line) I trustee 15) KATHY SMITHBERGER 0.50 TREASURER NONE Х Х NONE NONE NONE 16) VIRGINIA BANKS 0.50 NONE TRUSTEE Х NONE NONE NONE 17) TIFFANY KINNARD-PAYTON 0.50 TRUSTEE NONE Х NONE NONE NONE 0.50 18) JONATHON LALEWICZ TRUSTEE NONE Х NONE NONE NONE 19) AMBER ROBINSON 0.50 TRUSTEE NONE Х NONE NONE NONE 20) MELISSA SHIEPIS 0.50 TRUSTEE NONE Х NONE NONE NONE 21) ROBIN ZOLLINGER 0.50 TRUSTEE NONE Х NONE NONE NONE 1b Sub-total 84,500. NONE NONE ► c Total from continuation sheets to Part VII, Section A NONE NONE NONE 84,500. NONE NONE Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 2 reportable compensation from the organization **>** NONE Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 Х For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 4 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Х 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Х Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
ependent contractors (including but not limited to tho in compensation from the organization <b>&gt;</b>	se listed above) who received	

#### JSA 1E1055 2.000

### Form 990 (2021)

### CANTON SYMPHONY ORCHESTRA ASSOCIATION Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse or note to an	y line in this Part V	/111		
				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Bifts, Grants</b> lar Amounts	1a b c d	Federated campaigns       1a         Membership dues       1b         Fundraising events       1c         Related organizations       1d					
Contributions, Gifts, Grants and Other Similar Amounts	e f g	Government grants (contributions)       1e         All other contributions, gifts, grants, and similar amounts not included above       1f         Noncash contributions included in lines 1a-1f       1g	139,322. 831,354. \$ 19,063.				
an Co	h	Total. Add lines 1a-1f		970,676.			
			Business Code				
e	2a	ADMISSIONS	900099	192,787.	192,787.		
e Y	b	EDUCATIONAL FEES	900099	33,503.	33,503.		
Program Service Revenue	c d						
õ	е		_				
Δ.	f	All other program service revenue					
	9 3	Total. Add lines 2a-2f		226,290.			
	-	other similar amounts)		98,032.			98,032.
	4	Income from investment of tax-exempt bor		NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a	108.				
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c NO	NE 108.				
	d	Net rental income or (loss)		108.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory <b>7a</b>					
e	b	Less: cost or other basis					
Revenue		and sales expenses 7b					
e v	c	Gain or (loss) 7c					
	d	Net gain or (loss)	<u></u>	NONE			
Other	8a	Gross income from fundraising events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	15,651.				
	b	Less: direct expenses	7,106.				
	c	Net income or (loss) from fundraising event	s	8,545.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activitie	<u>s</u> ▶	NONE			
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold10					
	c	Net income or (loss) from sales of inventory		NONE			
snu			Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS	900099	66,806.	66,806.		
ella ver	b						
Sce Re	C L						
Ϊ	d	All other revenue		66 006			
	<u>е</u> 12	Total. Add lines 11a-11d           Total revenue. See instructions		66,806. 1,370,457.	293,096.		98,032.
	14		· · · · · · · F	1,3/0,43/.	493,090.		20,032.

Part IX Statement of Functional Expenses

#### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (C) Management and (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . NONE 2 Grants and other assistance to domestic NONE individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and NONE foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members NONE 5 Compensation of current officers, directors, trustees, and key employees 84,500. NONE 84,500. NONE 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages 621,629 502,641. 79,603. 39,385. 17,285. 1,344. 18,629. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits . . . . . . . . . . . . 15,679 11,046 1,205 3,428. 51,084. 37,186. 11,066. 2,832. Payroll taxes 10 11 Fees for services (nonemployees): NONE a Management NONE **b** Legal 17,432. 17,432 c Accounting NONE d Lobbying NONE e Professional fundraising services. See Part IV, line 17. 31,987 31,987 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 134,500 134,500 (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 87,664 87,664 60,947. 34,602. 26,345. 13 Office expenses 14 Information technology 45,418. 45,418. NONE 15 Royalties Occupancy 55,405 15,000 40,405. 16 <u>16,</u>177. 21,041 <u>4,</u>864. 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials Conferences, conventions, and meetings NONE 19 Interest NONE 20 NONE Payments to affiliates 21 Depreciation, depletion, and amortization 152,865 152,865 22 14,293. 14,293. 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.) a CONCERT EXPENSES 137,470 137,470 14,807 MISCELANEOUS EXPENSES 14,807. b 8,014. TELEPHONE EXPENSE 8,014 С 10,127 10,127. d BANK FEES 25,650 14,819. 10,831. e All other expenses 25 Total functional expenses. Add lines 1 through 24e 1,609,141. 993,571. 559,094. 56,476. Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2021)

Form 990 (2021)

Page **11** 

<ol> <li>Cash - non-interest-bearing</li></ol>	Beginning of year 521,870.		End of year
2 Savings and temporary cash investments.	JZ1,0/0.	1	459,973.
	NONE	2	NON
3 Pledges and grants receivable, net	141,416.	3	134,670
4 Accounts receivable, net	5,916.	4	4,351
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	NONE	5	NON
6 Loans and other receivables from other disqualified persons (as defined			
	NONE	6	NON
	NONE	7	NON
8 Inventories for sale or use	NONE	8	NON
	1,218.	9	10,509
basis. Complete Part VI of Schedule D 10a 5, 224, 251.			
<b>b</b> Less: accumulated depreciation <b>10b</b> 1,619,753.	3,757,363.	10c	3,604,498.
	4,908,212.	11	4,275,461.
2 Investments - other securities. See Part IV, line 11	NONE	12	NON
3 Investments - program-related. See Part IV, line 11	NONE	13	NON
4 Intangible assets	NONE	14	NON
5 Other assets. See Part IV, line 11	6,747.	15	5,442
6 Total assets. Add lines 1 through 15 (must equal line 33)	9,342,742.	16	8,494,904.
7 Accounts payable and accrued expenses	37,727.	17	53,532
8 Grants payable	NONE	18	NONI
9 Deferred revenue SEE SCHEDULE O	NONE	19	10,575
0 Tax-exempt bond liabilities	NONE	20	NON
1 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
2 Loans and other payables to any current or former officer, director,			
trustee, key employee, creator or founder, substantial contributor, or 35%			
controlled entity or family member of any of these persons	NONE	22	NON
3 Secured mortgages and notes payable to unrelated third parties	139,322.	23	NON
4 Unsecured notes and loans payable to unrelated third parties	NONE	24	NON
5 Other liabilities (including federal income tax, payables to related third			
parties, and other liabilities not included on lines 17-24). Complete Part X			
of Schedule D			NONI
	177,049.	26	64,107
Organizations that follow FASB ASC 958, check here ► 🔯 and complete lines 27, 28, 32, and 33.			
7 Net assets without donor restrictions	5,577,123.	27	4,751,950.
8 Net assets with donor restrictions	3,588,570.	28	3,678,847.
Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
		29	
		-	
0	9,165,693		8,430,797.
			8,494,904.
	<ul> <li>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).</li> <li>7 Notes and loans receivable, net</li></ul>	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).       NONE         7       Notes and loans receivable, net.       NONE         8       Inventories for sale or use.       NONE         9       Prepaid expenses and deferred charges       SEE       SCHEDULE .Q.       1, 218.         0a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       5, 224, 251.         b       Less: accumulated depreciation       10b       1, 619, 753.       3, 757, 363.         1       Investments - publicly traded securities. SEE       SCHEDULE .Q.       4, 908, 212.         1       Investments - other securities. See Part IV, line 11.       NONE         1       Investments - other securities. See Part IV, line 11.       NONE         1       Investments - other securities. See Part IV, line 11.       NONE         4       Intragible assets.       37, 727.         6       Total assets. Add lines 1 through 15 (must equal line 33)       9, 342, 742.         7       Accounts payable and accrued expenses.       37, 727.         8       Grants payable.       NONE         9       Deferred revenue       SEE_SCHEDULE Q.         1       Total ascets witho	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).       NONE       6         7       Notes and loans receivable, net.       NONE       7         8       Inventories for sale or use.       NONE       7         9       Prepaid expenses and deferred charges.       SEE       SCHEDULE.Q.       1,218.       9         0a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       5,224,251.       1,218.       9         1       Investments - publicly traded securities.       SEE       SCHEDULE Q.       4,908,212.       11         1       Investments - other securities. See Part IV, line 11.       Investments - program-related. See Part IV, line 11.       NONE       13         1       Intrangible assets.       SEE       SCHEDULE Q.       9,942,742.       16         7       Accounts payable and accrued expenses.       37,727.       17       17         8       Grants payable .       NONE       10a       NONE       10a       19,942,742.       16         7       Accounts payable and accrued expenses.       37,727.       17       17       17       17       17       17       10a       132,522.       23

	CANTON SYMPHONY ORCHESTRA ASSOCIATION 3	4-653	3119			
Form 99	00 (2021)				Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)		1	1,3	70,	<u>457</u> .
2	Total expenses (must equal Part IX, column (A), line 25)		2	1,6	09,	<u>141</u> .
3	Revenue less expenses. Subtract line 2 from line 1		3			<u>684</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4			<u>693</u> .
5	Net unrealized gains (losses) on investments		5	-4	96,	<u>212</u> .
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain on Schedule O)		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X					
	32, column (B))		10	8,4	30,	<u>797</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		<u> </u>			
	If the organization changed its method of accounting from a prior year or checked "Of	her," exp	olain on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accou			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year w	ere com	piled or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate ba				37	
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year we	re audite	ed on a			
	separate basis, consolidated basis, or both:	-:-				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility		-	2c	x	
	the audit, review, or compilation of its financial statements and selection of an independent a			20		
	If the organization changed either its oversight process or selection process during the tax Schedule O.	year, ex	piain on			
<b>n</b> -		o o o t f c	h in th-			
sa	As a result of a federal award, was the organization required to undergo an audit or audits a Single Audit Act and OMB Circular A-133?			3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did					- 22
b	required audit or audits, explain why on Schedule O and describe any steps taken to undergo		•	3b		
	required addit of addite, explain why on conordate of and accorded any steps taken to analogo				990	(2021)

SCHEDUL	Ε	A
(Form 990)		

## **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.

OMB No. 1545-0047 Open Public

	ment of the Treasury       I Revenue Service       Open to Public       Open to Public					Open to Public Inspection		
Name o	of the organization						Employer identifi	
	-	ORCHESTR	A ASSOCIATION	J				533119
Part					comple	te this p	art.) See instructions	
			•	t is: (For lines 1 through			,	
1	<u> </u>	•		tion of churches desc			,	
2	-			. (Attach Schedule E				
3				rganization described			(1)(A)(iii)	
4		-	-	-				(iii) Entor the
4	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state:							
e [		-				doropo	roted by a governme	ental unit described in
5	-	-		a college of universi	y owne	u or ope	rated by a governme	intal unit described in
c [			Complete Part II.)	romontal unit deseribe	d in <b>ee</b> e	ion 470	L\/4\/A\/	
6		•	•	rnmental unit describe				
7					проп п	om a go	vernmental unit of Ind	om the general public
• □			(1)(A)(vi). (Compl		<b>D</b> (    )			
8			-	<b>b)(1)(A)(vi).</b> (Complete	-			In a diama at a silla sa
9			-			-	I in conjunction with a	
		r a non-land-	grant college of a	griculture (see instruct	ions). E	nter the	name, city, and state of	t the college or
<b>Г</b>	university:					,		
10	X An organizatio	n that norma	illy receives (1) mo ted to its exempt f	ore than 331/3 % of its functions, subject to c	support ertain ex	from con	ntributions, membersh s; and (2) no more thar	ip fees, and gross
	support from a	aross investr	nent income and u	nrelated business tax	able inco	omė (les	s section 511 tax) from	businesses
				975. See section 509				
11	-	•		usively to test for publ				
12		-	-	-	-			ry out the purposes of
			-					tion 509(a)(3). Check
	the box on line	es 12a throug	h 12d that describ	bes the type of suppor	ting orga	anizatior	and complete lines 1	2e, 12f, and 12g.
а	<b>Type I.</b> A su	pporting orga	anization operated	l, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
	the supporte	d organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	es of the
	supporting o	rganization.	You must complet	te Part IV, Sections A	and B.			
b	🔄 Type II. A su	upporting org	anization supervis	ed or controlled in co	nnectior	n with its	supported organization	on(s), by having
	control or m	anagement o	of the supporting c	organization vested in	the sam	e persor	ns that control or man	age the supported
	organization(	(s). You must	complete Part IV	, Sections A and C.				
С	Type III fund	tionally inte	<b>grated.</b> A supporti	ng organization opera	ated in c	onnectio	n with, and functional	lly integrated with,
	its supported	d organizatior	n(s) (see instruction	ns). You must comple	te Part I	V, Section	ons A, D, and E.	
d	Type III non	-functionally	integrated. A sup	porting organization of	perated	in conn	ection with its suppor	ted organization(s)
	that is not fu	nctionally inte	egrated. The organ	nization generally mus	st satisfy	a distrik	oution requirement and	d an attentiveness
	requirement	(see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е	Check this b	ox if the orga	anization received	a written determinatio	n from t	he IRS t	hat it is a Type I, Type I	I, Type III
	functionally i	ntegrated, or	Type III non-funct	tionally integrated sup	porting o	organiza	tion.	
fE	Enter the number	of supported	l organizations					
g F	Provide the follow	ing information	on about the supp	orted organization(s).				
(i)	) Name of supported o	rganization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		
( • )								
(A)								
(D)								
(B)								
(0)								
(C)								
(D)								
(D)								
<u>(</u> , , , , , , , , , , , , , , , , , , ,								
(E)								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 1E1210 1.000

Total

Page 2

Schedule A (Form 990) 2021

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ige				
14	Public support percentage for 2021 (lin	ne 6, column (f	), divided by line	e 11, column (f))	)	14	%
15	Public support percentage from 2020					15	%
16a	331/3% support test - 2021. If the org	-					
	box and stop here. The organization qu						
b	331/3% support test - 2020. If the org						
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					•	•
	Part VI how the organization meets			-	-		upported
_	organization						· · · · ► 🗀
b	10%-facts-and-circumstances test - 2		0		•		
	15 is 10% or more, and if the organiz					-	-
	in Part VI how the organization meets			-	-		upported
4.0	organization						· · · ► []
18	Private foundation. If the organizatio						
	instructions	<u></u>					<u> P 🖂</u>

Schedule A (Form 990) 2021

Page 3

Schedule A (Form 990) 2021

### Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			-	-		
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees	SEE SUPP PAGE					
	received. (Do not include any "unusual grants.")	1,074,458.	960,051.	772,472.	734,715.	970,676.	4,512,372.
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	350,118.	273,707.	228,440.	29,072.	226,290.	1,107,627.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						NONE
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						NONE
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						NONE
6	Total. Add lines 1 through 5	1,424,576.	1,233,758.	1,000,912.	763,787.	1,196,966.	5,619,999.
	Amounts included on lines 1, 2, and 3	, , , , , , , , , , , , , , , , , , , ,		,			
1 a	received from disqualified persons	677,846.	452,733.	477,914.	492,517.	551,994.	2,653,004.
b	Amounts included on lines 2 and 3	0,7,010.	152,755.	1,1,911.	192,917.	551,551.	2,000,001.
	received from other than disqualified						
	persons that exceed the greater of \$5,000						NONE
	or 1% of the amount on line 13 for the year	677,846.	452,733.	477,914.	492,517.	551,994.	2,653,004.
с 8	Add lines 7a and 7b. <b>Public support.</b> (Subtract line 7c from	077,840.	452,755.	4//,914.	492,517.	331,994.	2,055,004.
0							2 066 005
800	line 6.)						2,966,995.
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
		1,424,576.	1,233,758.	1,000,912.	763,787.	1,196,966.	5,619,999.
9 10 a	Amounts from line 6 Gross income from interest, dividends,	1,424,570.	1,233,730.	1,000,912.	/03,/07.	1,190,900.	5,019,999.
ivu	payments received on securities loans,						
	rents, royalties, and income from similar		100 510	0.6 500			1 005 005
	sources	94,241.	100,512.	96,702.	935,600.	98,032.	1,325,087.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						NONE
	Add lines 10a and 10b	94,241.	100,512.	96,702.	935,600.	98,032.	1,325,087.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.	12,016.	11,160.	NONE	NONE	NONE	23,176.
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.) SEE SUPP PAGE	113,521.	98,539.	68,513.	181,473.	75,459.	537,505.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1,644,354.	1,443,969.	1,166,127.	1,880,860.	1,370,457.	7,505,767.
14	First 5 years. If the Form 990 is fo	0					
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2021 (line 8	.,	•			15	39.53%
16	Public support percentage from 2020 Sche	edule A, Part III, lin	e 15			16	39.10%
Sec	tion D. Computation of Investmen	t Income Perc	entage				
17	Investment income percentage for 2021 (li	ne 10c, column (f	), divided by line 1	3, column (f))		17	17.65%
18	Investment income percentage from 2020	Schedule A, Part I	II, line 17			18	17.01%
19 a	331/3% support tests - 2021. If the or	rganization did n	ot check the box	on line 14, an	d line 15 is mo	re than 331/3%,	and line
	17 is not more than 331/3%, check thi	s box and stop	here. The organ	zation qualifies a	as a publicly su	pported organizat	ion 🕨 🛛 🛛
b	331/3% support tests - 2020. If the org	anization did not	check a box on	line 14 or line 19	9a, and line 16	is more than 331	'3 %, and
	line 18 is not more than 331/3%, check						·
20	Private foundation. If the organization			•			
JSA	1 1.000					Schedule A	(Form 990) 2021
16122	739387 2740 12/20/2022 1	3:54:49 V21	7.8F				24

### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

JSA

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

## CANTON SYMPHONY ORCHESTRA ASSOCIATION

Schedule A (Form 990) 2021

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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 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			
			Yes	No

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? <i>If "No," describe in Part VI how the supported organization(s)</i>
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.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

### Section C. Type II Supporting Organizations

 Yes
 No

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

### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <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 on 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? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	tions).	
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	is).
•	Astivities Test Answerlings 2s and 2h holow	Yes	No
2	Activities Test. Answer lines 2a and 2b below.		
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>		

~	Bha cabotantiany an or the organization o addition and the tax year an order in the oxempt purposed of
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify
	those supported organizations and explain how these activities directly furthered their exempt purposes,
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's

- Did the activities described on 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 **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

/. 3b 5 Schedule A (Form 990) 2021

2a

2b

3a

JSA 1E1230 1.000 739387 2740 12/20/2022 13:54:49 V21-7.8F 1

2

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Se	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ction 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		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	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		
	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
_		-		

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			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				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 <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 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-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - <i>explain in <b>Part VI</b>)</i> . See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
b	From 2017				
<u> </u>	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
<u> </u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2021, if				
5					
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
 a	Excess from 2017				
 	Excess from 2018				
 C	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

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

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
SPECIAL FUNDRAISING ACTIVITIES-NET	72,667.	49,592.	7,495.	2,239.	8,545.	140,538.
OTHER INCOME	36,391. 4,463.	40,251. 8,696.	53,014. 8,004.	170,284. 8,950.	66,806. 108.	366,746. 30,221.
TOTALS	113,521.	98,539.	68,513.	181,473.	75,459.	537,505.

29

JSA

### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

OMB No. 1545-0047

# Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Employer identification number

CANTON SYMPHONY ORCHESTRA ASSOCIATION 34-6533119				
Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private four	ndation		
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ion		
	501(c)(3) taxable private foundation			

Check if your organization is covered by the General Rule or a Special Rule.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

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

### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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	\$293,588	Person X 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 CANTON, OH 44708	\$41,335.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	THE W. HENRY HOOVER FOUNDATION C/O KEYBANK BROOKLYN, OH 44144	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	ROBERT & DONNA LEIBENSPERGER 6849 CHILLINGSWORTH CIR NW CANTON, OH 44718	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5_	OHIO ARTS COUNCIL 30 EAST BROAD ST., 33RD FLOOR COLUMBUS, OH 43215	\$56,971.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	VARIOUS LESS THAN \$5,000 2331 17TH STREET NW CANTON, OH 44708	\$60,329.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

CANTON SYMPHONY ORCHESTRA ASSOCIATION

1E1253 2.000 739387 2740 12/20/2022 13:54:49 V21-7.8F

JSA

Schedule B (Form 990) (2021)

Name of organization

Page **2** Employer identification number 34-6533119

Part I	Contributors (see instructions). Use duplicate copies of P		eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DAVID JONES 2610 CARRINGTON ST NORTH CANTON, OH 44720	\$13,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	WENDLING FOUNDATION 4495 EVERHARD RD NW CANTON, OH 44718	\$18,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	KEY BANK 4495 EVERHARD RD NW CANTON, OH 44718	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	GREGORY INDUSTRIES 4100 13TH ST SW CANTON, OH 44710	\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	VISIT CANTON 227 2ND ST NW CANTON, OH 44702	\$22,740	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	BRAD & SUE GORIS 3075 SOUTH UNION AVE ALLIANCE, OH 44601	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

CANTON SYMPHONY ORCHESTRA ASSOCIATION

Schedule B (Form 990) (2021)

739387 2740 12/20/2022 13:54:49 V21-7.8F

Name of organization

Employer identification number 34-6533119

Part I	Contributors (see instructions). Use duplicate copies of P	•	seded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	FISHER-RENKERT FOUNDATION 1201 MILLERTON ST SE CANTON, OH 44707	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	SMALL BUSINESS ADMINISTRATION 409 THIRD STREET SW WASHINGTON, DC 20416	\$139,322.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	LEIBENSPERGER FAMILY FUND 6849 CHILLINGSWORTH CIR NW CANTON, OH 44718	\$5,212.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	MARK & BEVERLY BELGYA <u>36 LAKE TOWN DRIVE</u> ASHEVILLE, NC 28804	\$16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	HERBERT W HOOVER FOUNDATION 4685 LISMORE AVE NW CANTON, OH 44718	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	FRESHMARK 1888 SOUTHWAY ST SW MASSILLON, OH 44646	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

CANTON SYMPHONY ORCHESTRA ASSOCIATION

Schedule B (Form 990) (2021)

JSA 1E1253 2.000

Page **2** Employer identification number 34-6533119

	CANTON SYMPHONY ORCHESTRA ASSOC		Employer identification number 34–6533119
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	PAT GILLESPIE		Person X
	711 24TH ST NE	\$6,000.	Payroll Noncash
	CANTON, OH 44714		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	LARRY & NANCY HOOVER		Person X
	2832 BROUGHTON CIR NW		Payroll Noncash
	NORTH CANTON, OH 44720		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	RACHEL SCHNEIDER		Person X
	200 LAUREL LAKE APT E366	\$5,000.	Payroll Noncash
	HUDSON, OH 44236		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	DARWIN STEELE		Person
	256 WOODRIDGE RD		Payroll Noncash
	TALLMADGE, OH 44278		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	HENRY & LOUISE TIMKEN FOUNDATION		Person
	400 MARKET AVE N SUITE 210	\$15,000.	Payroll Noncash
	CANTON, OH 44702		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	THE HOOVER FOUNDATION		Person X
	400 MARKET AVE N SUITE 210	\$100,000.	Payroll Noncash
	CANTON, OH 44702		(Complete Part II for noncash contributions.)
			1

Schedule B (Form 990) (2021)

Name of organization

Employer identification number 34-6533119

Part I	Contributors (see instructions). Use duplicate cop	bies of Part I if additional space is n	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	OHIO DEPT OF DEVELOPMENT		Person
	77 S HIGH ST 29TH FLOOR		Payroll Noncash
	COLUMBUS, OH 43215		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	VARIOUS UNDER 5K NON-CASH		Person
	2331 17TH STREET NW	\$19,063.	Payroll X
	CANTON, OH 44708		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

CANTON SYMPHONY ORCHESTRA ASSOCIATION

Schedule B (Form 990) (2021)

1E1253 2.000 739387 2740 12/20/2022 13:54:49 V21-7.8F

JSA

lame of org	ganization CANTON SYMPHONY ORCHESTRA ASSOCIATION		Employer identification number 34-6533119		
Part II	Noncash Property (see instructions). Use duplicate copies				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
26	ADVERTISING				
		\$19,063	VAR		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Page 3

Schedule B (Form 990) (2021)

36

Schedule B	(Form 990) (2021)			Page 4		
Name of o	rganization			Employer identification number		
	CANTON SYMPHONY ORCHE			34-6533119		
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any ions completing Par e year. (Enter this in	one contributor. C t III, enter the total c formation once. Se	omplete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	· · · · · · · · · · · · · · · · · · ·		(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relations	hip of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relations	hip of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	of gift Relationship of transferor to transferee		

SCHEE	DULE	D
(Form	990)	

Department of the Treasury

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

20 Ζ **Open to Public** 

OMB No. 1545-0047

Internal Revenue Service		► Go to www.irs.gov	► Go to www.irs.gov/Form990 for instructions and the latest information.		
Name of the organization				Employer identifica	ation number
CANTON SYMPHONY ORCHESTRA ASSOC				34-65333	119
Pa	rt Organiza	tions Maintaining Donor Adv	ised Funds or Other Similar Funds or	Accounts.	
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds and	other accounts
1	Total number at e	nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5		-	advisors in writing that the assets held	in donor advised	
	•		e organization's exclusive legal control?		Yes No
6	-		and donor advisors in writing that grant fu		
	-	-	fit of the donor or donor advisor, or for a		
	-				Yes No
Pa		ation Easements.			
			"Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of con	nservation easements held by the	organization (check all that apply).		
	Preservatio	on of land for public use (for example	, recreation or education) Preservation	of a historically im	portant land area
	Protection of	of natural habitat	Preservation	of a certified histo	ric structure
	Preservatio	on of open space			
2	Complete lines 2a	a through 2d if the organization he	eld a qualified conservation contribution in	the form of a con	servation
	easement on the	last day of the tax year.		Held at the	End of the Tax Year
а	Total number of c	onservation easements		2a	
b			8	2b	
с			historic structure included in (a)	2c	
d			acquired after 7/25/06, and not on a		
			· · · · · · · · · · · · · · · · · · ·	2d	
3		-	nsferred, released, extinguished, or term	inated by the org	anization during the
	tax year 🕨				
4	Number of states	where property subject to conse	rvation easement is located ►		
5	Does the organiz	zation have a written policy reg	garding the periodic monitoring, inspect	tion, handling of	
	violations, and enf	forcement of the conservation ea	sements it holds?		Yes No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations, and enforcing	conservation easer	nents during the year
	▶				
7	Amount of expens	ses incurred in monitoring, inspec	ting, handling of violations, and enforcing c	onservation easem	nents during the year
	▶\$				
8	Does each conser	vation easement reported on line 2	2(d) above satisfy the requirements of secti	ion 170(h)(4)(B)(i)	
	and section 170(h	)(4)(B)(ii)?			Yes No
9			conservation easements in its revenue and		nt and
	balance sheet, an	nd include, if applicable, the text o	of the footnote to the organization's financ	ial statements that	describes the
		counting for conservation easeme			
Pa			of Art, Historical Treasures, or Othe	r Similar Assets	
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 8.		
1a	If the organization	n elected, as permitted under FA	SB ASC 958, not to report in its revenu ts held for public exhibition, education,	e statement and b	palance sheet works
	of art, historical i	treasures, or other similar asse	ts held for public exhibition, education, to its financial statements that describes the termination of the sec	or research in fu	irtherance of public
b			ASB ASC 958, to report in its revenue s		ance sheet works of
D			Id for public exhibition, education, or res		
		ving amounts relating to these iter			,
2			rt, historical treasures, or other similar		al gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:				
а			~ · · · · · · · · · · · · · · · · · · ·	▶\$	
b	Assets included in	n Form 990, Part X			
For	Paperwork Reduction	n Act Notice, see the Instructions for	r Form 990.	Sch	edule D (Form 990) 2021

JSA

Schee		TON SYMPHONY (					533119	Page <b>2</b>
Ра	rt III Organizations Maintaini	ng Collections of	Art, Historical Tre	easures, o	r Other Simi	ilar Assets (d	continuec	1)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its							
	collection items (check all that appl	y):						
а	Public exhibition		d Loan	or exchang	e program			
b	Scholarly research		e Other					
с	Preservation for future gener	ations						
4	Provide a description of the organ		and explain how	thev furthe	r the organiza	ation's exempt	purpose	in Part
	XIII.		I.	,	5			
5	During the year, did the organization	n solicit or receive o	lonations of art, hist	orical treas	ures, or other	similar		
-	assets to be sold to raise funds rath						Yes	No
Pa	rt IV Escrow and Custodial A			er gamzatte				
	Complete if the organiza	-	es" on Form 990. I	Part IV, line	e 9. or report	ed an amour	nt on For	m
	990, Part X, line 21.			art ry, mr	o o, or roport			••
1a	Is the organization an agent, trust	ee custodian or o	ther intermediary f	or contribu	tions or othe	r assets not		
īa	included on Form 990, Part X?						Yes	No
h	If "Yes," explain the arrangement in					•••••	103	
D	in res, explain the arrangement in					Amount		
~	Paginning balance			4.0		Amount		
C A	Beginning balance							
	Additions during the year							
e	Distributions during the year							
f	Ending balance					unt link lite O	Vee	
2a	Did the organization include an am						Yes	No
	If "Yes," explain the arrangement in	h Part XIII. Check h	ere if the explanation	nas been	provided on Pa			
Pa	rt V Endowment Funds.	tion answard "Va	o" on Form 000	Dort IV/ lin	o 10			
	Complete if the organiza						() =	
		(a) Current year	(b) Prior year	(c) Two ye		hree years back	(e) Four ye	
1a	Beginning of year balance	4,908,212.	4,161,295.	4,251,	,205.	4,917,383.	4,61	0,450.
b	Contributions	29,626.	73,254.	16	,285.	103,894.	5	0,689.
С	Net investment earnings, gains,							
	and losses	-453,782.	899,295.	216	,842.	356,864.	35	8,941.
d	Grants or scholarships						-17	6,918.
е	Other expenditures for facilities							
	and programs	208,595.	225,632.	312	,195.	351,699.	27	9,615.
f	Administrative expenses			10	,842.	775,237.		
g	End of year balance	4,275,461.	4,908,212.	4,161,	,295.	4,251,205.	4,91	7,383.
2	Provide the estimated percentage	of the current year	end balance (line 1g	, column (a)	) held as:			
а	Board designated or quasi-endowm	ent ▶ <u>18.8700</u>	_%	,	,			
b	Permanent endowment  81.1	300 %						
С	Term endowment	%						
	The percentages on lines 2a, 2b, a	nd 2c should equal	100%.					
3a	Are there endowment funds not in	the possession of th	ne organization that	are held a	nd administere	ed for the		
	organization by:						Y	es No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required on Sch	nedule R? .			3b	
4	Describe in Part XIII the intended u	ises of the organiza	tion's endowment fu	nds.			·	
Pa	rt VI Land, Buildings, and Equ	lipment.						
	Complete if the organization	ation answered "Ye						
	Description of property	(a) Cost or (inves		or other basis	(c) Accumula depreciation		) Book value	e
1a	Land				aopreciation			
b	Buildings							
c	Leasehold improvements			759,743.	1,193,4	96	3 566	,247.
-	•			464,507.				
e Tota	Other I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990 Part X colum	n (R) line 1	(0c)	•	2 601	100
1018	. Aud intes la tilough le. (Columni	(u) musi eyuai rom	11 990, Fait A, COlUIII	ו שווו, <i>נ</i> ם) הי	00./		3,604	,470.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.		
Complete if the organization answered	Yes" on Form 99	0, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related. Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
(1)		
<u>(2)</u>		
<u>(3)</u>		
(4)		
<u>(5)</u>		
(6)		
<u>(7)</u>		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
		0, Part IV, line 11d. See Form 990, Part X, line 15.
	scription	(b) Book value
<u>(1)</u>		
<u>(2)</u>		
<u>(3)</u>		
<u>(4)</u> (5)		
<u>(5)</u>		
<u>(6)</u> (7)		
<u>(7)</u>		
<u>(8)</u> (9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) I	line 15 )	
Part X Other Liabilities.		0, Part IV, line 11e or 11f. See Form 990, Part X,
line 25.	. 100 011 0111 99	
1. (a) Descrip	tion of liability	(b) Book value
(1) Federal income taxes		
(2) (2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . JSA 1E1270 1.000
Schedule D (Form 95)

	IN CANTON SYMPHONY ORCHESTRA ASSOCIATION	34-	-6533119 Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur 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	881,351.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants.		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	-489,106.
3	Subtract line 2e from line 1	3	1,370,457.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1,0,0,10,10
a	Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Other (Describe in Part XIII.)		
c c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )		1,370,457.
Part		_	1,0,0,10,1
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,616,247.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	7,106.
3	Subtract line 2e from line 1	3	1,609,141.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,609,141.
Part	XIII Supplemental Information.		

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

SEE SUPPLEMENTAL PAGE

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 G (Form 990)		the organization answe	Information Regarding Fundraising or Gaming Activities ne organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.					
Department of the Treas	JIV			) or Form 990			Open to Public	
Internal Revenue Service		Go to www.irs.gov/Form	990 for inst	uctions and	the latest information.		Inspection	
Name of the organization	1					Employer identificati	on number	
	NY ORCHESTRA AS					34-65331		
	<b>ising Activities.</b> Com 90-EZ filers are not r				Yes" on Form 99	90, Part IV, line 1	17.	
	ther the organization ra				activities. Check a	all that apply.		
a 📃 Mail sol	citations	e	Solid	citation of	non-government g	rants		
b Internet	and email solicitations	f	Solid	citation of	government grant	S		
c Phone s	olicitations	g	Spe	cial fundra	ising events			
d 🔄 In-perso	n solicitations							
or key emplo b If "Yes," list	nization have a written byees listed in Form 99 the 10 highest paid inc d at least \$5,000 by the	0, Part VII) or entity lividuals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be	
	address of individual ty (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total 3 List all states	s in which the organize	ation is registered of		to solicit	contributions or	has been notified	Lit is exempt from	
registration								

Schedule G	(Form 990) 2021	CANTON	SYMPHONY (	ORCHESTRA	ASSOCIA	TION		34-	-65331	19 F	Page <b>2</b>
Part II	Fundraising Events. than \$15,000 of fund gross receipts greater t	raising eve	ent contributio						-		
			(a) Event	t #1	(b) Event	#2	(c) Other eve	nts	(d) Tot	al avant	te

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
<u> </u>		Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
	11	Direct expense summary. Add lin Net income summary. Subtract li	ine 10 from line 3, colu	umn (d)	<u></u>	
Ра	rt I	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	janization answered " ne 6a.	Yes" on Form 990, F	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect I	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	6Yes% No	Yes% No	
	7	Direct expense summary. Add lin	ies 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	<b>&gt;</b>	
9 a t	1	Enter the state(s) in which the org Is the organization licensed to con If "No," explain:	nduct gaming activities	in each of these state	98?	Yes No
10a k		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, sus			Yes No

Schedule G (Form 990) 2021

Sched	ule G (Form 990 or 990-EZ) 2021 CANTON SYMPHONY ORCHESTRA ASSOCIATION 3	4-6533119	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility13a		%
b	An outside facility 13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gami	ng	
	revenue?	-	No
b		the	
	amount of gaming revenue retained by the third party ► \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceed		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization		
	or spent in the organization's own exempt activities during the tax year 🕨 \$		
Par	<b>Supplemental Information.</b> Provide the explanation required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in (see instructions).		

## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	s.gov/form990.	Inspection	
Name of the organization		Employer identi	fication number
CANTON SYMPHONY O	RCHESTRA ASSOCIATION	34-653	3119

#### 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 - 8,722 DUES AND SUBSCRIPTIONS - 6,097 TOTAL - 14,819

# FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
PREPAID EXPENSES	1,218.	10,509.
TOTALS	1,218.	10,509.
	============	

47

TOTALS

#### CANTON SYMPHONY ORCHESTRA ASSOCIATION

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

\_\_\_\_\_

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
EQUITIES	2,970,822.	2,572,210.	FMV
FIXED INCOME	1,290,780.	1,090,982.	FMV
CASH & EQUIVALENTS	283,384.	285,798.	FMV
INVESTMENT IN SCF POOLED ACCT	363,226.	326,471.	FMV

4,908,212.	4,275,461.

48

Employer identification number

34-6533119

Schedule O (Form 990 or 990-EZ) 2021 Name of the organization		Pag Employer identification number	
<u>CANTON SYMPHONY ORCHESTRA ASSO</u>	DCIATION	34-6533119	
FORM 990, PART X - DEFERRED REVENUE			
	BEGINNING	ENDING	
DESCRIPTION	BOOK VALUE	BOOK VALUE	
DEFERRED INCOME	NONE	10,575.	

NONE

\_\_\_\_\_

10,575.

==================

Form	990-T	E>	cempt Organization Business Income Tax Retur (and proxy tax under section 6033(e))	'n	OMB No. 1545-0047
		<u>∞</u> 22			
Depar	tment of the Treasury		ndar year 2021 or other tax year beginning <u>07/01</u> , 2021, and ending <u>06/30</u> , 20 ► Go to www. <i>irs.gov/Form990T</i> for instructions and the latest information.		
•	al Revenue Service	► Do	not enter SSN numbers on this form as it may be made public if your organization is a 501(c	)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)	D Emp	oyer identification number
	address changed.		CANTON SYMPHONY ORCHESTRA ASSOCIATION		6533119
	empt under section	Print or			p exemption number Instructions)
X	501(C)(3)	Туре	C/O JENNIFER SLOANE 2331 17TH STREET NW	(	,
	408(e) 220(e)		City or town, state or province, country, and ZIP or foreign postal code	-	Oh a ah h an 'f
	408A 530(a)		CANTON, ON 44708	F	Check box if an amended return.
	529(a) 529A		K value of all assets at end of year		
	heck organization ty heck if filing only to	/ 1	X 501(c) corporation 501(c) trust 401(a) trust Other trust		
			Claim credit from Form 8941         Claim a refund shown on Form           ation filing a consolidated return with a 501(c)(2) titleholding corporation		
			Schedules A (Form 990-T)		
			corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		
			identifying number of the parent corporation		
			TENNIFER SLOANE Telephone number ► (33	30)45	2-3434
			2331 17TH STREET NW	50,45.	2 5151
			CANTON, OH 44708		
Pa	rt   Total Unre	lated E	Business Taxable Income		
1			ness taxable income computed from all unrelated trades or businesses (se	e	
	instructions)			1	
2					
3					
4	Charitable contrib	outions (s	see instructions for limitation rules)	4	
5	Total unrelated bu	usiness t	axable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net	operatir	g loss. See instructions	6	
7	Total of unrelate	ed busii	ness taxable income before specific deduction and section 199A deduction	n.	
	Subtract line 6 fro	m line 5		. 7	
8			ally \$1,000, but see instructions for exceptions)		
9			uction. See instructions		
10			s 8 and 9		
11	Unrelated busine	ess taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7	7,	
			• • • • • • • • • • • • • • • • • • • •	. 11	NONE
Pa					
1			corporations. Multiply Part I, line 11 by 21% (0.21)		NONE
2		Г	rates. See instructions for tax computation. Income tax on the amount o		
	Part I, line 11 from	-	Tax rate schedule or Schedule D (Form 1041)	2	
3			· · · · · · · · · · · · · · · · · · ·	► <u>3</u>	
4			structions		
5			rrusts only)		
6 7			Ity income. See instructions         6 to line 1 or 2, whichever applies		NONE
-			lotice, see instructions.	/	Form <b>990-T</b> (2021)

Form	990-T (2021)	34-653311	9 Page <b>2</b>
Par	t III Tax and Payments		
1 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a		
b	Other credits (see instructions)		
С	General business credit. Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 1a through 1d	. 1e	
2	Subtract line 1e from Part II, line 7	. 2	NONE
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866		
	Other (attach statement)	. 3	
4	Total tax. Add lines 2 and 3 (see instructions).		
	section 1294. Enter tax amount here	. 4	NONE
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	. 5	
6 a	Payments: A 2020 overpayment credited to 2021		
b	2021 estimated tax payments. Check if section 643(g) election applies ▶ 6b		
С	Tax deposited with Form 8868	_	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d	_	
е	Backup withholding (see instructions)	_	
f	Credit for small employer health insurance premiums (attach Form 8941) 6f	_	
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 6g	_	
7	Total payments. Add lines 6a through 6g	. 7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		NONE
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax  Refunded		
	<b><u>t IV</u></b> Statements Regarding Certain Activities and Other Information (see instruction in the second secon	· · ·	Yes No
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature		
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of th	e loreign country	v
n	here ► During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor	to a foreign truct?	X X
2	If "Yes," see instructions for other forms the organization may have to file.	to, a foreign trust?	
2	Enter the amount of tax-exempt interest received or accrued during the tax year		
3 4	Enter available pre-2018 NOL carryovers here <b>&gt;</b> \$ Do not include any post-2017 NOL carr		
4			
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduce	ction reported on	
5	Part I, line 6. Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryove	rs Don't reduce	
5	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code Available post-2017		
	541800 \$ NONE		
	\$		
6a	Did the organization change its method of accounting? (see instructions)		X
	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Forr		
	explain in Part V.		
Par			<u> </u>
	de the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.		

Sign Here		nder penalties of perjury, I declare that I have exar elief, it is true, correct, and complete. Declaration of preparer (			
		ACHEL HAGEMEIER	12/21/2022 PRE	ESIDENT & CEO	May the IRS discuss this return with the preparer shown below
	S	ignature of officer	Date Title		(see instructions)? X Yes No
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
					self-employed P00190524
Prepar Use O		Firm's name ► HALL, KISTLER & C	Firm's EIN ► 34-0715770		
036 0	iliy	Firm's address ► 4505 STEPHEN CIRC	LE NW - SUITE 202,	CANTON, OH 447	Phone no. 330-453-7633
JSA 1X2741 1.	000				Form <b>990-T</b> (2021)

SCHE	DULE A
(Form	990-T)

Department of the Treasury Internal Revenue Service

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0074

20

► Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for

A Name of the organizat	ion
-------------------------	-----

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

21

A Name of the organization	B Employer identification number
CANTON SYMPHONY ORCHESTRA ASSOCIATION	34-6533119
<b>C</b> Unrelated business activity code (see instructions) $\blacktriangleright$ 541800	D Sequence: 1 of 1

## E Describe the unrelated trade or business

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ►	1c				
2	Cost of goods sold (Part III, line 8).	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)). See instructions.	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b				
с	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII).					
11	Advertising income (Part IX)	-	23,900.	9,9	59.	13,941.
12	Other income (see instructions; attach statement)					
13	Total. Combine lines 3 through 12		23,900.		59.	13,941.
Pai	t II Deductions Not Taken Elsewhere See instructions f		nitations on deduct	ions. Deducti	ions n	nust be
	directly connected with the unrelated business incom					
1	Compensation of officers, directors, and trustees (Part X) $\ldots$				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions					
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	12 0 4 1
13	Excess readership costs (Part IX)				13	13,941.
14	Other deductions (attach statement)				14	10 041
15	Total deductions. Add lines 1 through 14				15	13,941.
16	Unrelated business income before net operating loss deduction					
	column (C)				16	
17	Deduction for net operating loss. See instructions				17	
<u>18</u>	Unrelated business taxable income. Subtract line 17 from line '	16				A (Fame 000 T) 000 (
ror Pa	aperwork Reduction Act Notice, see instructions.			Sch	ieaule	A (Form 990-T) 2021

Sched	ule A (Form 990-T) 2021				Page <b>2</b>
Par	t III Cost of Goods Sold	Enter method of inven	tory valuation 🕨		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statemen	ıt)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6	. Enter here and in Part I, lir	ne 2		
_ 9	Do the rules of section 263A (with respect to p	property produced or acqu	ired for resale) apply to th	e organization?	Yes No
Par	t IV. Rent Income (From Real Proper	ty and Personal Prop	erty Leased with Re	al Property)	
1	Description of property (property street address	s, city, state, ZIP code). Che	ck if a dual-use. See instru	ctions.	
	A				
	В				
	c				
	D	1			
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D $\hfill 1$ .				
3	Total rents received or accrued. Add line 2c co	lumns A through D. Enter h	nere and on Part I, line 6, co	olumn (A) 🚬 🕨 👝	
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	h D. Enter here and on Part	t I, line 6, column (B)		
Par					
1	Description of debt-financed property (street ac	dress, city, state, ZIP code)	. Check if a dual-use. See	instructions.	
	A				
	B				
	c				
	D	· · ·		•	
		A	В	C	D
2	Gross income from or allocable to debt -				
	financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement).				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A thro	ough D). Enter here and on	Part I, line 7, column (A)	· · · · · · · · · • <b>•</b> _	
		·			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, column	s A through D. Enter here a	and on Part I, line 7, colum	n (B) 🕨 🔔	
11	Total dividends-received deductions included i	n line 10	<u></u> .	<u>▶</u>	
JSA				Sched	ule A (Form 990-T) 2021

Sched	ule A (Form 990-T) 2021					Page <b>3</b>			
Par	t VI Interest, Ann	nuities, Roy	alties, and Rents		rganizations (see instructions	)			
				Exempt Controlled Organizations					
	1. Name of controlled organization	2. Employer identification number		payments made		6. Deductions directly connected with income in column 5			
(1)									
(2)									
(3)									
(4)									
			Nonexe	empt Controlled Organ	izations				
	7. Taxable income		8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	<b>10.</b> Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10			
(1)									
(2)									
(3)									
(4)									
					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)			
	S			(7) (0) (47) 0					
Part	1. Description of income		A Section 501(C) Amount of income	(/), (9), Or (1/) Orga 3. Deductions	4. Set-asides	5. Total deductions			
	1. Description of income	2.		directly connected (attach statement)	(attach statement)	(add columns 3 and 4)			
(1)									
(2)									
(3)									
(4)						Add an and in a burn 5			
		Ente li	amounts in column 2. er here and on Part I, ne 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)			
-	S		ity Income Oth	r Then Advertising	Income (see instructions)				
			ity income, Oth	er man Auvernsing					
1 2	Description of exploite	·	from trade or bus	inocc Entor horo and a	on Part I, line 10, column (A)				
2		2							
5			•	irelated business incom	e. Enter here and on Part I,	3			
4					m line 2. If a gain, complete	3			
4	lines 5 through 7			5. Subilaci IIIE 5 IIU	in me z. ii a gain, complete	4			
5	•		5						
6	Gross income from activity that is not unrelated business income					6			
7	•								
,			tract line 5 from line 6, but do not enter more than the amount on line 12			7			
				<u> </u>					

Schedule A (Form 990-T) 2021

Sched	ule A (Form 990-T) 2021				Page 4
Pa	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if re	porting two or more periodicals or	a consolidated basis.		
	A PROGRAMS				
	в				
	c				
	D				
Enter	amounts for each periodical listed above in	the corresponding column.			
		A	В	С	D
2	Gross advertising income				
					▶ 23,900.
а	Add columns A through D. Enter here an	d on Part I, line TT, column (A)		• • • • • • • • • • •	► <u>23,900</u> .
•	Disect a desetisis success by a size line	9,959.			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and	d on Part I, line 11, column (B)			▶9,959.
4	Advertising gain (loss). Subtract line 3 fro				
	2. For any column in line 4 showing a	•			
	complete lines 5 through 8. For any colu				
	line 4 showing a loss or zero, do not con				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs	16,248.			
6	Circulation income				
7	Excess readership costs. If line 6 is less	than			
	line 5, subtract line 6 from line 5. If line 5	is less			
	than line 6, enter zero	16,248.			
8	Excess readership costs allowed	as a			
	deduction. For each column showing a g	ain on			
	line 4, enter the lesser of line 4 or line 7.				
а			8a columns total	or zero here and (	 on
-	Part II, line 13	-			13,941.
Par	t X Compensation of Officers, I	Directors, and Trustees (s	ee instructions)		
				3. Percentage	<ol> <li>Compensation</li> </ol>
	1. Name	2. Title	0	of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3) (4)				%	
(4)				%	
Tata	I Entor here and an Dort II line 1				
	I. Enter here and on Part II, line 1				
Pa	t XI Supplemental Information (	see instructions)			