2022-23 City of Ashland Tourism Grant Applications

Please Click on Organization name to be linked to applicaton

1. Schneider Museum of Art, Southern Oregon University Foundation
2. Ashland Gallery Association
3. Mt. Ashland Association
4. Ashland New Plays Festival
5. Ashland's Bed & Breakfast Network
6. SOPride, Inc
7. Legacy Earthkeepers Academy of Permaculture
8. Multicultural Association of Southern Oregon
9. Klamath Bird Observatory
10. Ashland Folk Collective
11. Southern Oregon Film Society (DBA Ashland Independent Film Festival)
12. ScienceWorks Hands-On Museum
13. Ballet Folkorico Ritmo Alegre

2022

Application for Tourism Grant

Organization	Schneider Museum of Art, Southern Oregon University Foundation		
Mailing Address	[redacted]		
Contact Name	Janet Frtaella	**Phone**	[redacted]
Email	[redacted]		
Secondary Contact	Scott Malbaurn	**Phone**	[redacted]
Email	[redacted]		
Federal Tax ID	[redacted]	IRS Class (exemption)	501(c)3

Grant Request	
Total Tourism Request ***($5,000 minimum*)***	$ 5,000

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

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

The Schneider Museum of Art (SMA) is part of the Oregon Center for the Arts at Southern Oregon University, and an affiliate of the Southern Oregon University Foundation. The Museum's mission is to provide a vibrant learning experience through exhibitions and programming that engages students, visitors and community (local, regional and virtual), in a process that embodies Southern Oregon University's vision of collaborative, innovative and globally responsive art in the broadest sense. The Museum is a vital force that stimulates inspiration and curiosity through engagement with living artists. Serving both an academic community and global audiences, the Museum creates a diverse and accessible environment by curating innovative exhibitions, imaginative programming, a distinguished collection, lively discourse and learning. The Schneider Museum of Art carries out its mission through the following activities that are all free and open to the.
The Schneider Museum of Art provides the following and much more:
- Innovative art exhibitions featuring national, and international artists.
- Rotating exhibitions of work from the Museum's permanent collection.
- Artist residencies in which professional artists create work alongside university students and engage with the community.
- Docent-led tours for all.
- Educational and engaging lectures by artists, historians, and others.
- and so much more!

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

The City grant will be used for marketing and advertising. Pre-COVID, the museum averaged 14,000 visitors a year with 42% coming from 50+ miles away. We have expanded upon this visitor-ship with added advertising and marketing beyond our region, from Seattle to Los Angeles. This includes Los Angeles' Artillery Magazine, LA's premier visual art gallery magazine; the Bay Area's NPR affiliate KQED radio, Seattle's KEXP radio and Oregon's Oregon Arts Watch website; the Portland Art Dealers Association website and JPR radio. This past spring and summer the Museum is launched a new initiative called Art Beyond which partnered with five local organizations to host outdoor art exhibitions. It has been recognized that in lieu of Ashland's usual OSF visitors, outdoor adventurers are the predominant guests staying in our hotels and Bed & Breakfasts. Billed as an outdoor art adventure, audiences had the opportunity to engage with contemporary art in our beautiful outdoor spaces. Looking at models such as Art Prize in Grand Rapids, MI and Dessert X in California's Coachella Valley, Art Beyond demonstrated its potential as a tourism event. Combining the arts and culture lover that Ashland is known for with the outdoor adventurer, Art Beyond can convince many of these visitors to stay an extended period of time. Art Beyond can also attract the visual art lover from nearby cities and entice them to visit Ashland for the first time as they make their next getaway plans. The City of Ashland funds will be used to assist with and continue to advertise to these nearby markets who are within driving distance and a direct flight away.

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

Program/ Event Title	Anticipated Event Date(s)		Funding Request
	Start	End	
Expanded Museum Marketing	July 1st, 2022	June 30th, 203	$ 5,000
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

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

SM

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

SMA fits into the Tourism category of this grant by drawing in visitors from outside of Ashland and 50+ miles away. 42% of our surveyed patrons are visiting from 50+ miles away. We are on target for attracting more patrons. Our surveys of walk-in and Free Family Day patrons resulted a 33% response rate. Of participants surveyed over the past fiscal year, 75% reported that they would support another local business while they were out as well as 26% staying at nearby hotels. By improving marketing the Museum hopes to increase the draw of visitors from outside the City of Ashland and bring even more patrons to local establishments. By expanding advertising ventures, the Museum will reach more people from outside of the area, greatly increase attendance, and further cement Ashland as an arts destination.

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

The Museum relies on support from the community through grant opportunities such as this one for its programming and marketing efforts. Partial granting of funds for marketing will result in deciding where to advertise. Without some support, the Museum will not be able to afford marketing.

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

The Schneider Museum of Art gathers information on numbers of patrons visiting exhibitions, attending events and tours, and reading e-newsletters. The SMA has developed feedback surveys for teachers and tour group leaders, families attending FREE Family Days, and general visitors. This data is used to report yearly successes and identify challenges. Survey forms collect opinions about program quality, demographic information, as well as economic impact information. The SMA collects data on how far patrons are traveling to attend the Museum, and whether nearby businesses are patronized because of visiting the museum (i.e., going to lunch after the visit). Grant funding, anecdotal evidence, and increasing audience numbers and docent-led tour bookings are evidence of SMA's increasing importance and positive influence on the local, regional and tourist communities.

Southern OREGON UNIVERSITY FOUNDATION

2021-22 SOU Foundation Board of Trustees

NAME	TITLE	ADDRESS	PHONE/EMAIL	OCCUPATION	TERM
Sue Kupillas	Board President	[redacted]	[redacted]	Retired Consultant	2024
Jim Teece	Board Vice President	[redacted]	[redacted]	Pres. & CEO, Project A	2022
Sheri Loya	Board Treasurer	[redacted]	[redacted]	Vice President, Accounting and HR, Colvin Oil	2023
Peg Evans	Board Secretary	[redacted]	[redacted]	Professor Emeritus, SOU	2022
Marc Bayliss	Board Immediate Past President	[redacted]	[redacted]	Retired Exec Director	2023
Ted Adams	Trustee	[redacted]	[redacted]	CEO & Owner, Idea & Design Works, LLC	2024
Pat Alexander	Affiliate Trustee Chamber Music Concerts	[redacted]	[redacted]	Retired Financial Services	2022
Laz Ayala	Trustee	[redacted]	[redacted]	Partner, KDA Homes	2022
Sophia Bogle	Affiliate Trustee Friends of Hannon Library	[redacted]	[redacted]	Bookbinder and Author	2022
Kelly Coates	Trustee	[redacted]	[redacted]	Water & Environ Resources Mgr, Cow Creek Band of Umpqua Tribe of Indians	2024

Southern OREGON UNIVERSITY FOUNDATION

Sue Collins	Trustee	[redacted]	[redacted]	Educator and Consultant	2024
Jeff Cutler	Trustee	[redacted]	[redacted]	Investment Counselor	2022
Sid DeBoer	Trustee	[redacted]	[redacted]	Chairman, Lithia Motors	2022
Dan Decena	Trustee	[redacted]	[redacted]	Retired U.S. Treasury Fiscal Service Official and Investment Portfolio Management Professional	2024
Art Diederich	Trustee	[redacted]	[redacted]	Retired President, National Associates, Inc., NW	2022
Christine Donchin	Trustee	[redacted]	[redacted]	Retired Real Estate/Mortgage Broker	2022
Bree Erb	Student Trustee	[redacted]	[redacted]	Business Administration Major, SOU	2023
Sandy Friend	Affiliate Trustee Schneider Museum of Art	[redacted]	[redacted]	Former Principal, GrapeStreet Design Group	2022
Betsy Gentry	Affiliate Trustee Osher Lifelong Learning Institute	[redacted]	[redacted]	Retired Attorney	2022

Southern OREGON UNIVERSITY FOUNDATION

Greg Koenig	Trustee	[redacted]	[redacted]	President, Koenig Investments	2023
Armando Lopez	Trustee	[redacted]	[redacted]	Co-owner, DL Reforestation	2024
Blair Moody	Trustee	[redacted]	[redacted]	Retired Forester	2023
Doug Morse	Trustee	[redacted]	[redacted]	Real Estate Broker	2022
Fred Mossler	Trustee	[redacted]	[redacted]	Entrepreneur	2023
Gene Pelham	Trustee	[redacted]	[redacted]	President, Rogue Credit Union	2022
Greg Roe	Affiliate Trustee SOU Alumni Association	[redacted]	[redacted]	Executive Director, Boys & Girls Club of the Rogue Valley	2022
Lore Rutz-Burri	Faculty trustee	[redacted]	[redacted]	Professor, SOU	2022
Ernest Scalberg	Trustee	[redacted]	[redacted]	Professor, Academic Dean, Investment Director	2023
David Stork	Trustee	[redacted]	[redacted]	Chief Legal Officer, Lithia Motors, Inc.	2023
Dan Thorndike	Trustee	[redacted]	[redacted]	Attorney, Medford Fabrication	2024

Barbara Tyler	Trustee	[redacted]	[redacted]	Realtor, Educator, Motivational Speaker	2023
Ryan Wines	Trustee	[redacted]	[redacted]	Founder & CEO, Marmoset Music	2024
Ron Worland	Trustee	[redacted]	[redacted]	Retired Physician	2022
David Wright	Trustee	[redacted]	[redacted].	Property Management and Real Estate Broker	2023
Rick Young	Trustee	[redacted]	[redacted]	Principal, Benefit Trust Company	2023

Updated January 28, 2022

Customer Demographic Profile*

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

Organization	Southern Oregon University
Program/Event Name	Schneider Museum of Art
For the Twelve Month Period of	

1. Customer Age (percentage)

Youth 0 to 17 years	30	%
Adult 18 to 39 years	20	%
Adult 40 to 64 years	25	%
Adult 65 and over	25	%
Unknown	0	%
Total	100	%

II. Staff Residence (percentage)

Ashland	33.3	%
Rogue Valley	33.3	%
Other	33.3	%
Total	100	%

III. Customer Residence (percentage)

Ashland	41	%
Rogue Valley	13	%
Other (within 50 miles)	4	%
Other (greater than 50 miles)	42	%
Total	100	%

IV. Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? 26 %

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

Grants Program Budget*

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

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

Program/Event Name	
Project Period:	**July 1, 2022 to June 30, 2023**

REVENUE		
Source	Funding title	Amount
City of Ashland Grant Funds:	Tourism	$ 5,000
Jackson County Funds/ Identify:		$
State Funds/ Identify:		$
Federal Funds/ Identify:		$
Other funds/ Identify:	SOU Budgeted Operations	$ 50,000
Other funds/ Identify:	Federal PEAK & Workstudy	$ 2,500
Other funds/ Identify:		$
TOTAL REVENUE		**$**

EXPENDITURES		
Personal Services		
Total Salaries:	% of Time to Project/Event:	Salaries specific to Project/Event:
$ 167,000	10 %	$ 16,700
Total Benefits:	% of Time to Project/Event:	Benefits specific to Project/Event:
$ 42,000	10 %	$ 4,200
Total Project/Event-Specific Personal Services		**$**
Materials & Services		
Tourism Marketing		$ 5,000
		$
		$
		$
Total Project/Event Specific Materials & Services		**$**
TOTAL EXPENDITURES		**$** 25,900

Signature Page

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

By signing below you certify that:

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

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

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

Signature

Janet Fratella

Name (print)

Executive Director

Title

SOU Foundation

Organization

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07/01/18 , and ending 06/30/19

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

C Name of organization: SOUTHERN OREGON UNIVERSITY FOUNDATI

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 1250 SISKIYOU BLVD — Room/suite

City or town, state or province, country, and ZIP or foreign postal code: ASHLAND OR 97520

D [redacted]mber 2[redacted]

E 5[redacted]9

G Gross receipts $ 5,586,437

F Name and address of principal officer: JANET FRATELLA [redacted] OR 97520

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No

If "No," attach a list. (see instructions)

I Tax-exempt status: [ ] 501(c)(3) [X] 501(c) (4) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.SOUFOUNDATION.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1959

M State of legal domicile: OR

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	30
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,613,739	3,260,573
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,148,793	1,900,165
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	410,708	411,121
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,173,240	5,571,859
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	223,505	1,296,277
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,178,246	2,315,981
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,401,751	3,612,258
	19	Revenue less expenses. Subtract line 18 from line 12	1,771,489	1,959,601
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	32,806,714	33,990,469
	21	Total liabilities (Part X, line 26)	648,146	432,594
	22	Net assets or fund balances. Subtract line 21 from line 20	32,158,568	33,557,875

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ MARC BAYLISS PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
FRITZ S. DUNCAN	FRITZ S. DUNCAN	06/16/20		P00036435

Firm's name ▶ JONES & ROTH, P.C. — Firm's EIN ▶ [redacted]

Firm's address ▶ [redacted] — Phone no. [redacted]

May the IRS discuss this return with the preparer shown above? (see instructions) [redacted] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2018)

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Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 2,963,170 including grants of $ 1,296,277) (Revenue $)

THE SOUTHERN OREGON UNIVERSITY FOUNDATION PROVIDES FUNDS TO SUPPORT AND PROMOTE ACADEMIC AND ATHLETIC PROGRAMS, THE UNIVERSITY ART MUSEUM AND LIBRARY OPERATIONS, AND STUDENT AND ALUMNI ACTIVITIES OF SOUTHERN OREGON UNIVERSITY. THE FOUNDATION PROVIDED $233,505 OF SCHOLARSHIPS, GRANTS AND AWARDS TO STUDENTS AND ACADEMIC DEPARTMENTS AND PROGRAMS AT SOUTHERN OREGON UNIVERSITY. SOUTHERN OREGON UNIVERSITY OFFERS 37 MAJORS AND MORE THAN 103 AREAS OF STUDY TO ITS 6,000 STUDENT ENROLLMENT OF UNDERGRADUATES AND GRADUATES.

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

N/A

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

N/A

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 2,963,170

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		X
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	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 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 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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	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 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's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
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 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 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
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		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

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Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	14		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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				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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, Schedule O.				

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

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				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	31		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	31		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ OR

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [X] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

ANDREW GAST 1250 SISKIYOU BLVD

ASHLAND OR 97520 541-552-6129

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MARC BAYLISS PRESIDENT	1.00 0.00	X		X				0	0	0
(2) SUE KUPILLAS VICE PRESIDENT	1.00 0.00	X		X				0	0	0
(3) GREG KOENIG TREASURER	1.00 0.00	X		X				0	0	0
(4) DEBRA LEE SECRETARY	1.00 0.00	X		X				0	0	0
(5) DAN THORNDIKE PAST PRESIDENT	1.00 0.00	X		X				0	0	0
(6) LAZ AYALA TRUSTEE	1.00 0.00	X						0	0	0
(7) VANCE BEACH TRUSTEE	1.00 0.00	X						0	0	0
(8) KELLY COATES TRUSTEE	1.00 0.00	X						0	0	0
(9) SUE COLLINS TRUSTEE	1.00 0.00	X						0	0	0
(10) JEFF CUTLER TRUSTEE	1.00 0.00	X						0	0	0
(11) JEFF DEBOER TRUSTEE	0.00 0.00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

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(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(12) SID DEBOER	1.00									
TRUSTEE	0.00	X						0	0	0
(13) ART DIEDERICH	1.00									
TRUSTEE	0.00	X						0	0	0
(14) CHRISTINE DONCHIN	1.00									
TRUSTEE	0.00	X						0	0	0
(15) BONNIE EVANS	1.00									
TRUSTEE	0.00	X						0	0	0
(16) PEG EVANS	1.00									
TRUSTEE	0.00	X						0	0	0
(17) SANDY FRIEND	1.00									
TRUSTEE	0.00	X						0	0	0
(18) BETSY GENTRY	1.00									
TRUSTEE	0.00	X						0	0	0
(19) DAVE HYATT	1.00									
TRUSTEE	0.00	X						0	0	0
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶									246,512	96,356
d Total (add lines 1b and 1c) ▶									246,512	96,356

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

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				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	132,271				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,128,302				
	g Noncash contributions included in lines 1a-1f: $ 138,143						
	h **Total.** Add lines 1a–1f ▶			3,260,573			
Program Service Revenue		Busn. Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f ▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			1,824,476			1,824,476
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss) ▶						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	75,689					
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)	75,689					
	d Net gain or (loss) ▶			75,689	75,689		
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a	402,094				
	b Less: direct expenses	b	14,578				
	c Net income or (loss) from fundraising events ▶			387,516			
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities ▶						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue	Busn. Code					
	11a OTHER INCOME			21,050	21,050		
	b GIFT FEE			2,555	2,555		
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d ▶			23,605			
	12 **Total revenue.** See instructions. ▶			5,571,859	99,294	0	1,824,476

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 ☐

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Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,296,277	1,296,277		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	29,000		29,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	22,398		22,398	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	139,490	1,000	138,490	
12 Advertising and promotion	3,689		3,689	
13 Office expenses	103,692		103,692	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	16,763		16,763	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,914		3,914	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,374		3,374	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPORT	1,307,782	1,307,782		
b FACULTY SUPPORT	274,375	274,375		
c OTHER ADMINISTRATIVE EXP	211,980		211,980	
d BUILDINGS AND IMPROVEMENT	52,318	52,318		
e All other expenses	147,206	31,418	115,788	
25 **Total functional expenses.** Add lines 1 through 24e	3,612,258	2,963,170	649,088	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

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			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing	1,376,878	1	853,385
	2	Savings and temporary cash investments	70,391	2	71,984
	3	Pledges and grants receivable, net	477,845	3	596,664
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	17,347	8	15,853
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a 1,114,125			
	b	Less: accumulated depreciation — 10b	1,118,625	10c	1,114,125
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	29,657,549	12	31,287,212
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	88,079	15	51,246
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	32,806,714	16	33,990,469
Liabilities	17	Accounts payable and accrued expenses	104,276	17	60,653
	18	Grants payable		18	
	19	Deferred revenue	322,618	19	169,770
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	221,252	25	202,171
	26	**Total liabilities.** Add lines 17 through 25	648,146	26	432,594
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	2,481,908	27	2,564,314
	28	Temporarily restricted net assets	8,550,977	28	9,133,055
	29	Permanently restricted net assets	21,125,683	29	21,860,506
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	32,158,568	33	33,557,875
	34	Total liabilities and net assets/fund balances	32,806,714	34	33,990,469

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,571,859
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,612,258
3	Revenue less expenses. Subtract line 2 from line 1	3	1,959,601
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,158,568
5	Net unrealized gains (losses) on investments	5	-431,906
6	Donated services and use of facilities	6	
7	Investment expenses	7	-128,388
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	33,557,875

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Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

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(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(20) SHERI LOYA TRUSTEE	1.00 0.00	X						0	0	0
(21) BLAIR MOODY TRUSTEE	1.00 0.00	X						0	0	0
(22) DOUG MORSE TRUSTEE	1.00 0.00	X						0	0	0
(23) ALEXIS PACKER TRUSTEE	1.00 0.00	X						0	0	0
(24) GENE PELHAM TRUSTEE	1.00 0.00	X						0	0	0
(25) LORE RUTZ-BURRI TRUSTEE	1.00 0.00	X						0	0	0
(26) KACIE RYAN TRUSTEE	1.00 0.00	X						0	0	0
(27) BARBARA SAIGO TRUSTEE	1.00 0.00	X						0	0	0
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶

			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		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		
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		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

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(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(28) JIM TEECE	1.00									
TRUSTEE	0.00	X						0	0	0
(29) RYAN WINES	1.00									
TRUSTEE	0.00	X						0	0	0
(30) RON WORLAND	1.00									
TRUSTEE	0.00	X						0	0	0
(31) DAVID WRIGHT	1.00									
TRUSTEE	0.00	X						0	0	0
(32) JANET FRATELLA	40.00									
EXECUTIVE DIRECTOR	0.00			X				0	163,512	65,369
(33) ANDREW GAST	40.00									
DIRECTOR OF FINANCE	0.00			X				0	83,000	30,987

1b	**Sub-total** ▶		246,512	96,356
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶			

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶

			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		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		
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		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2018

Name of the organization

SOUTHERN OREGON UNIVERSITY FOUNDATI

[redacted] **tion number**

Public Inspection

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☒ 501(c)(4) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
SOUTHERN OREGON UNIVERSITY FOUNDATI

Employer identification number
[redacted]

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

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	$ 73,096	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	N/A	$ 96,764	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	N/A	$ 100,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	N/A	$ 100,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	N/A	$ 100,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	N/A	$ 100,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
SOUTHERN OREGON UNIVERSITY FOUNDATI

Employer identification number
[redacted]

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

Public Inspection Copy

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	$ 99,807	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization
SOUTHERN OREGON UNIVERSITY FOUNDATI

Employer identification number
[redacted]

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

Public Inspection Copy

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	STOCK	$ 99,807	

(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
		$	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization

SOUTHERN OREGON UNIVERSITY FOUNDATI [redacted]

Public Inspection

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ 51,246

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

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

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a [X] Public exhibition
b [X] Scholarly research
c [ ] Preservation for future generations
d [ ] Loan or exchange programs
e [ ] Other

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4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [ ] Yes [X] No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [ ] Yes [ ] No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [ ] Yes [ ] No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII [ ]

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	27,415,068	24,457,209	22,396,265	23,087,687	23,502,843
b Contributions	730,396	526,833	691,892	940,269	402,225
c Net investment earnings, gains, and losses	1,354,825	2,499,629	3,626,480	40,107	242,405
d Grants or scholarships					
e Other expenditures for facilities and programs	1,401,656	1,068,603	1,257,428	1,671,798	1,059,787
f Administrative expenses					
g End of year balance	28,098,633	27,415,068	25,457,209	22,396,265	23,087,686

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ %
b Permanent endowment ▶ %
c Temporarily restricted endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,015,125	90,000		1,105,125
b Buildings		9,000		9,000
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				1,114,125

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other	31,287,212	
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	31,287,212	

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Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OBLIGATIONS FOR SPLIT-INT AGREEMENTS	193,475
(3) ACCOUNTS PAYABLE	8,696
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	202,171

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	5,767,596
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-431,906		
b	Donated services and use of facilities	2b	741,453		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	14,578		
e	Add lines **2a** through **2d**			2e	324,125
3	Subtract line **2e** from line **1**			3	5,443,471
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	128,388		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	128,388
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	5,571,859

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Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	4,368,289
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	741,453		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	14,578		
e	Add lines **2a** through **2d**			2e	756,031
3	Subtract line **2e** from line **1**			3	3,612,258
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	3,612,258

Part XIII Supplemental Information.

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

PART III, LINE 4 - COLLECTIONS AND RELATION TO EXEMPT PURPOSE

COLLECTIONS INCLUDE ANTIQUE FURNITURES AND COLLECTIBLES AND MUSICAL INSTRUMENT COLLECTIONS HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE FOUNDATION'S ENDOWMENT CONSISTS OF APPROXIMATELY 196 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. ITS ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

DIRECT FUNDRAISING $ 14,578

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

DIRECT FUNDRAISING $ 14,578

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

SOUTHERN OREGON UNIVERSITY FOUNDATI [redacted]

Public Inspection

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 9
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

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		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		VARIOUS (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	402,094			402,094
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	402,094			402,094
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	14,578			14,578
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				14,578
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				387,516

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

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14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

05571

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

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Name of the organization: SOUTHERN OREGON UNIVERSITY FOUNDATI

Employer identification number: [redacted]

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

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

3 Enter total number of other organizations listed in the line 1 table ▶

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

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Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	SOU SCHOLARSHIPS	468	1,296,277			
2						
3						
4						
5						
6						
7						

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

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶Go to *www.irs.gov/Form990* for instructions and the latest informa[redacted]

OMB No. 1545-0047

2018

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Name of the organization umber

SOUTHERN OREGON UNIVERSITY FOUNDATI

Public Inspection

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

DAA

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

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(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
JANET FRATELLA	(i)	0	0	0	0	0	0	0
1 EXECUTIVE DIRECTOR	(ii)	163,512	0	0	65,369	0	228,881	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

Open To Public Inspection

Name of the organization

SOUTHERN OREGON UNIVERSITY FOUNDATI

[redacted]

number

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Public Inspection

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded	X	2	119,616	
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate — Residential				
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶( )	X	1	18,527	
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2018

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Public Inspection

Name of the organization: SOUTHERN OREGON UNIVERSITY FOUNDATI

[redacted]

number

FORM 990 - ORGANIZATION'S MISSION

THE SOUTHERN OREGON UNIVERSITY FOUNDATION WAS ESTABLISHED TO SUPPORT AND PROMOTE THE EDUCATIONAL, SCIENTIFIC AND CHARITABLE ACTIVITIES OF THE SOUTHERN OREGON UNIVERSITY AND PROGRAMS AND ACTIVITIES OCCURRING ON ITS CAMPUSES OR IN ITS FACILITIES OR UNDERTAKEN BY IT IN COORDINATION WITH OTHER EDUCATIONAL, SCIENTIFIC, OR CHARITABLE INSTITUTIONS. SUPPORTING AND PROMOTING INCLUDES ACTIVITIES TO SOLICIT, ACQUIRE, RECEIVE, OWN, MANAGE, INVEST, AND DISPOSE OF ANY REAL AND PERSONAL PROPERTY FOR THE BENEFIT OF SOUTHERN OREGON UNIVERSITY.

FORM 990, PART I, LINE 6

VOLUNTEERS PROVIDE GUIDANCE AND FACILIATION IN FUNDRAISING, ASSET MANAGEMENT, AND ENGAGEMENT.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

SID DEBOER	JEFF DEBOER
TRUSTEE	TRUSTEE
FATHER/SON	

FORM 990, PART VI, LINE 10B - POLICIES AND PROCEDURES GOVERNING CHAPTERS

THE ORGANIZATION HAS WRITTEN POLICIES THAT GOVERN ACTIVITIES OF CHAPTERS AND AFFILIATES TO ENSURE THEIR OPERATIONS ARE CONSISTENT WITH THE ORGANIZATION'S EXEMPT PURPOSE

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

Name of the organization: SOUTHERN OREGON UNIVERSITY FOUNDATI

Employer identification number: [redacted]

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SOUF DIRECTOR OF FINANCE PRESENTS THE FINANCE COMMITTEE WITH A PAPER COPY OF THE FORM 990. THEY REVIEW THE FORM AND THEN AUTHORIZE IT BEFORE SIGNING THE FORM 990.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

A MAJORITY OF THE BOARD OF TRUSTEES WOULD NOT BE IN A POSITION WHERE THEY WOULD BE INVOLVED WITH THE SOU FOUNDATION. SINCE THESE RELATIONSHIPS ARE NOT ROUTINE, THEY ARE EASILY IDENTIFIABLE AND THE DIRECTOR OF FINANCE CLOSELY MONITORS AND REVIEWS ALL TRANSACTIONS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

COPIES OF ALL DOCUMENTS ARE MAINTAINED ON FILE AND ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

DIRECT FUNDRAISING	$	14,578
DIRECT FUNDRAISING	$	-14,578

2022

Application for Tourism Grant

Organization	Ashland Gallery Association		
Mailing Address	[redacted]		
Contact Name	Cheryl Kempner	**Phone**	[redacted]
Email	[redacted]		
Secondary Contact	Christine Yee	**Phone**	[redacted]
Email	[redacted]		
Federal Tax ID	[redacted]	**IRS Class** (exemption)	501(c)(6)

Grant Request	
Total Tourism Request ***($5,000 minimum*)***	$ 32,800

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

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

For 28 years the Ashland Gallery Association has been creating and preserving a visual arts presence in Ashland. Our objectives include showcasing local visual arts, supporting locally owned small business members, increasing tourism, and strengthening the economic, cultural and social resiliency of the City of Ashland. We seek to effectively communicate the promotion and sale of art and increase public awareness of Ashland's visual arts scene. With an average of 85,015 page views each month the AGA website proves to be valuable in the success of our mission to promote local visual arts and increasing tourism.

Today our Association includes 30 members that include galleries, associates, businesses, working studios and neighboring arts-related organizations, as well as individual artist members. Collectively, we promote Ashland as an attractive destination and strive to maintain and grow our city's reputation as a desirable and welcoming arts center.

With Covid-19 economic impacts our members are struggling to keep their businesses afloat. City funding and the resiliency of our organization has supported our members through an enhanced Social Media program and increased Website exposure.

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

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

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

After two years of Covid, the AGA has printed 9,000 new 2022 Gallery Guides. The AGA distributes them to galleries, museums, hotels, B & B's, regional wineries, and Chambers of Commerce. An electronic version of the Gallery Guide is available on the AGA website with direct links to individual artist, gallery, and business websites. If the grant is awarded, a new Guide will be produced for 2023.

-AGA Marketing Program Coordinator

The Marketing Program Coordinator is responsible for developing and maintaining relationships with media and partner businesses, writing articles and press releases promoting Ashland as a destination for travelers, and arranging advertising trades. The Coordinator also writes bi-monthly E-Newsletters promoting gallery exhibits and submits event information to community calendars and web outlets. In the last month we have received a 18% increase in Instagram interactions and a 17% increase in Facebook page views. This position is crucial to our mission of promoting Tourism.

-AGA Websites Updates & Maintenance

With an average of 85,015 page views each month our website is a valuable tool for bringing tourists to Ashland. Funds are requested to continue to upgrade and maintain our primary website (wwwashlandgalleries.com) that features monthly gallery exhibits, individual artists, events, Gallery Guide, and information about Ashland's art scene.

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

We look forward to continuing the citywide First Friday Art Walk that creates an economic and tourism boost each month for businesses. This free community-building event showcases local artists, musicians, food and wine. An online map is available.

-Taste of Ashland: Event Coordinator, supplies and promotion

"A Taste of Ashland" (ATOA), the AGA's principal fundraiser, is an Art, Food and Wine Festival held annually in April. However, the board decided that 2022 was not yet the time to ask for major donations from area restaurants and wineries. Grant funding is imperative to bring back the traditional ATOA due to lost revenue in both 2021 and 2022.

In the past this two-day event contributed to the City's economy and tourism, attracting a few hundred new and returning visitors to Ashland. A Taste was last held in 2019 and brought approximately 30% of attendees visiting from more than 50 miles away, many staying overnight for lodging, restaurants, and other Ashland businesses.

-Update on New Event May 14th, 2022

The AGA will offer "Art with a View" an outdoor event showcasing the art of 22 artists. This free event offers live music, food trucks and beverages, a silent auction, and raffle. Invitations to Art with a View will be sent to all ticket holders who attended the 2019, pre-Covid, "A Taste of Ashland" event.

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

Program/ Event Title	Anticipated Event Date(s) Start	End	Funding Request
Ashland Gallery Guide: Annual Publication	Year-round		$ 16,000
AGA Marketing Coordinator	Year-round		$ 4,800
Website Upgrade & Maintenance	Year-round		$ 2,000
A Taste of Ashland 2023	Year-round		$ 10,000
			$
			$
			$
			$
			$
			$
			$

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

CK

_____

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

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

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

The Ashland Gallery Guide, with 9,000 copies widely distributed throughout the year, promotes Ashland as a rich visual arts destination. The Gallery Guide is also on the AGA website and is an important tool for out-of-town visitors to plan their visits to Ashland.

The AGA Marketing Coordinator promotes Ashland art events through a variety of outreaches, including monthly press releases, E-Newsletters, website calendar postings, and social media. AGA plans to continue our advertising trade partnerships with Ashland & Medford Chambers of Commerce, Fringe Festival, Ashland Independent Film Festival, Britt, Travel Ashland, the B&B network, and Visitor Centers in a united effort to bring visitors to Ashland. The AGA's websites contribute to increased awareness of Art events

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

The AGA continues to face a financial shortfall as a result of the continuing Pandemic. Our annual sources of revenue are: membership fees, grants, and our primary fundraiser "A Taste of Ashland". We review our budget annually and make every effort to minimize our costs each year. Our paid support staff contribute considerable time for which they are not compensated. We are a volunteer-driven organization committed to maintaining a strong presence in our community, keeping in place visual arts opportunities for the public, even during the Pandemic. The collective resiliency of the AGA Board and its members along with the support of city funding has allowed us to continue our mission.

The AGA continues to see our artist and business members struggling. Membership revenue, one of our major income sources, has been greatly impacted. Pre Covid membership brought in about $20,000. This year membership revenue was $9,775 more than a 50% reduction in income.

Our primary fundraiser, "A Taste of Ashland," brings in approximately $10,500 profit annually and has been again postponed to 2023. In its place we offer "Art with a View". This free, spring, outdoor event is an opportunity to bring the arts to a wide variety of people. Plus, it provides a safe space for artists to sell their work. This event will bring in a small profit but will be a celebration for artists and visitors.

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

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

Statistical data to measure desired outcomes:

*Several surveys will collect data over the year from visitors to Ashland. Such as number of people in your group, what city/state are you from, how long are they staying and where are they staying?
* Data from attendees who have purchased tickets to the 2023 "A Taste of Ashland"
* Data gathered during our 2-day event, Oct 15 and16. "Open Studios Tours: Inside/Outside all around the Towns"
* Gallery surveys from their visitors
* AGA websites traffic and statistical data
* Distribution numbers of Ashland Gallery Guide
* Social Media Statistics

Organization Board Member

(use additional sheets as necessary)

Name	Ann DiSalvo, President
Name	Cheryl Kempner, Treasurer
Name	Elan Chardin, Howard Hanson Gallery
Name	Paige Gerhard, Marketing Coordinator
Name	Scott Malbaum, SOU Museum Director
Name	Bruce Bayard, Secretary
Name	Pam Haunschild, Member at Large
Name	
Name	
Name	
Name	
Name	
Name	

Customer Demographic Profile*

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

Organization	Ashland Gallery Association
Program/Event Name	Promotion of small businesses and visual arts
For the Twelve Month Period of	July 1, 2022 - June 30, 2023

1. Customer Age (percentage)

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

II. Staff Residence (percentage)

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

III. Customer Residence (percentage)

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

IV. Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? 30 %

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

JULY 1, 2021-June 30, 2022

(Income and Expenses as of March 20TH, 2022)

July 1, 2022-JUNE 30, 2023

	Income	Expenses			Hoped for Income	Hoped for Expenses
Open Studio Tour	cancelled			OPEN STUDIOS Tour Oct 15&16	500	500
ART with a View May 14	??	4,000		A Taste of Ashland mid April	10,000	8,000
AD SALES	3,349			AD SALES	2,000	
GRANTS City OCF	12,090 3,150			GRANTS City OCF	12 ,000 2,000	
MEMBERSHIP	10,195			MEMBERSHIP	12,000	
DONATIONS AAC artist	3,000 225			DONATIONS		
ADVERTISING		Trade ads		ADVERTISING		Trade ads
GALLERY GUIDE 9,000 printed		14,080		GALLERY GUIDE		16,000
PROFESSIONAL		10,000		PROFESSIONAL		10,000
WEBSITE		600		WEBSITE		500
1ST FRIDAY		600		1ST FRIDAY		600
PHONE		150		PHONE		150
PAYPAL		362		PAYPAL		400
MISCELLANEOUS Dues, office, postage,fees		750		MISCELLANEOUS		750
MILEAGE		170		MILEAGE		200
INSURANCE		624		INSURANCE		624
	INCOME $32,009	EXPENSES $31,336			INCOME $38,500	EXPENSES $37,724

Signature Page

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

By signing below you certify that:

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

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

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

Cheryl Kempner

Signature

Cheryl Kempner

Name (print)

Cheryl Kempner

Treasurer

Title

Ashland Gallery Association

Organization

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Form **990EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

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

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

2019

Open to Public Inspection

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

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

C Name of organization
ASHLAND GALLERY ASSOCIATION

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

City or town, state or province, country, and ZIP or foreign postal code
[redacted]

D Employer identification number
[redacted]

E Telephone number
[redacted]

F Group Exemption Number ▶

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

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

I Website: ▶www.ashlandgalleries.com

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☑ 501(c)(6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 59,434

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

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

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

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☑

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	29,307	22	31,160
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	46	24	26
25 **Total assets**	29,353	25	31,186
26 **Total liabilities** (describe in Schedule O)		26	
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	29,353	27	31,186

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose?
Art Education and Promotion of Cultural Events

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

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

28 See Additional Data Table (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐		28a	
29 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐		29a	
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐		30a	
31 Other program services (describe in Schedule O) . . . . . . (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐		31a	
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶		32	37,928

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Whitney Blackwell President	002.00	0		
Lisette Murphy Vice Pres	001.00	0		
Ann Di Salvo Secretary	001.00	0		
Cheryl Kempner Treasurer	002.00	0		
Jeanne LaRae Artist Rep	001.00	0		
Scott Malbaurn Member	001.00	0		
Paige Gerhard Member	001.00	0		
Elan Cherdin Member	001.00	0		
Binnie Morgan Member	001.00	0		
Claire Clooney Member	001.00	0		

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

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34		No
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	Yes	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	Yes	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 ▶			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		

41 List the states with which a copy of this return is filed. ▶ OR

42a The organization's books are in care of ▶ Claire Clooney Telephone no. ▶ (541) 622-9887

Located at ▶ 328 Cambridge St Ashland , OR ZIP + 4 ▶ 97520

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		No
	If "Yes," enter the name of the foreign country: ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here . . . . . ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ 43

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

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

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

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

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

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

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

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

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

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ **Yes** ☑ **No**

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

Sign Here

****** 2020-11-12
Signature of officer Date

Whitney Blackwell President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
Marlin J Peterson		2020-11-12		
Firm's name ▶ M PETERSON LLC			Firm's EIN ▶	
Firm's address ▶ [redacted]			Phone no. (541) 488-9700	

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

Additional Data

Software ID: [redacted]
Software Version:
EIN:
Name: ASHLAND GALLERY ASSOCIATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)
28 An association of over 30 galleries and dozens of artists, providing many art events for the community (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	37,928

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

2019

Open to Public Inspection

Name of the organization
ASHLAND GALLERY ASSOCIATION

Employer identification number
[redacted]

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 8, Other Revenue	Advertising Gallery Guide 5,720

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Travel 396

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Supplies 279

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Telephone 156

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	ATOA Expenses 10,937

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	First Friday Expenses 2,377

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Marketing Expenses 25,959

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Website Expenses 419

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Ashland Open Studio Expense 1,858

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Dues and Subscriptions 470

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Licenses, Permits and Fees 50

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Outreach Program 300

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	PayPal Fees 806

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 24, Other Assets	Prepaid Expenses Beginning of year 26, End of year 26

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 24, Other Assets	Undeposited funds Beginning of year 20, End of year 0

April 27, 2022

TO: Natalie Thomason
Tourism Grant Application 2022-2023

FR: Cheryl Kempner, Treasurer AGA

Re: Tax Form 990T

Ashland Gallery Association's most recent tax filing was for 2020. Marty Peterson, AGA's Accountant, explained why there is no 990T filing for 2020. According to Peterson the filing is not applicable because AGA's activities did not exceed the threshold that requires a 990T filing.

The Tax filing for 2021 is not complete at this time.

2022

Application for Tourism Grant

Organization	Mt. Ashland Association		
Mailing Address	[redacted]		
Contact Name	Michael Stringer	**Phone**	[redacted]
Email	[redacted]		
Secondary Contact	Hiram Towle	**Phone**	([redacted]
Email	htowle@mtashland.com		
Federal Tax ID	[redacted]	**IRS Class** (exemption)	501(c)3 - Education

Grant Request	
Total Tourism Request ***($5,000 minimum*)***	$ 20,000

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

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

Mt. Ashland is the only ski area in Southern Oregon and is a crown jewel for the City of Ashland. The ski area is owned and operated by the non-profit Mt. Ashland Association, operating under a special use permit from the US Forest Service. The Association's mission is to enhance our community as an alpine recreation center that provides education, inspires passion, and promotes sustainable enjoyment of the outdoors.

In the winter of 2021-22, the ski area had more than 21,000 tourist visits (out of 95,000+ total guest visits last season), bringing in more than $7 million in economic activity to the City of Ashland, including purchases at hotels, restaurants, and shops as well as wages paid to Ashland residents.

Tourism is a critical part of Mt. Ashland's business - something the organization shares in common with the City of Ashland.

In the months of December through April, Mt. Ashland serves as the recreational and social hub of our community. It also serves as an economic engine, powering our economy through the time of year when jobs are scarce and cultural opportunities are few. Finally, it serves as a tourist draw, bringing visitors from San Diego to Seattle and beyond to experience the thrills of our exciting terrain with a charming small town just minutes--via a free shuttle--away.

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

The Ashland School District spends more than $1 million per year on bus transportation for their students. It's easy to see how it could be so expensive! Mt. Ashland spends a small fraction of that amount operating Romeo and Juliet, our two shuttle buses, but we need to spend more than we are currently.

Mt. Ashland seeks increased support of $20,000 for its tourist-facing transportation program from the City of Ashland so that we can build a more reliable, dependable transportation system.

More than 20% of Mt. Ashland's guests come from Portland, the Bay area, L.A., and other large cities. These guests expect to have a shuttle to transport them safely to and from places like Mt. Ashland. They are opting to avoid the larger ski resorts so that they can have the "Ashland experience" without long ski lift lines, uncrowded restaurants, and a variety of fun things to do on their trip.

The Mt. Ashland Shuttle ensures that a demographically diverse group of people from around our region and beyond positively contribute to the local Ashland economy.

Mt. Ashland offers free transportation to and from the city of Ashland on holidays and weekends during the ski season. The free and frequent service continues to be very popular with tourists visiting the City of Ashland for overnight stays.

The Free Shuttle will operate 42 days during the 2022-23 ski season. Shuttle service is offered by two 32-passenger retired school buses. The buses depart every hour on the hour from the Ashland Hills Hotel & Suites and Mt. Ashland. This makes it incredibly convenient for visitors to access the ski area even if they do not have a vehicle equipped for winter travel in the mountains.

Over the winter of 2021-22, shuttle buses Romeo and Juliet underwent very expensive repairs which put the transportation program way over budget. With increased support from the City of Ashland, Mt. Ashland will continue to invest in expensive shuttle bus maintenance projects which help ensure reliable shuttle service each scheduled day of operation.

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

Program/ Event Title	Anticipated Event Date(s)		Funding Request
	Start	End	
Free Mt. Ashland Shuttle Service	12/17/22	3/26/23	$ 20,000
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

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

MBS

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

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

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

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

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

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

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

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

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

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

Organization Board Member

(use additional sheets as necessary)

Name	Annette Batzer
Name	Annette Batzer
Name	Curt Burrill
Name	Anne Jenkins
Name	Erik Larsen
Name	Ray Mallette
Name	Blair Moody
Name	Hank O'Dougherty
Name	Allen Purdy
Name	Adam Reiss
Name	Mary Smelcer
Name	Valri Williams
Name	

Customer Demographic Profile*

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

Organization	Mt. Ashland Association
Program/Event Name	Free Shuttle Bus
For the Twelve Month Period of	7/1/21 - 6/30/22

1. Customer Age (percentage)

Youth 0 to 17 years	30	%
Adult 18 to 39 years	36	%
Adult 40 to 64 years	25	%
Adult 65 and over	9	%
Unknown	0	%
Total	100	**%**

II. Staff Residence (percentage)

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

III. Customer Residence (percentage)

Ashland	30	%
Rogue Valley	31	%
Other (within 50 miles)	5	%
Other (greater than 50 miles)	24	%
Total	100	**%**

IV. Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? 23 **%**

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

Grants Program Budget*

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

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

Program/Event Name	Free Mt. Ashland Shuttle Bus
Project Period:	**July 1, 2022 to June 30, 2023**

REVENUE		
Source	Funding title	Amount
City of Ashland Grant Funds:	2022 Tourism Grant	$ 20,000
Jackson County Funds/ Identify:		$
State Funds/ Identify:		$
Federal Funds/ Identify:		$
Other funds/ Identify:	Walker Fund (requested funding)	$ 5,000
Other funds/ Identify:	Mt. Ashland Donors & Sponsors	$ 5,450
Other funds/ Identify:		$
TOTAL REVENUE		**$** 30,450

EXPENDITURES		
Personal Services		
Total Salaries:	% of Time to Project/Event:	Salaries specific to Project/Event:
$ 15,660	100 %	$ 15,660
Total Benefits:	% of Time to Project/Event:	Benefits specific to Project/Event:
$ 0	%	$ 0
Total Project/Event-Specific Personal Services		**$** 15,660
Materials & Services		
Fuel		$ 8,700
Maintenance		$ 4,872
Contingencies		$ 1,218
		$
Total Project/Event Specific Materials & Services		**$** 14,790
TOTAL EXPENDITURES		**$** 30,450

Signature Page

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

By signing below you certify that:

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

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

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

Michael Stringer Digitally signed by Michael Stringer
Date: 2022.04.18 09:56:56 -07'00'

Signature

Michael Stringer

Name (print)

Director of Marketing & Development

Title

Mt. Ashland Association

Organization

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 7/01 , 2020, and ending 6/30 , 20 2021

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

C MT. ASHLAND ASSOCIATION
[redacted]

D Employer identification number [redacted]

E Telephone number [redacted]

G Gross receipts $ 3,190,476.

F Name and address of principal officer: ANNETTE BATZER
SAME AS C ABOVE

H(a) Is this a group return for subordinates? [ ] Yes [X] No
H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► WWW.MTASHLAND.COM

H(c) Group exemption number ►

K Form of organization: [ ] Corporation [ ] Trust [X] Association [ ] Other ►

L Year of formation: 1992

M State of legal domicile: OR

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE MT. ASHLAND ASSOCIATION IS TO PROVIDE AND PROMOTE A HEALTHY QUALITY EXPERIENCE IN AN ALPINE ENVIRONMENT WHILE REMAINING A VALUED COMMUNITY RESOURCE THAT PROVIDES RECREATIONAL, EDUCATIONAL, AND ECONOMIC OPPORTUNITIES FOR FUTURE GENERATIONS.

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	247
6	Total number of volunteers (estimate if necessary)	6	60
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	288,595.	189,898.
	9	Program service revenue (Part VIII, line 2g)	2,223,175.	2,498,001.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,904.	1,715.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	342,526.	461,404.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,875,200.	3,151,018.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,465,255.	1,240,729.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 116,264.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,191,672.	1,173,903.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,656,927.	2,414,632.
	19	Revenue less expenses. Subtract line 18 from line 12	218,273.	736,386.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,932,010.	5,821,469.
	21	Total liabilities (Part X, line 26)	1,377,714.	1,530,787.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,554,296.	4,290,682.

Part II Signature Block

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

Sign Here

► Signature of officer — Date

► ANNETTE BATZER — PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
RICHARD W. BREWSTER, CPA	RICHARD W. BREWSTER, CPA			[redacted]

Firm's name ► RICHARD W. BREWSTER, CPA, PC
Firm's address ► [redacted]
Firm's EIN ► [redacted]
Phone no. [redacted]

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

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 01/19/21 Form **990** (2020)

2022

Application for Tourism Grant

Organization	Ashland New Plays Festival		
Mailing Address	[redacted]		
Contact Name	Peggy Moore	**Phone**	[redacted]
Email	[redacted]		
Secondary Contact	Bill Saltzstein	**Phone**	[redacted]
Email	[redacted]		
Federal Tax ID	[redacted]	**IRS Class** (exemption)	501 (c) (3)

Grant Request	
Total Tourism Request ***($5,000 minimum*)***	$ 5,000

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

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

Entering our 30th year of presenting new works for the stage Ashland New Plays Festival is committed to increasing both the excellence and diversity of voices in American theater while engaged and enriching Ashland's cultural community. We assist playwrights in the development of new works through public readings and offer an educational forum to the community through discussions and workshops.
AANPF also works collaboratively with regional and national theaters (including the Oregon Shakespeare Festival) to develop new works for full production.

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

Our events draw tourists seeking an arts experience unlike others in Ashland and uncommon on the West Coast. Our audience numbers for our 2019 events were: Fall Festival 1155; Playwriting Workshop22; Theatre Talk 122, The Gun Show 120; #God Hates You 131 for a total of 1550 audience members for all events in 2019.

We gave a total of 71 complimentary tickets to students.

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

We use 2019 since this was the last year, until 2022, when we were producing in person events. In 2020 and 2021 we presented all our work virtually.

In 2019 76% of respondents,whether from in-town or our-of-town got food and drink at local restaurants and bars during the 5 day festival.

The following percentages represent income spent on identified local businesses during the 2019 Fall Festival : 22% went shopping, 20% got gas, 11% went to galleries, 12% stayed at hotels and BnB's and 30% saw shows at other theaters.

Each of these areas showed an increase in numbers from 2017 and 2018. I believe after one of our playwrights winning the Pulitzer in 2018 for the play she produced with us, we will be attracting more non local audience members.

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

Program/ Event Title	Anticipated Event Date(s)		Funding Request
	Start	End	
30th Annual Fall Festival	10/18/22	10/23/22	$ 5.000
The marketing efforts wouSummerld preceed the factual event. If we receive the grant or a portion of the grant we will develop marketing materials to a targeted ou			$
grant. It would begin once the plays have been selected (early July 2022)			$
			$
			$
			$
			$
			$
			$
			$
			$

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

P.A.M

_____

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

We will work with one of our Board members who is a professional Development Director at a large organization to advise us of a specific plan, focusing on marketing our Fall Festival (and Summer offering) out of the local area. We will not incur any costs associated with stipends or salaries. The plan will be developed under the guidance of this Board member as part of her Board responsibilities.

We intend to present a package opportunity to folks to come for the 5 day festival and combine shows at OSF, maybe a rafting trip for the more adventurous, offerings at smaller local theaters in town as well as the exceptionally fine dining and lodging available in a relaxed town where most activities are walkable from their lodging .

Focus on coming when the town is less crowded and the Fall is upon us. Perfect opportunity to vacation in a small but robust city with lots of art, theater and outdoor adventures. Focus on the number of fine wineries and restaurants as well as tax free shopping should peak interest.

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

If we did not receive full funding, we would scale down the number of times we reached out to our out of area supporters. We are hoping to begin soliciting interest in publications and avenues we do not now use. Lack of full funding would not alter the what of our marketing campaign but rather limit the amount of marketing activities we could initiate.

For example, if we identified the demographics of particular people in 10 areas, we might only be able to develop materials for five of them. The number of times we sent materials out might be fewer.

We would develop the plan and implement it but it might not be as large an audience. So the plan and the kind of material would remain constant. The number of people we would outreach to might be fewer.

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

We will provide a survey, as we have done for a number of years now, to all attendees at our Summer play and the Fall Festival. These will be done immediately after the event to ensure we get a reasonable number of responses. We will also send the survey electronically for those who we missed.
High satisfaction numbers, which we typically get, that out paced our 2019 Festival - again the last in person one prior to 2022 will help confirm our success.

We will target several repeat patrons as well as some who are new to ANPF for a short phone call to follow up on their opinions of the experience and suggestions for changes.

Our desired outcomes are basically an increase in non-local patrons who attend. There are limitations to staying totally local, especially after being in "business" for 30 years. New audiences must come, in part, from outside the geography of Southern Oregon so an analysis of these audience members and their experience should provide new data for review.

Organization Board Member

(use additional sheets as necessary)

Name	Peggy Moore (Board President)
Name	Dr. William Grove - Vice President
Name	Kate Wolf-Pizor (Secretary)
Name	Bill Saltzstein (Treasurer)
Name	Jim Risser (Member)
Name	Jane Bardin (Member)
Name	Eric Poppick (Member)
Name	Tristan Cameron (Member)
Name	Obed Medina (Member)
Name	Kenneth Benton (Member)
Name	Doreen O'Skea (Member)
Name	Miriam Laube (Member)
Name	

Customer Demographic Profile*

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

Organization	Ashland New Plays Festival
Program/Event Name	ANPF Fall Festival
For the Twelve Month Period of	October 2022 - Dec. 2022

1. Customer Age (percentage)

Youth 0 to 17 years	5	%
Adult 18 to 39 years	6	%
Adult 40 to 64 years	26	%
Adult 65 and over	61	%
Unknown	2	%
Total	100	**%**

II. Staff Residence (percentage)

Ashland	20	%
Rogue Valley	20	%
Other	60	%
Total	100	**%**

III. Customer Residence (percentage)

Ashland	35	%
Rogue Valley	25	%
Other (within 50 miles)	10	%
Other (greater than 50 miles)	30	%
Total	100	**%**

IV. Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? 30 **%**

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

Grants Program Budget*

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

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

Program/Event Name	
Project Period:	**July 1, 2022 to June 30, 2023**

REVENUE		
Source	Funding title	Amount
City of Ashland Grant Funds:	Tourism Fall Festival	$ 5,000
Jackson County Funds/ Identify:	0	$
State Funds/ Identify:	0	$
Federal Funds/ Identify:	0	$
Other funds/ Identify:	Ticket Sales	$ 11,000
Other funds/ Identify:	Script Fees	$ 10,000
Other funds/ Identify:		$
TOTAL REVENUE		**$** 26,000

EXPENDITURES		
Personal Services		
Total Salaries:	% of Time to Project/Event:	Salaries specific to Project/Event:
$ None of the requested dollars will go to salanires or benefits.	%	$
Total Benefits:	% of Time to Project/Event:	Benefits specific to Project/Event:
$	%	$
Total Project/Event-Specific Personal Services		**$**
Materials & Services		
Advertising		$ 3,000
Operations		$ 500
Production		$ 1,300
		$ 200
Total Project/Event Specific Materials & Services		**$** 5.000
TOTAL EXPENDITURES		**$** 5,000

Signature Page

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

By signing below you certify that:

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

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

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

Peggy A Moore Digitally signed by Peggy A Moore
Date: 2022.04.23 15:54:57 -07'00'

Signature

Peggy A Moore

Name (print)

Board President

Title

Ashland New Plays Festival

Organization

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning JANUARY 1 **, 2021, and ending** DECEMBER 31 **, 20** 21

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

C Name of organization
ASHLAND NEW PLAYS FESTIVAL

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
[redacted]

City or town, state or province, country, and ZIP or foreign postal code
[redacted]

D Employer identification number
[redacted]

E Telephone number
[redacted]

F Group Exemption Number ▶ N.A

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990).

I Website: ▶ WWW.ASHLANDNEWPLAYS.ORG

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

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

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

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	79,122
	2	Program service revenue including government fees and contracts			2	29,136
	3	Membership dues and assessments			3	0
	4	Investment income			4	8
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)			5c	0
	6	Gaming and fundraising events:				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a			
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b			
	c	Less: direct expenses from gaming and fundraising events	6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	0
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)			7c	0
	8	Other revenue (describe in Schedule O)			8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶	9	108,265
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	0
	11	Benefits paid to or for members			11	0
	12	Salaries, other compensation, and employee benefits			12	20,982
	13	Professional fees and other payments to independent contractors			13	69,286
	14	Occupancy, rent, utilities, and maintenance			14	645
	15	Printing, publications, postage, and shipping			15	497
	16	Other expenses (describe in Schedule O)			16	10,779
	17	**Total expenses.** Add lines 10 through 16		▶	17	102,189
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)			18	6,076
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	128,799
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		▶	21	134,943

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

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

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	119,495	22	119,072
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	9,304	24	15,871
25	**Total assets**	128,799	25	134,943
26	**Total liabilities** (describe in Schedule O)	0	26	67
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	128,799	27	134,943

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

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

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

What is the organization's primary exempt purpose? NEW PLAYS READINGS AND DEVELOPMENT

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

28	ANPF PRESENTS NEW PLAYS, INCLUDING AN ANNUAL FESTIVAL, WORKSHOPS AND EDUCATION TALKS, THAT INVOLVE AND REACH THOUSANDS OF COMMUNITY MEMBERS; DOWNLOADABLE PLAYS AND PODCAST INTERVEIWS REACH THOUSANDS MORE (Grants $ 29,136) If this amount includes foreign grants, check here . . . . ▶ ☐	28a	102,189
29	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	30a	
31	Other program services (describe in Schedule O) . . . . . (Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) . . . . . ▶	32	102,189

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
PEGGY MOORE PRESIDENT	20	0	0	0
WILLIAM GROVE VICE-PRESIDENT	5	0	0	0
KATE WOLF-PIZER SECRETARY	5	0	0	0
WILLIAM SALTZSTEIN TREASURER	10	0	0	0
JANE BARDIN DIRECTOR	2	0	0	0
ERIC POPPICK DIRECTOR	2	0	0	0
OBED MEDINA DIRECTOR	2	0	0	0
JIM RISSER DIRECTOR	4	0	0	0
TRISTAN CAMERON DIRECTOR	2	0	0	0

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

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

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		✓

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201
DEPARTMENT OF THE TREASURY

Date: [redacted] Employer Identification Number:
[redacted]
DLN:
[redacted]
Contact Person:
JENNIFER NICOLIN ID# [redacted]
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509 (a) (2)
Form 990 Required:
Yes
Effective Date of Exemption:
July 13, 2009
Contribution Deductibility:
Yes
Addendum Applies:
No
ASHLAND NEW PLAYS FESTIVAL
BOX 3314
ASHLAND, OR 97520
Dear Applicant:
We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c) (3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.
Organizations exempt under section 501(c) (3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.
Please see enclosed Publication 4221-PC, Compliance Guide for 501(c) (3) Public Charities, for some helpful information about your responsibilities as an exempt organization.
Letter 947 (DO/CG)

Here's the confirmation that the 990 was filed.

---------- Forwarded message ----------

From: Elizabeth von Radics <vonrad@live.com>

Date: Tue, Jan 20, 2015 at 12:29 PM

Subject: FW: Form 990-N E-filing Receipt - IRS Status: Accepted

To: Nina Winans <ninawinans@gmail.com>

> From: epostcard@urban.org

> To: info@ashlandnewplays.org

> Date: Tue, 20 Jan 2015 12:44:58 -0500

> Subject: Form 990-N E-filing Receipt - IRS Status: Accepted

>

> Organization: **ASHLAND NEW PLAYS FESTIVAL**

> EIN: [redacted]

> **Submission Type: Form 990-N**

> Year: 2014

> Submission ID: [redacted]

> e-File Postmark: 1/20/2015 12:39:09 PM

> Accepted Date: 1/20/2015

>

> The IRS has accepted the e-Postcard described above. Please save this receipt for your records.

> Thank you for filing.

> e-Postcard technical support

> Phone: 866-255-0654 (toll free)

> email:ePostcard@urban.org

2022

Application for Tourism Grant

Organization	Ashland's Bed & Breakfast Network		
Mailing Address	[redacted]		
Contact Name	Sue Blaize	**Phone**	[redacted]
Email	[redacted]		
Secondary Contact	Vicki Capp	**Phone**	[redacted]
Email	[redacted]		
Federal Tax ID	[redacted]	**IRS Class** (exemption)	501(c)(6)

Grant Request	
Total Tourism Request ***($5,000 minimum*)***	$ 10,000

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

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

The ABBN is a tourist-oriented lodging network of owner operated bed & breakfast inns. Ashland's Bed and Breakfast Network (ABBN) updated our public name for doing business several years ago, to better promote Ashland, to StayAshland. Our primary objective is marketing all things Ashland to entice tourists to visit, stay longer, and experience Ashland in all seasons. We have 9 member inns, offering a total of 76 units generating TOT for the City of Ashland. Year-round, our members actively promote the festivals, events, businesses, and attractions in Ashland and the surrounding area, to visitors. All local businesses or events may participate for free in our Social Media campaigns or list on www.StayAshland.com on our new Plan Your Stay or Upcoming Events pages. Our past and future marketing, plus our expanding Social Media community concentration, aims to continue to meet or exceed the efforts of Travel Ashland which is limited to Chamber members. An ABBN member sits on the Travel Ashland committee. Members give back to the community, supporting local cultural and non-profit organizations by volunteering and donating rooms to fundraising events, festivals, and organizations.

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

The 2022-23 grant will be used to continue drawing visitors from 50 miles or more to Ashland through social media - Instagram [IG] and Facebook [FB] - outreach started several years ago and expanded with professional assistance in 2020 and 2021. Member inns contribute time and financially to these efforts. The requested funding is critical to continue to partner with marketing professionals with the expertise and time necessary to fully realize our goal: heads in beds and to generate TOT for the City of Ashland.

1. Social Media goals: Make all promotional components (IG, FB, website, rack card) present the same professional 'look'; to promote and generate interest plus excitement is our immediate and long-term goal for visitors to discover the many facets of Ashland. Our FB Likes YTD monthly average is 7,511. IG followers have increased YTD from 398 to 824. As has been shown since 2020, there are many reasons beyond theater to visit and stay in Ashland. Both medias have consistent and active interaction to posts among our followers. Long time favorites, new and re-imagined businesses are featured monthly in our posts.

2. Www.StayAshland.com was given a total refresh by member innkeepers (2021-22 grant funds), with the paid professional assistance of Gnosis Media, a local website designer. We have vastly improved the site with an extensive Plan Your Stay section with eight categories. Local event promoters have found our free Events Calendar to be an excellent way to publicize their events to locals and tourists. ABBN members reach out to business owners and community organizations to encourage them to use this feature. Grant funds will be used to keep the site current, as changes are constantly needed to keep the site fresh and interesting to attract tourists to Ashland. With last year's grant, we were able to purchase a 2022 panel ad on Travel Southern Oregon (TSO). In addition, rack cards were member-created and placed at the new tourism center south of Ashland and at Rogue Valley International Airport for a yearly fee.

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

Program/ Event Title	Anticipated Event Date(s)		Funding Request
	Start	End	
StayAshland Media Campaign	7/01/22	6/30/23	$ 10,000
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

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

SB; VC

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

The StayAshland grant components focus on potential visitors in specific geographic areas living outside a 50 mile radius from Ashland. Visitors love to shop at the locally owned galleries and stores, enjoy farm-to-table restaurants, because they value the experience of the unique and small businesses in Ashland. Social media and our website content drives visitors directly to local business's websites, making all content current. In the course of a year, we regularly reach demographically targeted tourists from California, Colorado, Arizona, Nevada, Oregon and Washington. We want to move away from the term 'off-season' and emphasize 'all seasons'.

We anticipate all of these actions will increase local restaurant support, retail business sales and local event attendance throughout the year versus the historical past for Ashland tourism. By generating more and/or longer overnight stays for our visitors, the City of Ashland's tourism and meals tax will reflect an increase.

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

If we do not receive the entire amount of our grant request, the professional marketing company we use will reduce the number of Social Media posts on Instagram and Facebook to the minimum required to maintain a presence. We will cut back or eliminate the 'boosted' paid posts on Facebook. In addition, www.stayashland.com will not be professionally updated as frequently as needed to keep content and images current.

A reduced grant amount will not impact the Plan Your Stay or Events Calendar that StayAshland offers at no charge to a wide variety of businesses and public events in the Rogue Valley. These pages are monitored and updated by a member innkeeper at no cost.

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

This is a two-fold measurement:

1. Members will be asked to report their occupancy and guest source: return or new, and, if new, their referral source.

2. We will utilize monthly analytic reports from social media and www.stayashland.com to track the effectiveness of all aspects of the StayAshland promotional campaigns. Using monthly reports allows our member liaison to coordinate with our professional hire to make timely campaign adjustments and decisions.

Organization Board Member

(use additional sheets as necessary)

Name	Vicki Capp, President
Name	Jordan Parker, Vice President
Name	Adam Lemon, Treasurer
Name	Jeffrey Hansen, Secretary
Name	Sue Blaize, Tourism Grant
Name	John Blaize, Education
Name	Anna and Brian Runyen, Operations
Name	Dan Burian, Membership
Name	Susan Lemon, Media Liaison
Name	
Name	
Name	
Name	

Customer Demographic Profile*

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

Organization	Ashland's Bed & Breakfast Network
Program/Event Name	StayAshland Media Campaign
For the Twelve Month Period of	7/01/2022-6/30/2023

1. Customer Age (percentage)

Youth 0 to 17 years	2	%
Adult 18 to 39 years	5	%
Adult 40 to 64 years	43	%
Adult 65 and over	49	%
Unknown	1	%
Total	100	**%**

II. Staff Residence (percentage)

Ashland	60	%
Rogue Valley	40	%
Other		%
Total	100	**%**

III. Customer Residence (percentage)

Ashland	1	%
Rogue Valley	1	%
Other (within 50 miles)	2	%
Other (greater than 50 miles)	96	%
Total	100	**%**

IV. Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? 100 **%**

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

Grants Program Budget*

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

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

Program/Event Name	StayAshland Media Campaign
Project Period:	**July 1, 2022 to June 30, 2023**

REVENUE		
Source	Funding title	Amount
City of Ashland Grant Funds:	Media Campaign	$10,000
Jackson County Funds/ Identify:		$
State Funds/ Identify:		$
Federal Funds/ Identify:		$
Other funds/ Identify:		$
Other funds/ Identify:		$
Other funds/ Identify:		$
	TOTAL REVENUE	**$** 10,000

EXPENDITURES		
Personal Services		
Total Salaries:	% of Time to Project/Event:	Salaries specific to Project/Event:
$	%	$
Total Benefits:	% of Time to Project/Event:	Benefits specific to Project/Event:
$	%	$
Total Project/Event-Specific Personal Services		**$**
Materials & Services		
Blossom Media: media professional		$7,000
Gnosis Media: website professional		$1,800
Apex Video Tours: photo professional		$1,200
		$
Total Project/Event Specific Materials & Services		**$**
TOTAL EXPENDITURES		**$** 10,000

Signature Page

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

By signing below you certify that:

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

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

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

Vicki Capp Digitally signed by Vicki Capp
Date: 2022.04.25 18:07:54
-07'00'

Signature

Vicki Capp

Name (print)

Tourism Grant Committee

Title

Ashland's Bed & Breakfast Network

Organization

Confirmation

Home | Security Profile | Logout

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

- **Organization Name:** ASHLANDS BED & BREAKFAST NETWORK
- **EIN:** [redacted]
- **Tax Year:** 2020
- **Tax Year Start Date:** 06-01-2020
- **Tax Year End Date:** 05-31-2021
- **Submission ID:** [redacted]
- **Filing Status Date:** 07-02-2021
- **Filing Status:** Accepted

MANAGE FORM 990-N SUBMISSIONS

2022

Application for Tourism Grant

Organization	SOPride, Inc		
Mailing Address	[redacted]		
Contact Name	David T. Gray	**Phone**	[redacted]
Email	[redacted]		
Secondary Contact	Leslie Stone	**Phone**	[redacted]
Email	[redacted]		
Federal Tax ID	[redacted]	IRS Class (exemption)	501 (c) (3)

Grant Request	
Total Tourism Request ***($5,000 minimum*)***	$ 8,000.00

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

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

SOPride, Inc. was organized and operated exclusively for charitable, scientific, literary and educational purposes.

The Corporation's primary purposes are, but not limited to:

1. Develop and sustain coalitions of the LGBT Community, their friends and families, promoting through advocacy and education a positive and healthy presence in the general community;

2. Produce and organize events and activities to celebrate the pride of the LGBT Community;

3. Produce and organize events and activities which promote the social civil rights of the LBGT Community;

4. Educate and inform the general public about the social rights, the civil rights, and the contributions of the LGBT Community.

The Internl Revenue Service has listed SOPride, Inc. as a public charity, a 501 (c) (3) organization.

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

The City Grant funds will be used to fund the costs of the annual SOPride Festival in October, which includes a dance on Friday night, the Parade on Saturday morning and the concert/social following the parade at the City Bandshell. The expenses associated with the event include insurance, fees paid to the City of AShland for the use of the Bandshell, the Recereation Department for clean-up, the Police Department for traffic and crowd control. Other costs include rental for the rental of space for the kick-off event, D.J. and advertising costs.

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

Program/ Event Title	Anticipated Event Date(s)		Funding Request
	Start	End	
Kick-off Gala	10/07	10/07	$1,000.00
Parade	10/08	10/08	$5,000.00
Bandshell/Concert	10/08	10/08	$2,000.00
			$
			$
			$
			$
			$
			$
			$
			$

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

DTG

_____

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

SOPride was established in 2012 to develop and sustain a community for the LGBT residents, their families and friends to promote through advocacy and education a positive and healthy presence in the general community of soouthern Oregon. The SOPride festival was developed to provide an annual celebration of this communty. The October date was selected to coincide with the near end of the OSF operation to extend the tourism for the area. The SOPride Festival is the only formal celebration of PRIDE in the lower portion of Oregon. and draws people not only from the Ashland/Medford area, but has proven to draw from as far away as Roseberg, Grants Pass, Klamath Falls in Oregon. It also attracts visitors fron Eureka, Crescent City Mt. Shasta and other smaller communities in California. Some visitors attend the kick-off event as well as the Parade and activities on Saturday. This brings in a substantial amount of tourist $$'s.

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

If we do not receive the full amount of our Grant Request we will need to reduce the scope of the Southern Oregon Pride Festival. This would entail reducing size and scope of the kick-off gala on Friday evening by cutting back on catering and decorations. Also, we would need to reduce the size and scope of the Band Shell concert activities. We would also increase our efforts for local donations. A smaller than requestd amount would go to the required expenses of fees to the City of Ashland, parade insurance, required police activites of crowd control and overtime. We would need to reduce advertising costs to promote the events of the Festival to as wide an area and would reduce the Festival's positive economic and tourism impacts on local businesses.

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

Statistics are admittedly diifficult to gather on attendees of free community events such as the SOPride Festival. We will work with the local police to estimate the size and number of participants of the outdoor activities and the Parade, as estimated vehicle counts for the city. We wiil interview local merchants after the event to determine how great the economic benefit was to the city. We will also work withe the Chamber of Commerce, of which SOPride is a member to glean any additional feed back we can get.

Organization Board Member

(use additional sheets as necessary)

Name	Leslie Stone
Name	John Tyler
Name	Josh Willow
Name	Daniel Burkowitz
Name	
Name	
Name	
Name	
Name	
Name	
Name	
Name	

Customer Demographic Profile*

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

Organization	SOPride, Inc.
Program/Event Name	Southern Oregon Pride Festival
For the Twelve Month Period of	July 1, 2022 - June 30, 2023

1. Customer Age (percentage)

Youth 0 to 17 years	20	%
Adult 18 to 39 years	35	%
Adult 40 to 64 years	25	%
Adult 65 and over	20	%
Unknown		%
Total	100	%

II. Staff Residence (percentage)

Ashland	80	%
Rogue Valley	10	%
Other	10	%
Total	100	%

III. Customer Residence (percentage)

Ashland	50	%
Rogue Valley	35	%
Other (within 50 miles)	13	%
Other (greater than 50 miles)	2	%
Total	100	%

IV. Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? 5 %

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

Grants Program Budget*

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

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

Program/Event Name	Southern Oregon Pride Festival
Project Period:	**July 1, 2022 to June 30, 2023**

REVENUE		
Source	Funding title	Amount
City of Ashland Grant Funds:	Tourism Grant	$8,000.00
Jackson County Funds/ Identify:		$
State Funds/ Identify:		$
Federal Funds/ Identify:		$
Other funds/ Identify:	Local fundraising	$3,000.00
Other funds/ Identify:	Ticket sales	$3,000.00
Other funds/ Identify:		$
TOTAL REVENUE		**$**14,000.00

EXPENDITURES		
Personal Services		
Total Salaries:	% of Time to Project/Event:	Salaries specific to Project/Event:
$0.00	0.00 %	$0.00
Total Benefits:	% of Time to Project/Event:	Benefits specific to Project/Event:
$0.00	0.00 %	$ 0.00
Total Project/Event-Specific Personal Services		**$**
Materials & Services		
Kick Off Gala		$3,500.00
Parade		$8,000.00
Band Shell		$2,500.00
		$
Total Project/Event Specific Materials & Services		**$**
TOTAL EXPENDITURES		**$**14,000.00

Signature Page

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

By signing below you certify that:

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

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

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

Signature

David T. Gray

Name (print)

Treasurer/Secretary

Title

SOPride, Inc

Organization

Signature Page

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

By signing below you certify that:

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

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

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

Signature

David T. Gray

Name (print)

Treasurer/Secretary

Title

SOPride, Inc

Organization

> Tax Year 2020 Form 990-N (e-Postcard)

Tax Period:
2020 (01/01/2020 - 12/31/2020)

EIN:
[redacted]

Legal Name (Doing Business as):
Sopride Inc

Mailing Address:
[redacted]

Principal Officer's Name and Address:
GINA DUQUESNE

[redacted]

Gross receipts not greater than:
$50,000

Organization has terminated:
No

Website URL:

2022

Application for Tourism Grant

Organization	Legacy Earthkeepers Academy of Permaculture		
Mailing Address	[redacted]		
Contact Name	Kommany Angelstar	**Phone**	[redacted]
Email	[redacted]m		
Secondary Contact	Blak Roze	**Phone**	[redacted]
Email	[redacted]		
Federal Tax ID	[redacted]	**IRS Class** (exemption)	501(c) 3

Grant Request	
Total Tourism Request ***($5,000 minimum*)***	$ 80,000

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

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

LEGACY EARTHKEEPERS ACADEMY OF PERMACULTURE (L.E.A.P.)

Mission Statement:
An Educational Sanctuary rooted in Love, Family, Self-Sustainability and Spiritual Values.

Objective:
L.E.A.P is dedicated to bringing education and wellness to our communities and are now offering events to help benefit our new project ReNEW Earth w/Earthships & Geo Thermal Greenhouses among other campaigns.

https://www.earthkeepersacademy.org/event-info/renew-earth-w-earthships-geothermal-greenhouses

Maha Village Events & Blak Roze Entertainment has teamed up with Maha Cafe & Elixir Bars, Jamasian Fusion, Congo Cafe offering Superfood Cuisine and Mushroom Elixirs to all our events this year in support of L.E.A.P. and its campaigns. We can't wait to share our Conscious Creations of love, food, dancing, multi-generational and diverse music!

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

The City Grant will be able to help bring renowned and popular artists to the city on a regular basis as well as being able to honor the traditions of the city and what kind of message Ashland, Oregon transmits to the world.

We would need the grant to handle the basic needs of getting an event together which include and is not limited to: Artists, Vendors, Food/Beverage, Merchandising, Coordinators, Venue Acquisition, Lodgings, Workers, Equipment, Graphic Design, Marketing Materials, Social Media Promotions, Street Promotions, and Ticket Sales.

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

Program/ Event Title	Anticipated Event Date(s)		Funding Request
	Start	End	
LEAP Poker Tournament	May 6th	Monthly	$3000/18k yr
LEAP Monthly Documentary Screening	May 7th	Monthly	$1000/7k yr
African Drum and Dance	May 7th	Monthly	$1000/7k yr
Reggae and WorldBeat Summer Festival	July 2nd	July 4th	$40,000
Reggae and WorldBeat Fall Festival	Oct.29th	Oct. 31st	$40,000
			$
			$
			$
			$
			$
			$

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

ka

_____

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

We endeavor to hold weekly, monthly and semi-annual events that foster and support the creation, expansion and retention of existing businesses in the community that produce specialty and value added goods and services with a market beyond our local economy.

Our Number 1 priority is to increase participation with our community and provide transparency that will enable us to continue building a quality reputation, increase brand awareness, and provide consistency.

New Events in town will bring promotors, musicians, artists and attendees which will help increase profits and availability of investment capital for local business.

Maha Asian Cafe and Elixir Bars, Jamasian Fusion, Congo Cafe, Stones Jamaican Roots and Juice are a few of the culturally diverse businesses than can help leverage and expand Ashland's cultural assets such as performing and visual arts, education, and adds to the overall quality of food life of the community such as Caribbean Cuisine, Asian Medicinal Cuisine, African Cuisine & Music in Drums, Dance and diverse sounds such as Reggae, Latin Music, World Music, etc.

LEAP events will bring in revenue from outside Ashland that will be circulated to benefit local businesses. We know that much more traffic is needed to supplement our economy and increase sustainable employment. We plan on working with local hotels/motels to ensure a quality rate for our venues.

D. Sustainability - Being consistent in quality of entertainment, food, vendors, music and dance will create a foundation that Ashland, OR will be known for other than the Oregon Shakespeare Festival.

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

LEAP will have to continue our fundraising efforts in order to fund our new projects especially the clean-up and rebuild of the Neil Creek Property which is being generously donated by Barry Bortoli of Ashland Oregon. We would have to budget for the smaller events and bring in funds necessary to put on the next event.

LEAP desires to maintain and increase awareness to our campaigns by way of providing economic recovery strategic measures that can bring forth tourists, attendees, workers, and overall curious people who have never been witness to a self-sustainable community to the building of one.

We would have use 50% of the funds allocated to heavier promotion and videos on all social media platforms in order to create a “movement” to Ashland Oregon and all the city has to offer.

LEAP will continue to put on the smaller events until we have enough funds for larger events but it will definitely take three times as long without proper funding. Smaller Amounts will be allocated to weekly and monthly events so we can continue to raise and budget for the larger events. It will also give us time to build a strong sponsorship programs with the local businesses.

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

LEAP will be able to measure success through multiple methods of accountability.

1. Collaboration with local lodgings and private residence share apps such as Airbnb as well as event tickets will help us track and see what amount of people come into town as a result of our events.

2. Maha Village Events and Blak Roze Entertainment will be able to provide statistics and data on the bullets points listed in the policy.

3. All workers who are not volunteers or interns will be paid between $14-$25 an hour for efforts and assistance at our events dependent on the qualifications and job title.

4. Most of events are cultural and ethnically diverse so anyone attending would be attending for this type of enrichment.

5. Provide vouchers for free food and beverages for Seniors and Children under 6 yrs will help us gauge attendees in this demographic and to make it affordable for all income levels to attend.

6. We would love to be able to report on conservation efforts. LEAP will be able to document resources utilized and provide evidence that the grant activity resulted in its conservation.

Organization Board Member

(use additional sheets as necessary)

Name	Kommany Angelstar
Name	Esther Powell
Name	Megan Holmes - Architect, Planning & Development Director
Name	Lee Harper
Name	
Name	
Name	
Name	
Name	
Name	
Name	
Name	
Name	

Customer Demographic Profile*

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

Organization	LEAP w/ Maha Village & Blak Roze Entertainment
Program/Event Name	Reggae and WorldBeat Music Festival
For the Twelve Month Period of	2022

1. Customer Age (percentage)

Youth 0 to 17 years	25	%
Adult 18 to 39 years	50	%
Adult 40 to 64 years	20	%
Adult 65 and over	3	%
Unknown	2	%
Total	100	**%**

II. Staff Residence (percentage)

Ashland	60	%
Rogue Valley	20	%
Other	20	%
Total	100	**%**

III. Customer Residence (percentage)

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

IV. Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? 60 **%**

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

Grants Program Budget*

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

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

Program/Event Name	Reggae and WorldBeat Music Festival
Project Period:	**July 1, 2022 to June 30, 2023** July 2-4th, 2022 to Oct. 29th-31st, 2022

REVENUE		
Source	Funding title	Amount
City of Ashland Grant Funds:	Grant Funds	$ 40,000
Jackson County Funds/ Identify:		$
State Funds/ Identify:		$
Federal Funds/ Identify:		$
Other funds/ Identify:	Ticket Sales	$ 90,000
Other funds/ Identify:	Food Sales	$ 14,000
Other funds/ Identify:	Vendor Booth Fee's	$ 10,000
	TOTAL REVENUE	**$** 154,000

EXPENDITURES		
Personal Services		
Total Salaries:	% of Time to Project/Event:	Salaries specific to Project/Event:
$ 11,500	65 %	$ 11,500
Total Benefits:	% of Time to Project/Event:	Benefits specific to Project/Event:
$ unknown	unknown %	$
	Total Project/Event-Specific Personal Services	**$**
Materials & Services		
	Artists	$42,000
	Venue	$5000
	Lodging	$8000
	Promotions	$3500
	Total Project/Event Specific Materials & Services	**$**68500
	TOTAL EXPENDITURES	**$**80,000

Signature Page

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

By signing below you certify that:

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

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

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

Signature

Kommany Angelstar

Name (print)

Executive Director

Title

Legacy Earthkeepers Academy of Permaculture

Organization

Form **990-N**

Department of the Treasury
Internal Revenue Service

Electronic Notice (e-Postcard)

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

OMB No. [redacted]

2021

Open to Public Inspection

Inform Copy. Do not send to IRS.

A For the **2021** Calendar year, or tax year beginning **2021-01-01** and ending **2021-12-31**

B Check if available

- [ ] **Terminated for Business**
- [x] **Gross receipts are normally $50,000 or less**

[redacted]

E [redacted] **GY**

[redacted]

D Employee Identification Number [redacted]

E Website:
www.earthkeepersacademy.org

F Name of Principal Officer: **Legacy Earthkeepers Academy of Permaculturre**

1007 S Pacific Highway Unit C, Talent, OR, US, 97540

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

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

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

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

AMENDED ANNUAL REPORT

Corporation Division
www.filinginoregon.com

E-FILED
Oct 22, 2021
OREGON SECRETARY OF STATE

REGISTRY NUMBER

[redacted]

REGISTRATION DATE

12/04/2002

BUSINESS NAME

ASHLAND SCHOOL OF ENVIRONMENTAL TECHNOLOGY

BUSINESS ACTIVITY

INVENTING ENVIRONMENTALLY SUSTAINABLE PRODUCTS

MAILING ADDRESS

[redacted]

TYPE

DOMESTIC NONPROFIT CORPORATION

PRIMARY PLACE OF BUSINESS

[redacted]

JURISDICTION

OREGON

REGISTERED AGENT

PAUL M SHELDON JR

[redacted]

If the Registered Agent has changed, the new agent has consented to the appointment.

PRESIDENT

PAUL M SHELDON JR

[redacted]

SECRETARY

MICHAEL ANTONOPOULOS

[redacted]

I declare as an authorized signer, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

PAUL M SHELDON JR

TITLE

PRESIDENT

DATE SIGNED

10-22-2021

DEPARTMENT OF THE TREASURY

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

Date: AUG 06 2003

ASHLAND SCHOOL OF ENVIRONMENTAL
TECHNOLOGY
509 N MOUNTAIN AVE
ASHLAND, OR 97520

Employer Identification Number:
[redacted]
DLN:
[redacted]
Contact Person:
ROXANNE M HAYTHORN ID# 52416
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Foundation Status Classification:
509(a)(2)
Advance Ruling Period Begins:
December 4, 2002
Advance Ruling Period Ends:
December 31, 2006
Addendum Applies:
No

Dear Applicant:

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

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

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

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

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

LEGACY EARTHKEEPERS ACADEMY OF PERMACULTURE

ASHLAND SCHOOL OF ENVIRONMENTAL TECHNOLOGY (FISCAL SPONSOR)

April 25, 2022

WHEREAS, A.S.E.T recognizes L.E.A.P. as a sponsored entity described hereunder.

RESOLVED, that the Board of Directors is hereby authorized and approved to authorize and empower Kommany Angelstar to make, execute, endorse and deliver in the name of and on behalf of L.E.A.P., but shall not be limited to, any and all written instruments, agreements, documents, execution of deeds, powers of attorney, transfers, assignments, contracts, obligations, certificates and other instruments of whatever nature entered into by this Corporation.

Name: Kommany Angelstar

Position/Title: Executive Director

The undersigned certifies that she is the properly elected and qualified Secretary of the books, records and seal of Ashland School of Environmental Technology a non-profit 501 (3) c duly conformed pursuant to the laws of the state of Oregon, and that said meeting was held in accordance with state law and with the Bylaws of the above-named corporation.

This resolution has been approved by the Board of Directors of Ashland School of Environmental Technology on July 15th, 2019.

I, as authorized by the Company, hereby certify and attest that all the information above is true and correct.

Linda Gitschier
Secretary
Ashland School of Environmental Technology
1007 S Pacific Highway Unit C
Talent, OR 97540
Telephone Number: 541-891-2827
Email Address: Angelstar.lindamarie@gmail.com

2022

Application for Tourism Grant

Organization	Multicultural Association of Southern Oregon		
Mailing Address	[redacted]		
Contact Name	Lori Warfield	**Phone**	[redacted]
Email	[redacted]		
Secondary Contact	Sandy Pool	**Phone**	[redacted]
Email	[redacted]		
Federal Tax ID	[redacted]	**IRS Class** (exemption)	

Grant Request	
Total Tourism Request ***($5,000 minimum*)***	$ $5,000

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

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

The Multicultural Association of Southern Oregon's mission is to work to reduce racism, promote multicultural education, and provide forums for problem-solving intercultural differences.

Our purpose is to promote equity and social justice by supporting the movement and momentum against any form of discrimination, such as, but not limited to: Black Lives Matter, Indigenous People and People of Color, People who experience Disabilities, LGBTQ, and Non-Conforming Gender.

Our objective is to facilitate multicultural programs and maintain and be available for fiscal sponsorship for groups and/or individual projects that are aligned with the mission of MCASO. Our programs include Indigenous Culture Camp and KSKQ Public Access Radio. The projects that we fiscally sponsor at this time are Upriver to Morning (indigenous teaching project), Homenaje Talento Latino (annual event that showcases local Latino talent - music, poetry, visual arts) and Wild Womyn of Rogue Valley (community building group). A representative of each project sits on our board.

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

This grant would support one of our fiscally sponsored projects, Wild Womyn of Rogue Valley (WWRV). WWRV is a support community in Southern Oregon (and surrounding regions) for lesbians, bisexual women, pansexual women, trans women, and non-binary individuals who seek a women-centered group. The group's mission is to promote connection and foster community for their members by offering safe, social, supportive, and recreational activities. Membership has grown to include women from Northern California and throughout Oregon totaling approximately 850 online members and 200 active, in-person members.

This group has been a welcoming and supportive group for the past seven years. During the Almeda wildfire, their advisory board raised $45,000 to help twenty of its members who lost their homes. They have just been funded by the Oregon Community Foundation to expand their supportive services into their own CARES program. This program would help members who live on the margins or who face personal difficulties.

This grant would support their annual New Year's Eve party which is held in Ashland and is their biggest organizational fundraiser. In 2019, pre-Covid, they held this event at the Bellview Grange for 132 women. The group has booked the Grange again this year. The event includes catered food, local live band, D.J., and silent auction and raffle. Expenses covered by this grant would include their larger and fixed expenses including venue, insurance, food, and entertainment costs.

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

Program/ Event Title	Anticipated Event Date(s)		Funding Request
	Start	End	
New Year's Eve Party	12/31/22	1/1/23	$ 5,000
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

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

_____

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

This event will draw women from around the state and northern California. WWRV found that folks from distances (even some locally) stayed overnight and supported Ashland hotels, eateries, and shops at the last event. We are expecting 30% of attendees will stay overnight in Ashland. We are heavily considering working with a local hotel to block a group of rooms this year, so that the women can gather and support Ashland's businesses throughout the weekend.

This year, the group will also work with Ashland merchants to create a weekend "passport" that lists local hotels and businesses with possible discounts. The passport will be posted on our two social media platforms that reach approximately 950 women as well as our soon-to-be-released website.

For the event, WWRV will utilize Ashland businesses for food, supplies, and entertainment. A local vendor will provide catering services. Auction and raffle items will be donated from Ashland and the Rogue Valley to support our local businesses and artists.

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

The organization would use their funds for covering the venue and entertainment costs since these are the fixed and largest expenditures. The other items are variable and can be reduced. When charging for this event, WWRV likes to keep admission fees affordable and always offer some scholarships; however, they could increase fees to cover costs. The organization would also have to increase their contribution to at least $3,000 to cover expenses, per our budget at the previous event.

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

WWRV will measure success by:

1) the amount of attendees and net profit. The group would like to see an increase of 25% from 2019 in both areas but are aware that the pandemic could still halt some from attending. The goal for 2022 would be 165 attendees and a 15% growth in profits due to a small ticket price increase.

2) the number of businesses participating in the passport program.

3) the number of members who stay overnight and throughout the weekend in Ashland supporting various business' services including hotels, eateries, and retail shops.

4) positive member feedback suggesting that we offer this event again. WWRV will host an online survey for the attendees. The survey would indicate if the group should, indeed, be offered annually in Ashland.

Organization Board Member

(use additional sheets as necessary)

Name	Don Senter
Name	Connie Saldana
Name	John Curtis
Name	Sandy Pool
Name	Sandi Wunische
Name	Tish McFadden
Name	Leonel Vicente
Name	
Name	
Name	
Name	
Name	
Name	

Customer Demographic Profile*

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

Organization	Multicultural Association of Southern Oregon
Program/Event Name	Wild Womyn of Rogue Valley New Year's Eve Party
For the Twelve Month Period of	July 1, 2022 - July 30, 2023

1. Customer Age (percentage)

Youth 0 to 17 years		%
Adult 18 to 39 years	15	%
Adult 40 to 64 years	40	%
Adult 65 and over	45	%
Unknown		%
Total	100	%

II. Staff Residence (percentage)

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

III. Customer Residence (percentage)

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

IV. Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? 30 %

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

Grants Program Budget*

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

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

Program/Event Name	Wild Womyn New Year's Eve Party
Project Period:	**July 1, 2022 to June 30, 2023**

REVENUE		
Source	Funding title	Amount
City of Ashland Grant Funds:	Tourism Grant	$ 5,000
Jackson County Funds/ Identify:		$
State Funds/ Identify:		$
Federal Funds/ Identify:		$
Other funds/ Identify:	Wild Womyn Budget	$ 1,613
Other funds/ Identify:		$
Other funds/ Identify:		$
	TOTAL REVENUE	$ 6,613

EXPENDITURES		
Personal Services		
Total Salaries:	% of Time to Project/Event:	Salaries specific to Project/Event:
$ Organizer: $5,625	10 %	$ 563
Total Benefits:	% of Time to Project/Event:	Benefits specific to Project/Event:
$ 0	%	$ 0
Total Project/Event-Specific Personal Services		$ 563
Materials & Services		
Venue ($350), Event Insurance ($400)		$ 750
Catering ($1,500) and Alcohol/Non-Alcohol ($750)		$ 2,250
Decorations ($500) and "Green" Paper Products ($250)		$ 750
Entertainment ($2,000) and Scholarships ($300)		$ 2,300
Total Project/Event Specific Materials & Services		$ 6,050
TOTAL EXPENDITURES		$ 6,613

Signature Page

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

By signing below you certify that:

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

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

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

Signature

Don Senter

Name (print)

President

Title

Multicultural Association of Southern Oregon

Organization

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

DEPARTMENT OF THE TREASURY

Date: AUG 14 1997

MULTICULTURAL ASSOCIATION OF
SOUTHERN OREGON
PO BOX 67
MEDFORD, OR 97501

Employer Identification Number:
[redacted]
DLN:
[redacted]
Contact Person:
TYRONE THOMAS
Contact Telephone Number:
[redacted]
Accounting Period Ending:
December 31
Form 990 Required:
Yes
Addendum Applies:
No

Dear Applicant:

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

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

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

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

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

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

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2,

Multicultural Association of Southern Oregon
P.O. Box 67, Medford, OR 97501
541-482-3999
www.kskq.org

April 19, 2022

Sandy Pool
c/o Wild Womyn of Rogue Valley
P.O. Box 4383
Medford, OR 97501

Dear Sandy,

The Multicultural Association of Southern Oregon (MCASO), being the fiscal sponsor for Wild Womyn of Rogue Valley, gives Wild Womyn of Rogue Valley permission to use the MCASO EIN [redacted], in their fundraising efforts. Accounting of all funds received and dispersed shall be tracked, adhering to accounting best practices and reported in totality to MCASO.

Respectfully,

Don Senter
President
Multicultural Association of Southern Oregon

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01/01 **, 2020, and ending** 12/31 **, 20** 20

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

C Name of organization
MULTICULTURAL ASSOCIATION OF SOUTHERN OREGON

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
[redacted]

City or town, state or province, country, and ZIP or foreign postal code
[redacted]

D Employer identification number
[redacted]

E Telephone number

F Group Exemption Number ▶

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

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

I Website: ▶ www.kskq.org

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

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

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ $ 103,531

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	97,120
	2	Program service revenue including government fees and contracts		2	6,400
	3	Membership dues and assessments		3	0
	4	Investment income		4	0
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	0
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a 0		
	b	Gross income from fundraising events (not including $ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b 0		
	c	Less: direct expenses from gaming and fundraising events	6c 0		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0
	7a	Gross sales of inventory, less returns and allowances	7a 0		
	b	Less: cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe in Schedule O)		8	11
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	103,531
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	0
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	8,202
	13	Professional fees and other payments to independent contractors		13	20,482
	14	Occupancy, rent, utilities, and maintenance		14	23,926
	15	Printing, publications, postage, and shipping		15	213
	16	Other expenses (describe in Schedule O)		16	46,958
	17	**Total expenses.** Add lines 10 through 16 ▶		17	99,781
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	3,750
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	27,309
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-5,861
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	25,198

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

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

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	19,155	22	22,905
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	27,154	24	21,293
25	**Total assets**	46,309	25	44,198
26	**Total liabilities** (describe in Schedule O)	19,000	26	19,000
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	27,309	27	25,198

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

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

What is the organization's primary exempt purpose? Education, Public Benefit

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

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

28	KSKQ Community Radio: locally-produced news & information, plus syndicated content and music. 60+ volunteers. (Grants $ 3,000) If this amount includes foreign grants, check here ▶ ☐	28a	37,905
29	Fiscally-sponsored -- Upriver to Morning: Indigenous and environmental education curriculum development. (Grants $ 11,500) If this amount includes foreign grants, check here ▶ ☐	29a	18,609
30	Fiscally-sponsored -- Wild Womyn of Rogue Valley: support for Lesbian community. In 2020 received and distributed private donations ($33,755) to women who lost their homes in the Almeda Fire in Jackson County, Oregon. (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a	39,080
31	*Other program services (describe in Schedule O)* See Schedule O, Statement 1. (Grants $ 4,000) If this amount includes foreign grants, check here ▶ ☐	31a	2,654
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	98,248

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Milo Salgado President (Jan-Mar 2020)	2.00	0	0	0
Don Senter VP (Jan-Mar) President (Apr-Dec)	2.00	0	0	0
Sandi Winusche Secretary	1.00	0	0	0
Connie Saldana Treasurer, & KSKQ Management Committee	10.00	0	0	0
Leonel Vicente Board Member, Dir Homenaje al Talento Latino	3.00	0	0	0
Tish McFadden Board Member, Dir Upriver To Morning	5.00	0	0	0
Angela Munoz Board Member, Rep for Wild Womyn of Rogue Valley	1.00	0	0	0

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

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✔	
34	*Were any significant changes made to the organizing or governing documents?* If "Yes," *attach a conformed* copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	✔	
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✔
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✔
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✔
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		✔
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✔	
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 19,000			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✔
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✔

41 List the states with which a copy of this return is filed ▶ OR

42a The organization's books are in care of ▶ Constance Saldana Telephone no. ▶ 541-890-2237

Located at ▶ 1650 Sunset St, Ashland, OR 97520 ZIP + 4 ▶ 97520

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		✔
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c		✔

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✔
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✔
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✔
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✔
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		✔

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

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

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

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

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		✔
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✔
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✔
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

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

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

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

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

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

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

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

Sign Here

▶ Signature of officer — Date

▶ Don Senter, Board President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
MULTICULTURAL ASSOCIATION OF SOUTHERN OREGON

Employer identification number
[redacted]

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . ☐

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . **14** %

15 Public support percentage from 2019 Schedule A, Part II, line 14 . . . . . **15** %

16a **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	29,878	37,134	27,106	66,803	97,120	258,041
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	9,403	15,123	9,392	108	6,400	40,426
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 **Total.** Add lines 1 through 5	39,281	52,257	36,498	66,911	103,520	298,467
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	3,183	3,728	1,751	12,989	9,497	31,148
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	3,183	3,728	1,751	12,989	9,497	31,148
8 **Public support.** (Subtract line 7c from line 6.)						267,319

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	39,281	52,257	36,498	66,911	103,520	298,467
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	0	0	0	0	0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	39,281	52,257	36,498	66,911	103,520	298,467

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	89.56 %
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	90.35 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f), divided by line 13, column (f))	17	0 %
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	0 %

19a **33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 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

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in 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.*	2b		
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.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

Section A—Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B—Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in **Part VI**):	1e		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section 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		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

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

Section D—Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	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 responsive (*provide details in* ***Part VI***). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E—Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	**From 2015**			
b	**From 2016**			
c	From 2017			
d	From 2018			
e	From 2019			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
7	**Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	**Excess from 2016** . . .			
b	Excess from 2017 . . .			
c	Excess from 2018 . . .			
d	Excess from 2019 . . .			
e	Excess from 2020 . . .			

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 L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open To Public Inspection

Name of the organization: MULTICULTURAL ASSOCIATION OF SOUTHERN OREGON

Employer identification number: [redacted]

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) No	(h) Approved by board or committee? Yes	(h) No	(i) Written agreement? Yes	(i) No
(1) Constance Saldana	Board Membe	Construction	✔		20,000	19,000		✔	✔		✔	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total . . . . . ▶						$ 19,000						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V **Supplemental Information.**
Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

MULTICULTURAL ASSOCIATION OF SOUTHERN OREGON

Employer identification number

[redacted]

Form 990-EZ, Part I, Line 8 - Ownership income from credit union

Form 990-EZ, Part I, Line 16 - Pass through donation to fire victims $33,755; Advertising & promotion $1066; Insurance $1634; Licenses & fees $2,348; Miscellaneous $8155

Form 990-EZ, Part I, Line 20 - Change in value of inventory of radio equipment -5861

Form 990-EZ, Part II, Line 24 - Value of inventory of radio equipment, depreciated

Form 990-EZ, Part II, Line 26 - Loan from C Saldana for tower construction

Form 990-EZ, Part V, Line 33 - Fiscally-sponsored Wild Womyn of Rogue Valley: In response to Almeda Fire in Talent and Phoenix OR received and passed through private donations to women who lost their homes in the disaster. Total funds passed through: $33,755. This is not a normal activity for MCASO or WWRV.

Form 990-EZ, Part V, Line 34 - Updated Bylaws in 2020. Name was not changed, but organizational type was changed from "Membership" to "non-member."

MULTICULTURAL ASSOCIATION OF SOUTHERN OREGON

EIN: [redacted]

Part III, Line 31

Other Program Service Accomplishments

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
Fiscally-sponsored – Homenaje al Talento Latino	4,000		2,654
Total:			**2,654**

2022

Application for Tourism Grant

Organization	Klamath Bird Observatory		
Mailing Address	[redacted]		
Contact Name	Elva Manquera-DeShields	**Phone**	[redacted]
Email	[redacted]		
Secondary Contact	John Alexander	**Phone**	[redacted]
Email	[redacted]		
Federal Tax ID	[redacted]	IRS Class (exemption)	501(c)(3)

Grant Request	
Total Tourism Request ***($5,000 minimum*)***	$ 30,000

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

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

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

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

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

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

This year, KBO's Community Education program goals emphasize staying adaptable in response to the changing needs of our communities. We are equipped to offer both virtual and in-person activities that are designed to draw tourists to Ashland or to stimulate interest in visiting Ashland and staying overnight. The goal of keeping a hybrid model for outreach events is to showcase Ashland's biodiversity to our growing audience and highlight Ashland as a vacation hotspot for birders.

Last year, we used City of Ashland funds to develop new strategies for engaging people in our Community Education program who live more than 50 miles away from Ashland. For the 2022-23 funding cycle, we plan to continue these efforts with virtual and in-person presentations that feature Ashland birds, bird-watching destinations, and local businesses to stimulate interest in visiting Ashland and staying overnight. This year bird watching destinations will be highlighted through Klamath Bird Observatory and eBird NW blog.

With eBird NW we are aiming to increase the inclusivity of birding, bringing a diverse group of people to Ashland. Through eBird NW we will be highlighting the accessibility of the birding hotspots like North Mountain Park. Also, the shared migratory birds of Ashland and Guanajuato continue to connect and promote the benefits that the two cultures bring to each other.

Examples of our Community Education events include tabling First Friday events, where visitors can learn about bird science and conservation from experts in a relaxed and inspirational atmosphere; Talk & Walks that focus on urban birding, and both local "resident" and migratory birds; and Pub Talks presented in partnership with Ashland businesses and organizations. In addition, we intend to hold our Wings and Wine gala in 2023 and 2024 or will plan smaller, upscale events as an alternative. Events, where the public can interact with our scientists, are highly popular and are most likely to occur between October and April.

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

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

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

Program/ Event Title	Anticipated Event Date(s)		Funding Request
	Start	End	
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

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

60000

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

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

In 2020, our Community Education events resulted in more than 17 overnight stays representing >$3,000 in revenues. Several local businesses and artists participated in our events, earning >$5,000. Our in-person and virtual outreach events attracted 100+ participants. Our online materials reached over 800 recipients. In 2022-23, through collaborative marketing, digital outreach, and frequent virtual Community Education events, we will engage a geographically larger audience of birders and focus on increasing these historical trends.

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

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

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

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

Organization Board Member

(use additional sheets as necessary)

Name	Shannon Rio
Name	Larry Leichliter
Name	Lisa Michelbrink
Name	Bari Frimkess
Name	Cydne Jensen
Name	Amanda Alford
Name	Dick Ashford
Name	Jeffrey Lalande
Name	Jacob McNab (non-voting)
Name	
Name	
Name	
Name	

Customer Demographic Profile*

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

Organization	Klamath Bird Observatory
Program/Event Name	Community Education
For the Twelve Month Period of	01/2022 - 01/2023

1. Customer Age (percentage)

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

II. Staff Residence (percentage)

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

III. Customer Residence (percentage)

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

IV. Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? 10 %

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

Grants Program Budget*

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

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

Program/Event Name	
Project Period:	**July 1, 2022 to June 30, 2023**

REVENUE		
Source	Funding title	Amount
City of Ashland Grant Funds:	ECTS Grant	$ 30,000
Jackson County Funds/ Identify:		$
State Funds/ Identify:	Oregon Department of Fisheries and Wildlife	$ 5,000
Federal Funds/ Identify:	US Fisheries and Wildlife	$ 5,000
Other funds/ Identify:	Kinsman Foundation	$ 5000
Other funds/ Identify:	Carpenter Foundation	$ 5000
Other funds/ Identify:	Watchable Wildlife Grant	$ 10000
	TOTAL REVENUE	**$** 60000

EXPENDITURES		
Personal Services		
Total Salaries:	% of Time to Project/Event:	Salaries specific to Project/Event:
$ 185850	20 %	$ 37170
Total Benefits:	% of Time to Project/Event:	Benefits specific to Project/Event:
$ 77,300	20 %	$ 15460
	Total Project/Event-Specific Personal Services	**$**
Materials & Services		
	Printing and Advertising	$ 370
	Subcontract DEI Consultant	$ 7000
		$
		$
	Total Project/Event Specific Materials & Services	**$**
	TOTAL EXPENDITURES	**$** 60,000

Salaries include 2 weeks oversight, 21 weeks program management, 12 weeks paid internship. KBO offers a 15% cash benefit included as salary; KBO federally negotiated indirect cost rate is 35%; City of Ashland finds to cover 50% of total project costs directed towards meeting City of Ashland Tourism Grant Objectives.

Signature Page

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

By signing below you certify that:

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

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

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

Signature

Elva Manquera-DeSheilds

Name (print)

Science Communication, Outreach, DEI Manager

Title

Klamath Bird Observatory

Organization

EXTENDED TO NOVEMBER 15, 2021

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

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

C Name of organization: KLAMATH BIRD OBSERVATORY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): [redacted] Room/suite

City or town, state or province, country, and ZIP or foreign postal code: [redacted]

D Employer identification number: [redacted]

E Telephone number: [redacted]

G Gross receipts $ 603,605.

F Name and address of principal officer: JOHN ALEXANDER [redacted]

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number ▶

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

J Website: ▶ WWW.KLAMATHBIRD.ORG

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

L Year of formation: 2000 **M** State of legal domicile: OR

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: KBO ADVANCES BIRD AND HABITAT CONSERVATION THROUGH SCIENCE, EDUCATION, AND PARTNERSHIPS.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	13
6	Total number of volunteers (estimate if necessary)	6	7
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	679,897.	592,095.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,259.	155.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,402.	7,840.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	703,558.	600,090.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	512,765.	485,397.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,799.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	187,544.	155,803.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	700,309.	641,200.
	19	Revenue less expenses. Subtract line 18 from line 12	3,249.	-41,110.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	287,156.	346,260.
	21	Total liabilities (Part X, line 26)	105,215.	205,429.
	22	Net assets or fund balances. Subtract line 21 from line 20	181,941.	140,831.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ JOHN ALEXANDER, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DWAINE R DAWSON, CPA	DWAINE R DAWSON, CPA	09/21/21		[redacted]

Firm's name ▶ [redacted] Firm's EIN ▶ [redacted]

Firm's address ▶ [redacted] Phone no [redacted]

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

KLAMATH BIRD OBSERVATORY ADVANCES BIRD AND HABITAT CONSERVATION THROUGH SCIENCE, EDUCATION, AND PARTNERSHIPS.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses $ 418,901. including grants of $ _____) (Revenue $ _____)

KLAMATH BIRD OBSERVATORY CONTINUES TO ADVANCE BIRD AND HABITAT CONSERVATION THROUGH SCIENCE, EDUCATION, AND PARTNERSHIPS. WE EMPHASIZE HIGH CALIBER SCIENCE AND THE ROLE OF BIRDS AS INDICATORS OF ECOLOGICAL WELLBEING. KBO IMPLEMENTS COST-EFFECTIVE BIRD MONITORING AND RESEARCH PROJECTS AND BRINGS RESULTS FROM OUR INTEGRATED SCIENCE PROGRAM TO BEAR THROUGH A SCIENCE DELIVERY APPROACH INVOLVING PARTNER-DRIVEN ENGAGEMENT IN CONSERVATION PLANNING. WE OFFER PROFESSIONAL AND COMMUNITY EDUCATION PROGRAMS. OUR WORK PRIMARILY OCCURS IN THE PACIFIC NORTHWEST, WITH INTENSIVE FOCUS IN KLAMATH-SISKIYOU BIOREGION OF SOUTHERN OREGON AND NORTHERN CALIFORNIA. OUR EFFORTS ALSO EXPAND THROUGHOUT THE MIGRATORY RANGES OF THE BIRDS OF OUR REGION, WITH INTERNATIONAL COLLABORATIONS IN MEXICO, SOUTH AMERICA, AND THE CARRIBEAN.

4b (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

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 ▶ 418,901.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	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 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 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? *If "Yes," complete Schedule D, Part IV*	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's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	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 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's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
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 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*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
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		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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

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

Check if Schedule O contains a response or note to any line in this Part VI ..... [X]

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ OR

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request [X] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

JOHN ALEXANDER - 541-201-0866
PO BOX 758, ASHLAND, OR 97520

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JOHN ALEXANDER EXECUTIVE DIRECTOR (EX-OFF	49.00	X						122,058.	0.	0.
(2) JAIME STEPHENS SCIENCE DIRECTOR (EX-OFFIC	42.00	X						93,703.	0.	0.
(3) JACOB MCNAB SECRETARY (EX-OFFICIO)	41.00	X		X				42,289.	0.	0.
(4) SHANNON RIO PRESIDENT	2.00	X		X				0.	0.	0.
(5) CYDNE JENSEN TREASURER	2.00	X		X				0.	0.	0.
(6) LISA MICHELBRINK DIRECTOR	1.00	X						0.	0.	0.
(7) LARRY LEICHLITER DIRECTOR	1.00	X						0.	0.	0.
(8) BARI FRIMKESS DIRECTOR	1.00	X						0.	0.	0.
(9) AMANDA ALFORD DIRECTOR	1.00	X						0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Subtotal ▶								258,050.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								258,050.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	428,669.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	163,426.				
	g Noncash contributions included in lines 1a-1f	1g	$ 3,515.				
	h **Total.** Add lines 1a-1f ▶			592,095.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f ▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			231.			231.
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
			(i) Real / (ii) Personal				
	6 a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss) ▶						
			(i) Securities / (ii) Other				
	7 a Gross amount from sales of assets other than inventory	7a	3,439.				
	b Less: cost or other basis and sales expenses	7b	3,515.				
	c Gain or (loss)	7c	-76.				
	d Net gain or (loss) ▶			-76.	-76.		
	8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events ▶						
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities ▶						
	10 a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue			Business Code				
	11 a FEES		541700	4,663.	4,663.		
	b MISCELLANEOUS REVENUES		541700	3,177.	3,177.		
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d ▶			7,840.			
	12 **Total revenue.** See instructions ▶			600,090.	7,764.	0.	231.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	258,049.	142,182.	112,099.	3,768.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	187,553.	163,287.	24,266.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	39,795.	28,929.	10,617.	249.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	7,205.		7,205.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	43,406.	43,406.		
12 Advertising and promotion				
13 Office expenses	9,368.	2,141.	6,914.	313.
14 Information technology	13,491.	2,029.	11,462.	
15 Royalties				
16 Occupancy	36,960.	10,031.	26,929.	
17 Travel	6,966.	4,831.	2,135.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,000.	3,000.	1,000.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,413.		1,413.	
23 Insurance	5,479.		5,479.	
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 OTHER PROGRAM AND FIELD	19,372.	17,310.	593.	1,469.
b AUTO EXPENSES	7,988.	1,600.	6,388.	
c ADDITIONAL EXPENSES	155.	155.		
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	641,200.	418,901.	216,500.	5,799.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	150,561.	1	118,885.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	55,709.	4	137,366.
	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		5	
	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)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	0.	9	6,900.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 71,686.			
	b	Less: accumulated depreciation — 10b: 71,228.	1,046.	10c	458.
	11	Investments - publicly traded securities	76,953.	11	80,589.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	2,887.	14	2,062.
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	287,156.	16	346,260.
Liabilities	17	Accounts payable and accrued expenses	105,215.	17	108,929.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to 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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	96,500.
	26	**Total liabilities.** Add lines 17 through 25	105,215.	26	205,429.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ [X] and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	146,222.	27	69,399.
	28	Net assets with donor restrictions	35,719.	28	71,432.
		Organizations that do not follow FASB ASC 958, check here ▶ [ ] and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	181,941.	32	140,831.
	33	Total liabilities and net assets/fund balances	287,156.	33	346,260.

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	600,090.
2	Total expenses (must equal Part IX, column (A), line 25)	2	641,200.
3	Revenue less expenses. Subtract line 2 from line 1	3	-41,110.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	181,941.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	140,831.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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 were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization KLAMATH BIRD OBSERVATORY

Employer identification number [redacted]

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

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

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 [ ] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations ..... [ ]

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** 032021 01-25-21 **Schedule A (Form 990 or 990-EZ) 2020**

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	669,693.	677,608.	744,010.	679,897.	592,095.	3363303.
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	669,693.	677,608.	744,010.	679,897.	592,095.	3363303.
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)						3,014.
6 **Public support.** Subtract line 5 from line 4.						3360289.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	669,693.	677,608.	744,010.	679,897.	592,095.	3363303.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	19.	11.	196.	1,259.	155.	1,640.
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						3364943.

12 Gross receipts from related activities, etc. (see instructions) ..... 12 107,538.

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) ..... 14 99.86 %

15 Public support percentage from 2019 Schedule A, Part II, line 14 ..... 15 99.96 %

16a **33 1/3% support test - 2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☒

b **33 1/3% support test - 2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶ ☐

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2020** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2019** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

		Yes	No
2 Activities Test. **Answer lines 2a and 2b below.**			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b Did the activities described in 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.*	2b		
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.**	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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		

Section 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		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	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 responsive (*provide details in* **Part VI**). See instructions.	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) **Excess Distributions**	(ii) **Underdistributions Pre-2020**	(iii) **Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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 D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization: KLAMATH BIRD OBSERVATORY

Employer identification number: [redacted]

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		71,686.	71,228.	458.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				458.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PPP LOAN	96,500.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	96,500.

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 ☐

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SCHEDULE O
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization: KLAMATH BIRD OBSERVATORY

Employer identification number: [redacted]

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE FIELD SEASON WAS RESTRICTED DUE TO COVID-19.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 TAX FORM WILL BE BROUGHT TO THE BOARD OF DIRECTORS MEETING FOLLOWING ITS COMPLETION BY THE ACCOUNTANT, NO LATER THAN NOVEMBER OF THE NEXT CALENDAR YEAR. (FROM FISCAL PROCEDURES).

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, BOARD MEMBERS AND KEY STAFF CONFIRM IN WRITING THAT THEY HAVE READ AND UNDERSTAND KLAMATH BIRD OBSERVATORY'S CONFLICT OF INTEREST POLICY. THEY AGREE THAT IF THEY BECOME AWARE OF ANY INFORMATION THAT MIGHT REQUIRE DISCLOSURE THAT THEY WILL PROCEED WITH DISCLOSURE PURSUANT TO THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD PRESIDENT APPOINTS A BOARD MEMBER OR SMALL COMMITTEE TO EVALUATE THE EXECUTIVE DIRECTOR'S PERFORMANCE AND TO MAKE RECOMMENDATION REGARDING THE EXECUTIVE DIRECTOR'S ANNUAL SALARY ADJUSTMENT. THE RECOMMENDATION IS INFORMED BY 1) THE ANNUAL BUDGET, 2) THE EXECUTIVE DIRECTOR'S PERFORMANCE, 3) A SALARY ADJUSTMENT MATRIX THAT ACCOUNTS FOR CURRENT SALARY, ANNUAL PERFORMANCE SCORES, DURATION OF SERVICE, PUBLISHED COST OF LIVING

Name of the organization: KLAMATH BIRD OBSERVATORY

Employer identification number: [redacted]

INCREASES, AND OTHER FACTORS, AND 4) A COMPARATIVE SALARY ANALYSIS BASED ON A SOURCE SUCH AS CHARITY NAVIGATOR'S CEO COMPENSATION IS ALSO CONSIDERED. THE BOARD PRESIDENT THEN CONSIDERS THIS RECOMMENDATION IN DETERMINING THE EXECUTIVE DIRECTOR'S ANNUAL SALARY ADJUSTMENT.

THE BOARD PRESIDENT APPOINTS A BOARD MEMBER OR A SMALL COMMITTEE TO RECOMMEND FOR BOARD APPROVAL SALARY ADJUSTMENTS FOR THE EXECUTIVE DIRECTOR. CURRENT SALARY, A COMPARATIVE SALARY ANALYSIS BASED ON A SOURCE SUCH AS CHARITY NAVIGATOR'S CEO COMPENSATION STUDY, BUDGET, ANNUAL PERFORMANCE EVALUATIONS, DURATION OF SERVICE AND PUBLISHED COST OF LIVING INCREASES WITHIN A SALARY MATRIX ARE USED TO CALCULATE THE APPROVED SALARY ADJUSTMENT.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND LISTS THEM ON GUIDESTAR, AN ONLINE DATABASE THAT PROMOTES TRANSPARENCY FOR NON-PROFITS.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property) 990

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020

Attachment Sequence No. 179

Name(s) shown on return	Business or activity to which this form relates	Identifying number
KLAMATH BIRD OBSERVATORY	FORM 990 PAGE 10	[redacted]

Part I **Election To Expense Certain Property Under Section 179** **Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,590,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II **Special Depreciation Allowance and Other Depreciation (Don't** include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	546.

Part III **MACRS Depreciation (Don't** include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	42.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year	/		30 yrs.	MM	S/L	
d	40-year	/		40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	588.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use:								
	: :	%						
	: :	%						
	: :	%						
27 Property used 50% or less in a qualified business use:								
	: :	%				S/L -		
	: :	%				S/L -		
	: :	%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2020 tax year:					
	: :				
	: :				
43 Amortization of costs that began before your 2020 tax year				43	825.
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	825.

Form **8868**
(Rev. January 2020)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. [redacted]

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	KLAMATH BIRD OBSERVATORY	93-1297400
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. [redacted]	
	[redacted] IP code. For a foreign address, see instructions.	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ JOHN ALEXANDER [redacted]
  Telephone No. ▶ [redacted] Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2020 or
▶ ☐ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **CT-12**

For Oregon Charities

For Accounting Periods Beginning in:

2020

Charitable Activities Section
Oregon Department of Justice

100 SW Market Street
Portland, OR 97201-5702
Email: charitable@doj.state.or.us
Website: https://www.doj.state.or.us

VOICE (971) 673-1880
TTY (800) 735-2900
FAX (971) 673-1882

Line-by-line instructions for completing the annual report form can be found on our website.

You can now file reports and pay by credit card using our online form at https://justice.oregon.gov/paymentportal/Account/Login

Section I. General Information

1.

Cross Through Incorrect Items and Correct Here:
(See instructions for change of name or accounting period.)

Registration #: [redacted]

Organization Name: [redacted]

Address [redacted]

City, State, Zip: [redacted]

Phone [redacted] Fax:

Email:

Amended Report? ☐

Period Beginning: 01 / 01 / 2020 Period Ending: 12 / 31 / 2020

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements. ☐ Yes ☑ No

3. Is the organization a party to a contract with a fundraising firm that relates to solicitations in Oregon? If yes, check the type of solicitations; ☐ in-person; ☐ direct mail; ☐ advertising; ☐ vending machine; ☐ telephone; or ☐ other solicitations. If yes, also write the name of the fundraising firm(s) here: _____ (If you checked "other solicitations", attach an explanation.) ☐ Yes ☑ No

4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions. ☐ Yes ☑ No

5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination or revocation letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter. ☐ Yes ☑ No

6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.) ☐ Yes ☑ No

7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
JOHN ALEXANDER	EXECUTIVE DIRECTOR	[redacted]	[redacted]

8. List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing this section. **(Oregon law requires a minimum of three directors for nonprofit public benefit corporations.)**

(A) Name, mailing address, daytime phone number and email address		(B) Title & average weekly hours devoted to position	(C) Compensation (enter $0 if position unpaid)
Name:	SEE IRS FORM (ATTACHED)		
Address:			
Phone:	( ) Email:		
Name:			
Address:			
Phone:	( ) Email:		
Name:			
Address:			
Phone:	( ) Email:		

Form Continued on Reverse Side

Section II. Fee Calculation

9.	Total Revenue (From Part I, Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; Line 9 on Form 1041; or see the CT-12 instructions for how to calculate total revenue. **Attach explanation if Total Revenue is $0.**)	9.	$600,090.00
10.	Revenue Fee (See chart below. Minimum fee is $20, even if total revenue is $0 or a negative amount.)	10.	$300.00
11.	Net Assets or Fund Balances at End of the Reporting Period (From Part I, Line 22 (end of year) on Form 990; Line 21 on Form 990-EZ; or Part III, Line 6 on Form 990-PF; or see the CT-12 instructions to calculate. **Attach explanation if amount is $0 or a negative number**)	11.	$140,831.00
12.	Net Fixed Assets Used to Conduct Charitable Activities (Generally, from Part X, Line 10c on Form 990; Line 23B and possibly 24B on Form 990-EZ; or Part II, Line 14b on Form 990-PF; or see the CT-12 instructions to calculate. See the CT-12 instructions if organization owns income-producing assets.	12.	$458.00
13.	Amount Subject to Net Assets or Fund Balances Fee (Line 11 minus Line 12. If Line 11 minus Line 12 is less than $50,000, write $0.)	13.	$140,373.00
14.	Net Assets or Fund Balances Fee (Line 13 multiplied by .0001. If the fee is less than $5, enter $0. **Not to exceed $2,000.** Round cents to the nearest whole dollar.)	14.	$14.00
15.	Are you filing this report late? ☐ Yes ☑ No (If yes, the late fee is a minimum of $20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)	15.	$0.00
16.	Total Amount Due (Add Lines 10, 14, and 15. Make check payable to the **Oregon Department of Justice**.)	16.	$314.00

Amount on Line 9			Revenue Fee
$0	-	$24,999	$20
$25,000	-	$49,999	$50
$50,000	-	$99,999	$90
$100,000	-	$249,999	$150
$250,000	-	$499,999	$200
$500,000	-	$999,999	$300
$1,000,000	or	more	$400

17. Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS, except that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of $50,000 or more, or Net Assets or Fund Balances of $100,000 or more, see the instructions. Such organizations may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy if available.

Please Sign Here

Under penalties of perjury, I declare that I am an officer/director of the organization. I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

⇒

Signature of officer | Date | Title

Officer's name (printed) | Address [redacted]

Phone [redacted]

Paid Preparer's Use Only

⇒

Preparer's signature | Date | Phone [redacted]

DWAINE R DAWSON CPA

Preparer's name (printed) | Address [redacted]

Line-by-line instructions for completing the annual report form can be found at https://www.doj.state.or.us/charitable-activities/annual-reporting-for-charities/file-your-annual-report. If you click the appropriate link for this year's form, the instructions are included in that document. If you would like us to send a copy of the instructions, please call us at 971-673-1880 or send an email to charitable@doj.state.or.us.

2022

Application for Tourism Grant

Organization	Ashland Folk Collective		
Mailing Address	[redacted]		
Contact Name	Jacqueline Aubert	**Phone**	[redacted]
Email	[redacted]		
Secondary Contact	Daniel Sherrill	**Phone**	[redacted]
Email	[redacted]		
Federal Tax ID	[redacted]	**IRS Class** (exemption)	501(c)(3)

Grant Request	
Total Tourism Request ***($5,000 minimum*)***	$ 10,000.00

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

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

The Ashland Folk Collective is a non-profit music series producing concerts year-round for Nationally touring acts in the Rogue Valley. The AFC's mission statemen t is to build community through live music while paying artists a living wage. Our c oncerts are produced in partnership with local businesses including Fry Family Far m & La Baguette Music Cafe and several other venues with objectives to engage our community in live music.

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

This grant would be used in two ways.

#1. Reaching a broader audience is a goal for the AFC in 2022-2023. Through social media campaigns the AFC will target Shasta, Sacremento, Grants Pass, Eugene, & Bend to make our shows destination experiences. Our bands are nat ionally touring artists and typically stop in the Rogue Valley while traveling bet ween San Fran and Portland. Our shows are often the only opportunity for fans to catch their favorite artists locally. We want maximize our reach but targeting these local communities.

#2. Our second goal with the grant is to attract more popular musical artists. W e have found the best way to expose the AFC to new audience members and t herefore our valley is to have acts that have big fan bases. When artists perfor m with the AFC they market to all of their fans through social media and email l ist. This word of mouth marketing is very effecitve in attracting new customers. With a larger budget to pay our bands we will find traction with new audience members from a wider area.

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

Program/ Event Title	Anticipated Event Date(s)		Funding Request
	Start	End	
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

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

JRA

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

The Ashland Folk Collective qualifies both under the cultural development and tourism criteria.

The Ashland Folk Collective is a year round concert series creating programing that supports the music culture by providing 2 to 3 concerts a month. Our diverse artists include ethnomusicologists, female lead bands, & all of our artists are performing original music. Every performance we host has a main act and an opening act. Purposely creating an opening spot allows us to provide opportunities for local artist to perform and gain experience in a professional setting. We work towards giving under served populations in the Folk Genre opportunities.

Our Program is year round consistently bringing between 100-200 attendees to the Rogue Valley. The majority of our Main acts are Nationally touring and have been gathering fans for years. When they perform with the AFC they bring new fans to the area from Shasta, Eugene, Bend, Sacremento, and the coast. These out of town attendees stay at our hotels, eat at restaurants, and often stay more than 1 night to enjoy the Rogue Valley. Our organization is unique as well because we are very busy during the winter months, a time when tourism is down.

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

If awarded the grant we would execute a marketing & outreach program to ex pand our reach further outside the Rogue Valley. If we were awarded less than our goal we would specifically target closer cities to maximise the grants effe cts. Specifically, we would target Shasta, Eugene, & Bend. Our second use of the grant will be to atract more popluar artists with thriving fan bases. A small er grant amount will determine how many of these more popular artists we ca n book. Each artists requires a $1,000-$2,500 guarantee to perform.

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

Through our event ticketing platform, we will be able to report the age of cus tomers, specifically if we serve the youth & seniors of our community. We ca n track where the customers are coming from specifically if they are travellin g from outside of the Rogue Valley & if they stay overnight.

Additionally, we will be able to report the additional performances that we en abled by this grant & the number of attendees (and new attendees) who join the concerts.

Organization Board Member

(use additional sheets as necessary)

Name	Jacqueline Aubert
Name	Daniel Sherrill
Name	Erin Endress
Name	Danny Stone
Name	
Name	
Name	
Name	
Name	
Name	
Name	
Name	

Customer Demographic Profile*

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

Organization	Ashland Folk Collective
Program/Event Name	Yearly Music Series
For the Twelve Month Period of	

1. Customer Age (percentage)

Youth 0 to 17 years	18	%
Adult 18 to 39 years	32	%
Adult 40 to 64 years	36	%
Adult 65 and over	14	%
Unknown		%
Total	100	**%**

II. Staff Residence (percentage)

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

III. Customer Residence (percentage)

Ashland	38	%
Rogue Valley	43	%
Other (within 50 miles)	14	%
Other (greater than 50 miles)	5	%
Total	100	**%**

IV. Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? 19 **%**

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

Grants Program Budget*

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

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

Program/Event Name	Ashland Folk Collective Yearly Series
Project Period:	**July 1, 2022 to June 30, 2023**

REVENUE		
Source	Funding title	Amount
City of Ashland Grant Funds:		$ 10,000
Jackson County Funds/ Identify:		$
State Funds/ Identify:	Oregon Community Found, O	$ 8,000, $12,000, $1,500
Federal Funds/ Identify:		$
Other funds/ Identify:	Ticket Sales	$ 64,000
Other funds/ Identify:	Private Donations	$ 22,000
Other funds/ Identify:	man Hotel Group, Conscious (	$ 4,500
	TOTAL REVENUE	**$** 122,000.00

EXPENDITURES		
Personal Services		
Total Salaries:	% of Time to Project/Event:	Salaries specific to Project/Event:
$ 52,000	85 %	$ 42,000
Total Benefits:	% of Time to Project/Event:	Benefits specific to Project/Event:
$	%	$
	Total Project/Event-Specific Personal Services	**$** 52,000
Materials & Services		
Production Materials		$ 9,000
Sound/Lighting		$ 10,000
Performers		$ 50,000
		$
	Total Project/Event Specific Materials & Services	**$** 69,000
	TOTAL EXPENDITURES	**$** 121,000

Signature Page

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

By signing below you certify that:

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

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

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

Signature

Jacqueline Aubert

Name (print)

Executive Director

Title

Ashland Folk Collective

Organization

Confirmation

Home | Security Profile | Logout

e-Postcard Profile | Select EIN | Organization Details | Contact Information | Confirmation

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

- **Organization Name:** ASHLAND FOLK COLLECTIVE
- **EIN** [redacted]
- **Tax Year:** 2021
- **Tax Year Start Date:** 01-01-2021
- **Tax Year End Date:** 12-31-2021
- **Submission ID** [redacted]
- **Filing Status Date:** 03-10-2022
- **Filing Status:** Pending

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

MANAGE FORM 990-N SUBMISSIONS

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 11-08-2018

Employer Identification Number:
[redacted]

Form: SS-4

Number of this notice: CP 575 A

ASHLAND FOLK COLLECTIVE
% JACQUELINE AUBERT
[redacted]

[redacted]
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-2466742. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	04/30/2019
Form 940	01/31/2020

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.

* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.

* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is ASHL. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records. CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number
( ) -
_____

Best Time to Call
_____

DATE OF THIS NOTICE: 11-08-2018
EMPLOYER IDENTIFICATION NUMBER: [redacted]
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

ASHLAND FOLK COLLECTIVE
% JACQUELINE AUBERT
[redacted]

2022

Application for Tourism Grant

Organization	Southern Oregon Film Society (dba Ashland Independent Film Festival)		
Mailing Address	[redacted]		
Contact Name	Sidney Cooper	**Phone**	[redacted]
Email	[redacted]		
Secondary Contact	Chava Florendo	**Phone**	[redacted]
Email	chava_florendo@hotmail.com		
Federal Tax ID	[redacted]	IRS Class (exemption)	

Grant Request	
Total Tourism Request ***($5,000 minimum*)***	$ 15,000

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

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

The mission of the Southern Oregon Film Society—known as the nationally acclaimed festival it produces each spring, the Ashland Independent Film Festival (AIFF)—is to celebrate the diversity of human experience through the art of independent film by enriching, educating and inspiring all audiences.

AIFF's annual live spring festival draws 7,000+ film lovers to Ashland over five days to see the highest quality independent film including 110+ documentary, feature, & short films. Screenings and engagement events are held at the beautiful art-deco Varsity Theatre, the Historic Ashland Armory, AIFF's new Film Center on Ashland's Main Street, and other local partner venues. Filmmakers from around the world engage with audiences in forums & festival events, and AIFF offers general & audience awards. AIFF has been recognized by MovieMaker Magazine among "The 25 Coolest Film Festivals in the World" (2013, 2016) & "The 50 Film Festivals Worth the Entry Fee" (2021).

As part of its education programs, AIFF also organizes a local student film competition and a video journalism program, provides thousands of free tickets to local students with corresponding teacher training & curriculum, and brings filmmakers and artists to schools to speak about their work and the film industry.

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

AIFF respectfully requests support to market its April 2023 live Spring Festival to audiences 50+ miles from Ashland. Because AIFF doesn't have in-house marketing staff, AIFF plans to hire a marketing consultant & graphic designer to design and launch a dynamic marketing campaign using both paid and earned media and advertising along with a robust social media campaign. AIFF anticipates targeting such markets as Portland and San Francisco to draw film lovers to Ashland over its five-day festival. AIFF also plans to co-market with neighboring arts partners like OSF and other Oregon film festivals.

To ensure AIFF's festival is attractive to out-of-town guests, AIFF also offers robust engagement events with filmmakers prior to and after the screenings. To ensure AIFF can bring in guest filmmakers from outside Ashland to join panels and Q&As, AIFF also requests modest travel support.

In addition to drawing tourists to Ashland, AIFF is committed to supporting the community and has strong partnerships with the Varsity Theater, Ashland Springs Hotel, the Historic Ashland Armory, local galleries, museums, restaurants, wineries, hotels, community organizations and Southern Oregon University. AIFF frequently hosts opening and closing parties and festival events at partner venues, and AIFF books visiting artists into local hotels and B&Bs. As such, AIFF requests modest support to rent local venues for screenings and festival events.

In September 2017 the Community Service Center (CSC) in the Department of Planning, Public Policy & Management at the University of Oregon completed a study of 79 Oregon film festivals and published a report titled "Film Festivals in Oregon, Impacts and Marketing Strategies." They surveyed both film festivals and patrons. According to the CSC's study, of the ~80,000 unique patrons who attend film festivals, ~11,000 (14%) travel more than 50 miles to attend. 75% of those stay two nights or more, with an average of 5 nights spent. Most of these patrons are affluent: 45% have an income of $100,000+, and 29% an income ranging from $50,000-$99,999. On average, destination festival patrons spend an average of $122 per person per day (542% more than local patrons). AIFF knows that attracting patrons to Ashland who travel for film festivals will have the economic capacity to boost the economy with overnight hotel stays, patronizing restaurants and local businesses, and visiting other area attractions during their trip (27% reported attending another cultural center or festival). AIFF's own post-festival surveys corroborate these findings.

In order to draw audiences to Ashland for AIFF's spring festival and to support tourism in Ashland, AIFF must focus and expand its marketing efforts for 2023, particularly as in-person programming relaunches after the pandemic. In 2020, due to Covid, AIFF moved all programming online. 2021/22 shifted to a hybrid model with both virtual and in-person events. In 2022/23, AIFF is expecting it's April festival to return to in-person programming and again draw thousands of tourists to Ashland. It's important that AIFF launch a robust marketing campaign well in advance of the festival to let audiences know that AIFF is returning to in-person programming, that it will have a variety of engaging events with filmmakers at local venues, and ensure people begin planning their trips to Ashland for the spring festival.

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

Program/ Event Title	Anticipated Event Date(s)		Funding Request
	Start	End	
Ashland Independent Film Festival	4/12/23	4/16/23	$ 15,000
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

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

SC

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

AIFF's spring Festival draws patrons from outside the community who spend money locally and benefit Ashland's local businesses and community by staying in paid, local lodging and patronizing restaurants, wineries, and local businesses. During AIFF's most recent live spring festival in 2019, the post-festival audience survey showed a positive ripple effect that boosted the local economy. 18% of AIFF's April 2019 festival attendees live 50+ miles from Ashland, and another 18% live within 50 miles of (but not in Ashland). Most spent money beyond tickets to film screenings. For example:

- out-of-towners stayed an average of 3.4 nights in local, paid lodging
- 87% of respondents patronized Ashland restaurants
- 48% patronized Ashland retail stores/shops
- 24% participated in outdoor activities (biking, hiking, etc.)
- 16% visited galleries
- 11% attended an Oregon Shakespeare Festival performance
- 9% visited wineries

Because AIFF's spring festival happens in April, the increased tourism as a result occurs prior to Ashland's primary summer tourism season, boosting hotel/motel occupancy and restaurant/retail activity when tourism is most needed. Additionally, attendees are very loyal, and they rated their likelihood of returning to attend another festival as 9.47 out of 10.

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

AIFF staff and board will strategize with its marketing consultant to reduce the amount of paid advertising purchased and/or refine the geographic markets it is targeting with its advertising campaigns.

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

Goal 1: AIFF's April 2023 Festival has a positive economic impact on Ashland as measured by ticketing software and post-event email surveys. Desired outcomes:

a) More than 1,200 (18%) festival attendees come from 50+ miles away as measured by ticketing software that tracks zip codes.
b) Out-of-town guests spend an average of 3.4+ nights in paid, local lodging, as measured by a post-festival survey.
c) 87%+ of survey respondents patronize Ashland restaurants.
d) 48%+ of respondents patronize Ashland retail stores/shops.
e) 16%+ visit local galleries.
f) 11%+ attend another local cultural event.
g) 9%+ visit wineries.

Goal 2. Adherence to project budget. AIFF keeps up-to-date financial records and records all expenses in QuickBooks. AIFF will report on how grant funds were spent using financial reports generated from its accounting software.

Organization Board Member

(use additional sheets as necessary)

Name	Kirkaldy Myers, President
Name	Christine Tervalon Garrett, Co-Secretary
Name	Christopher Lucas, Co-Secretary
Name	Sidney Cooper, Treasurer
Name	Denise Baxter
Name	Ben Bellinson
Name	Chava Florendo
Name	Craig Gordon
Name	
Name	
Name	
Name	
Name	

Customer Demographic Profile*

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

Organization	Ashland Independent Film Festival
Program/Event Name	Spring 2019 Festival (Most Recent Live Festival)
For the Twelve Month Period of	July 1, 2018-June 30, 2019

1. Customer Age (percentage)

Youth 0 to 17 years	Ages 0-24: 9%	%
Adult 18 to 39 years	25-34: 19%	%
Adult 40 to 64 years	35-50: 29%	%
Adult 65 and over	55-64: 19%	%
Unknown	65+: 24%	%
Total	100%	%

II. Staff Residence (percentage)

Ashland		%
Rogue Valley		%
Other		%
Total		%

III. Customer Residence (percentage)

Ashland	64	%
Rogue Valley		%
Other (within 50 miles)	18	%
Other (greater than 50 miles)	18	%
Total	100	%

IV. Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? 30 %

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

Grants Program Budget*

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

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

Program/Event Name	Ashland Independent Film Festival – April 2023
Project Period:	**July 1, 2022 to June 30, 2023**

REVENUE		
Source	Funding title	Amount
City of Ashland Grant Funds:	Tourism Marketing	$ 15,000
Jackson County Funds/ Identify:		$
State Funds/ Identify:		$
Federal Funds/ Identify:		$
Other funds/ Identify:		$
Other funds/ Identify:		$
Other funds/ Identify:		$
TOTAL REVENUE		**$** 15,000

EXPENDITURES		
Personal Services		
Total Salaries:	% of Time to Project/Event:	Salaries specific to Project/Event:
$	%	$
Total Benefits:	% of Time to Project/Event:	Benefits specific to Project/Event:
$	%	$
Total Project/Event-Specific Personal Services		**$**
Materials & Services		
Marketing Consultant (includes ad buys)		$ 9,500
Graphic Designer		$ 2,500
Venue/Equipment Rental		$ 1,500
Travel Honoraria		$ 1,500
Total Project/Event Specific Materials & Services		**$** 15,000
TOTAL EXPENDITURES		**$** 15,000

Signature Page

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

By signing below you certify that:

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

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

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

Sidney Cooper

Signature

Sidney Cooper

Name (print)

Board Treasurer

Title

Ashland Independent Film Festival

Organization

Form **990**

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 7/01 , 2019, and ending 6/30 , 2020

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

C
SOUTHERN OREGON FILM SOCIETY
ASHLAND INDEPENDENT FILM FESTIVAL
[redacted]

D Employer identification number [redacted]

E Telephone number [redacted]

G Gross receipts $ 556,287.

F Name and address of principal officer:
SAME AS C ABOVE

H(a) Is this a group return for subordinates? [ ] Yes [X] No
H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► WWW.ASHLANDFILM.ORG

H(c) Group exemption number ►

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of formation: 1999

M State of legal domicile: OR

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO CELEBRATE THE DIVERSITY OF HUMAN EXPERIENCE THROUGH THE ART OF INDEPENDENT FILM: ENRICHING, EDUCATING, AND INSPIRING AUDIENCES OF ALL AGES.

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	12
6	Total number of volunteers (estimate if necessary)	6	25
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	442,066.	419,272.
	9	Program service revenue (Part VIII, line 2g)	199,007.	117,387.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,111.	9,356.
	12	Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	666,184.	546,015.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	269,468.	273,192.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 47,529.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	327,308.	249,380.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	596,776.	522,572.
	19	Revenue less expenses. Subtract line 18 from line 12	69,408.	23,443.
			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	148,813.	217,142.
	21	Total liabilities (Part X, line 26)	12,042.	58,844.
	22	Net assets or fund balances. Subtract line 21 from line 20	136,771.	158,298.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 5·13·21

▶ ERICA THOMPSON — EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
MICHAEL P. BATES, EA, LTC	MICHAEL P. BATES, EA, LTC	Apr 29 2021		[redacted]

Firm's name ► NAGEL & PADILLA LLC

Firm's address ► [redacted]

Firm's EIN ► [redacted]

Phone no. 5[redacted]

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

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

DEPARTMENT OF THE TREASURY

Date: JUL 14 2004

Employer Identification Number:
[redacted]

DLN:
[redacted]

SOUTHERN OREGON FILM SOCIETY
C/O MARTIN H LEVINE
[redacted]

Contact Person:
ERIC J BERTELSEN

ID# [redacted]

Contact Telephone Number:
(877) 829-5500

Public Charity Status:
509(a)(2)

Dear Applicant:

Our letter dated February 2001, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:00 a.m. - 6:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)

2022

Application for Tourism Grant

Organization	ScienceWorks Hands-On Museum		
Mailing Address	[redacted]		
Contact Name	Erin Endress	**Phone**	[redacted]
Email	[redacted]		
Secondary Contact	Aaron Moffatt	**Phone**	[redacted]
Email	aaron@scienceworksmuseum.org		
Federal Tax ID	[redacted]	**IRS Class** (exemption)	501c3

Grant Request	
Total Tourism Request ***($5,000 minimum*)***	$ 28,085

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

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

ScienceWorks Hands-On Museum is Southern Oregon ' s regional science center. For nearly 20 years, we have successfully fulfilled our mission to be a champion of science, inspiring curiosity, wonder, and exploration through engaging and interactive experiences. ScienceWorks serves local residents, tourists, and students and teachers at schools in nine counties in Southern Oregon and Northern California. We are the only regional science center located between Eugene to the north and Redding to the south - a 3-hour drive in either direction.

In a normal year, approximately 50,000 individuals of all ages from across the U.S. and internationally visit ScienceWorks. Since opening in 2002, ScienceWorks has served nearly one million visitors and 100,000 K-12 students. Our exhibits, public programs, school activities, and the core philosophy of our Museum (science engagement through hands-on exploration of phenomena), are aligned with the Framework for Next-Generation Science (nextgenscience.org), with thread of Earth and space science, life science, physical science, and the supporting practices of technology, engineering, arts, and math. We are committed to sharing and leveraging resources through collaborations with other community organizations.

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

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

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

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

Program/ Event Title	Anticipated Event Date(s)		Funding Request
	Start	End	
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

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

ee

---

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

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

Because ScienceWorks is open year-round, this benefit extends through the October-April months when Ashland historically has fewer tourists. In particular, ScienceWorks ' attendance is strong during the holiday season months of November and December. We also see an increase in summer tourists traveling along I-5.

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

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

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

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

Organization Board Member

(use additional sheets as necessary)

Name	Aaron Moffatt
Name	Jessica Murrey
Name	Krynn Lukacs, PhD.
Name	Shel Silverberg
Name	Candy Hoppe
Name	Anna Dunlap
Name	Shane Sevcik
Name	Chris Brimhall
Name	Cassandra Dexter
Name	
Name	
Name	
Name	

Customer Demographic Profile*

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

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

1. Customer Age (percentage)

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

II. Staff Residence (percentage)

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

III. Customer Residence (percentage)

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

IV. Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? 10 %

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

Grants Program Budget*

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

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

Program/Event Name	ScienceWorks Hands-On Museum
Project Period:	**July 1, 2022 to June 30, 2023**

REVENUE		
Source	Funding title	Amount
City of Ashland Grant Funds:	Tourism	$28,085
Jackson County Funds/ Identify:		$
State Funds/ Identify:		$
Federal Funds/ Identify:		$
Other funds/ Identify:		$
Other funds/ Identify:		$
Other funds/ Identify:		$
	TOTAL REVENUE	$28,085

EXPENDITURES		
Personal Services		
Total Salaries:	% of Time to Project/Event:	Salaries specific to Project/Event:
$ 30,190	15 %	$ 4,528
Total Benefits:	% of Time to Project/Event:	Benefits specific to Project/Event:
$	%	$ 0
	Total Project/Event-Specific Personal Services	$4,528
Materials & Services		
Print and digital materials production and ad placements		$13,800
Rack card distribution		$5,757
Printing costs		$4,000
		$
	Total Project/Event Specific Materials & Services	$23,557
	TOTAL EXPENDITURES	$28,085

Signature Page

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

By signing below you certify that:

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

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

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

Erin M. Endress

Signature

Erin M Endress

Name (print)

Executive Director

Title

ScienceWorks Hands-On Museum

Organization

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

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

C SCIENCEWORKS HANDS-ON MUSEUM
[redacted]

D Employer identification number [redacted]

E Telephone number [redacted]

G Gross receipts $ 889,742.

F Name and address of principal officer:
SAME AS C ABOVE

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► WWW.SCIENCEWORKSMUSEUM.ORG

H(c) Group exemption number ►

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of formation: 2001

M State of legal domicile: OR

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SCIENCE CENTER WITH HANDS-ON EXHIBITS, EDUCATIONAL PROGRAMS FOR STUDENT AND TEACHERS, AND PUBLIC PROGRAMS.

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	50
6	Total number of volunteers (estimate if necessary)	6	60
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	422,545.	666,609.
	9	Program service revenue (Part VIII, line 2g)	715,526.	212,881.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	226.	172.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,751.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,138,297.	882,413.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	756,401.	648,831.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		3,281.
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 71,248.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	530,543.	454,521.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,286,944.	1,106,633.
	19	Revenue less expenses. Subtract line 18 from line 12	-148,647.	-224,220.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,657,675.	1,411,441.
	21	Total liabilities (Part X, line 26)	401,326.	379,312.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,256,349.	1,032,129.

DO NOT MAIL

Part II Signature Block

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

COPY

Sign Here

► Signature of officer — Date

► ERIN ENDRESS — EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
MICHAEL P. BATES, EA, LTC	MICHAEL P. BATES, EA, LTC	11/05/21		[redacted]

Firm's name ► NAGEL & PADILLA LLC

Firm's address ► [redacted]

Firm's EIN ► [redacted]

Phone no. [redacted]

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

2022

Application for Tourism Grant

Organization	Ballet Folklorico Ritmo Alegre		
Mailing Address	[redacted]		
Contact Name	Luisa Zaragoza	**Phone**	([redacted]
Email	[redacted]		
Secondary Contact	Yanneli De la Torre	**Phone**	[redacted]
Email	[redacted]		
Federal Tax ID	[redacted]	IRS Class (exemption)	

Grant Request	
Total Tourism Request ***($5,000 minimum*)***	$ 5,000

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

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

Ballet Folklorico Ritmo Alegre's purpose is to educate local students and outreach programs about Mexican culture by performing at schools, parades, and community events.
-Our dancers will be empowered and gain self-confidence to succeed in school and professional lives.
- Students and audiences will experience a joyful exposure to Mexican culture. Both will have the opportunity to understand more about Mexican culture and better appreciate the diversity of our community.

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

Ballet Folklorico Ritmo Alegre performs approximately 22 times per year and reach audiences from 22,000 to 32,0000 people. We do this to fulfill our mission as cultural ambassadors - building bridges from Hispanic to non-Hispanic communities. We perform in Ashland events like: 4th of July Parade, World Music Festival, Oregon Shakespeare Festival Green Show - Before the COVID-19 we collaborated with Jarabe Mexicano Band, Walker Elementary School - Dia del Niño, Science Works -in support of the first bilingually signed exhibition of music, Southern Oregon University - Academia Latina. During summer 2020 we performed at Maple Ridge Retirement Home enhancing the lives of a vulnerable community during the pandemic.

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

Program/ Event Title	Anticipated Event Date(s)		Funding Request
	Start	End	
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

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

LV

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

Certainly, many of the events we perform support many tourist-related activities such as Oregon Shakespeare Green Show and 4th of July parade.
It is challenging for our organization of our size to determine economic effects of our participation in Ashland events, however, we hear year after year from organizers and attendees that they value us and miss us when we don't perform. We continue to be invited each year to annual events and to add new events to our performance schedule, indicating our worthiness and importance in adding cultural diversity to the region's art scene.

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

Ballet folklrico Ritmo Alegre's families(90% of whom are low-income) have long shouldered performance expenses. They donate hundreds of hours each year to sew and make our elaborate costumes and props. They drive children to events and chaperon them during long days- giving opportunities to earn income from work. They will continue to do this as their gift to their families, their heritage, culture, and to their new communities. However, we may be forced to reduce repertoire, shorten performances, and/or drop events that provide nominal or no fees. None of these options are the ones we like to contemplate.

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

We record audience attendance. We have social media platforms (Facebook, Instagram, and Tik Tok) where we can measure the large audiences we attract virtually locally and from around the world.
We send online post-performance surveys to all event organizers and we share feedback with staff and dancers (as appropriate).
We interview audience members to learn more about their perceptions of our performances.
We believe that we directly affect the quality of events in Ashland that attract tourists and boost sales. These includes: 4th of July parade, World Music Festival, OSF Green Show, and school performances.

Organization Board Member

(use additional sheets as necessary)

Name	Marco Vasquez - Board Director & Secretary
Name	Lori Contreras
Name	Jocelyn Torres
Name	Ricardo Rangel
Name	Erika Zapata
Name	
Name	
Name	
Name	
Name	
Name	
Name	
Name	

Customer Demographic Profile*

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

Organization	Ballet Folklorico Ritmo Alegre
Program/Event Name	Folklorico Dance
For the Twelve Month Period of	July 1, 2022 -June 30, 2023

1. Customer Age (percentage)

Youth 0 to 17 years	40	%
Adult 18 to 39 years	20	%
Adult 40 to 64 years	30	%
Adult 65 and over	10	%
Unknown	1	%
Total	100	%

II. Staff Residence (percentage)

Ashland	60	%
Rogue Valley	39	%
Other	1	%
Total	100	%

III. Customer Residence (percentage)

Ashland	50	%
Rogue Valley	48	%
Other (within 50 miles)	1	%
Other (greater than 50 miles)	1	%
Total	100	%

IV. Of the customers identified above, what percentage do you estimate stayed overnight to attend your program, service, or event? 60 %

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

Grants Program Budget*

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

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

Program/Event Name	
Project Period:	**July 1, 2022 to June 30, 2023**

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

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

Signature Page

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

By signing below you certify that:

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

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

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

Luisa Zaragoza

Signature

Luisa Zaragoza

Name (print)

Managing Director

Title

Ballet Folklorico Ritmo Alegre

Organization

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

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

C Name of organization: BALLET FOLKLORICO RITMO ALEGRE

Number and street (or P.O. box if mail is not delivered to street address): [redacted] Room/suite

City or town, state or province, country, and ZIP or foreign postal code

D Employer identification number: [redacted]

E Telephone number: [redacted]

F Group Exemption Number ▶

G Accounting Method: [ ] Cash [X] Accrual Other (specify) ▶

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

I Website: ▶ HTTPS://WWW.BALLETFOLKRA.ORG/

J Tax-exempt status (check only one) — [X] 501(c)(3) [ ] 501(c) ( ) ◀(insert no.) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 93,063.

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	85,504.
	2	Program service revenue including government fees and contracts		2	6,604.
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	955.	
	c	Less: direct expenses from gaming and fundraising events	6c	257.	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	698.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	92,806.
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	34,418.
	13	Professional fees and other payments to independent contractors		13	2,325.
	14	Occupancy, rent, utilities, and maintenance		14	9,410.
	15	Printing, publications, postage, and shipping		15	518.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O		16	19,239.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	65,910.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	26,896.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	74,977.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	101,873.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2020)

032171 01-08-21

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