032001 12-23-20

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For th	e 2020 calendar year, or tax year beginning 001 1, 2020 and	enaing L	JON 30, 2021	
В	Check if applicab	C Name of organization AMERICAN SYMPHONY ORCHESTRA LEAGUE		D Employer identifi	cation number
Г	Addre	D/B/A LEAGUE OF AMERICAN ORCHESTRAS			
F	Name	TEACHE OF AMERICAN ORGINGER	AS	23-73006	36
	Initial return		Room/suite		
Ē	Final	520 8TH AVE	2005	212-262-	
	termii ated			G Gross receipts \$	6,931,089.
	Amen return	ded NITERIA SZODIZ NISZ 10010		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: SIMON WOODS		for subordinates	? Yes X No
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
<u>J</u> '	Websi	te: ▶ WWW.AMERICANORCHESTRAS.ORG		H(c) Group exemption	n number 🕨
		forganization: X Corporation Trust Association Other	L Year	of formation: 1962	M State of legal domicile: \mathbf{NY}
P	art I	Summary			
a)	1	Briefly describe the organization's mission or most significant activities: $\underline{\text{TO}}$ $\underline{\text{AI}}$			
Activities & Governance		ORCHESTRAL MUSIC, SUPPORT THE PEOPLE AND			
rns	2	Check this box if the organization discontinued its operations or dispos	ed of more	1	
ove.	3			3	56
ত প্ৰ	4	Number of independent voting members of the governing body (Part VI, line 1b)			55
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			33
iti	6	Total number of volunteers (estimate if necessary)			62
Act	7 a			<u>7a</u>	79,845.
_	l b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
	_	Ocatally disease and sweets (Ded VIII Basedle)	-	Prior Year 4,396,876.	Current Year 6,605,003.
e	8	Contributions and grants (Part VIII, line 1h)		360,810.	263,509.
Revenue	9	Program service revenue (Part VIII, line 2g)		76,367.	40,400.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,673.	22,177.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,846,726.	6,931,089.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,086,887.	949,950.
	13			0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		3,490,872.	4,182,726.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
en	h	Total fundraising expenses (Part IX, column (D), line 25) 816,82	22.	<u> </u>	Ŭ.
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,489,961.	2,107,442.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,067,720.	7,240,118.
	19	Revenue less expenses. Subtract line 18 from line 12		-3,220,994.	-309,029.
or or				eginning of Current Year	End of Year
Assets or	20	Total assets (Part X, line 16)		11,342,143.	11,789,942.
ASS	21	Total liabilities (Part X, line 26)		4,496,389.	4,203,795.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		6,845,754.	7,586,147.
Pa	art II	Signature Block			
Und	ler pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Sin book		02/02/2022	
Sig	n	Signature of officer Copy		Date	
Hei	·e	SIMON WOODS, PRESIDENT AND CEO			
		Type or print name and title		D	
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid			ERNIA ()1/28/22 self-emplo	
	parer	Firm's name CBIZ MARKS PANETH LLC		Firm's EIN ▶	87-3707167
Use	Only	Firm's address 685 THIRD AVENUE		01	2 502 0000
		NEW YORK, NY 10017		Phone no. 21	2-503-8800
Ma	v the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

Га	Check if Schedule O contains a response or note to any line in this Part III
_	
1	Briefly describe the organization's mission: TO ADVANCE THE EXPERIENCE OF ORCHESTRAL MUSIC, SUPPORT THE PEOPLE AND
	ORGANIZATIONS THAT CREATE IT, AND CHAMPION THE CONTRIBUTIONS THEY MAKE
	TO THE HEALTH AND VIBRANCY OF COMMUNITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 \$1, 403, 783. including grants of \$949, 950.) (Revenue \$130, 252.
	LEARNING AND LEADERSHIP DEVELOPMENT: THE LEAGUE DELIVERS A RANGE OF
	ONLINE AND IN-PERSON LEARNING OPPORTUNITIES, INCLUDING SEMINARS AND
	WEBINARS, CONSTITUENCY MEETINGS, MENTORING PROGRAMS, AND COHORT-BASED
	PROGRAMS. IT ALSO OPERATES GRANT-MAKING PROGRAMS THAT SUPPORT
	ORGANIZATIONAL LEARNING IN INNOVATION AND IN EQUITY, DIVERSITY AND
	INCLUSION. THROUGH THESE PROGRAMS, ORCHESTRA STAFF, BOARD MEMBERS,
	MUSICIANS, AND VOLUNTEERS CAN ACQUIRE SKILLS, KNOWLEDGE, AND NETWORKS
	THAT ARE VITAL TO THEIR LEADERSHIP IN THE FIELD. THE ANNUAL NATIONAL
	CONFERENCE AND MID WINTER MANAGERS MEETING OFFER ADDITIONAL
	OPPORTUNITIES FOR NETWORKING AND PROFESSIONAL DEVELOPMENT, WHILE
	PROVIDING A FORUM TO DISCUSS EMERGING ISSUES AND TRENDS, EXCHANGE
	IDEAS, AND MODEL POSSIBLE RESPONSES TO FIELD-WIDE CHALLENGES AND
4b	(Code:) (Expenses \$1, 269, 859. including grants of \$) (Revenue \$5, 399.
	COMMUNICATIONS AND PUBLIC RELATIONS: THE LEAGUE PROVIDES ORCHESTRAS AND
	INDIVIDUALS WITH UPDATES AND NEWS ABOUT THE FIELD; DEVELOPS STRATEGIC
	MESSAGING ABOUT THE PUBLIC VALUE OF ORCHESTRAS FOR USE NATIONALLY AND
	BY ORCHESTRAS LOCALLY; FURNISHES FIELD-WIDE DATA AND CONTEXT TO
	JOURNALISTS; AND PROVIDES MEDIA RELATIONS GUIDANCE TO ORCHESTRAS
	NATIONWIDE.
	1 000 071
4c	(Code:) (Expenses \$1,008,071. including grants of \$) (Revenue \$
	MEMBER SERVICES: THE LEAGUE PROVIDES SOME 2,000 MEMBERS WITH EXTENSIVE
	INFORMATION ABOUT THE FIELD, INCLUDING TRENDS, OPEN POSITIONS, NEW
	APPOINTMENTS, AND THE MANY OTHER ACTIVITIES OF THE NATION'S ORCHESTRAS.
	SERVICES TO MEMBERS INCLUDE SPECIALIZED GUIDANCE ON OPERATIONS,
	ARTISTIC, AND COMMUNITY ENGAGEMENT TOPICS THAT SUPPORT THE CAPACITY OF
	ORCHESTRAS TO DELIVER ON MISSION. MEMBERS ARE INVITED TO PARTICIPATE IN
	AN ONLINE COMMUNITY, A CONFIDENTIAL SPACE WHERE THEY CAN SHARE THEIR
	EXTENSIVE KNOWLEDGE AND LEARN ABOUT BEST PRACTICES THROUGHOUT THE
	FIELD.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,778,779 • including grants of \$) (Revenue \$)
4e	Total program service expenses ► 5, 460, 492.

			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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	Х	
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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? <i>If</i> "Yes," <i>complete</i>			
_	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	_ <u> </u>		
•	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	<u> </u>		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	۱	· •	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	I

AMERICAN SYMPHONY ORCHESTRA LEAGUE Form 990 (2020) D/B/A LEAGUE OF AMERICAN ORCHESTRAS 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	
2 4a				
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in 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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	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			l
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 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?		37	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ra				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	E		Yes	No
1a				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	

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Form 990 (2020) D/B/A LEAGUE OF AMERICAN ORCHESTRAS

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

					Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	33			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3 a	Х	
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	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	t)?	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 Advanced in the Financi	ccoun	ts (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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			37
	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 contributi	ons or	gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	-		7a		X
D			uirod	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?		uirea	7c		$ _{\mathbf{x}}$
А	ACINA MILITARY AND ACID ACID ACID ACID ACID ACID ACID ACI	7d		76		
u a	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		t?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
		-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	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:		ı			
а	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				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	; 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			10-		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.			13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
D	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
	Did the annual still a second still		<u> </u>	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		х
	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	incor	ne?	16		Х
	If "Yes." complete Form 4720. Schedule O.					

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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
Sec	tion 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 56			
	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			
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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	Х	
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This dection b requests information about policies not required by the internal nevenue dode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
_	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	Х	
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	Х	
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	128		
Ŭ	in Schedule O how this was done	12c	Х	
13	District the second sec	13	X	
14	Did the organization have a written whistleblower policy? 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	17		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
2	The organization's CEO, Executive Director, or top management official	15a	х	
a h	Other officers or key employees of the organization	15a	X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva		16a		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iva		25
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16h		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed NY Section 6104 requires an expenient to make its Forms 1003 (1004 or 1004 A if applicable) 900, and 900 T (Section F01(a)/3)	اد محاد ۸	ove:le	hlo
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));	only)	avalla	uie
	for public inspection. Indicate how you made these available. Check all that apply.			
,	Own website Another's website X Upon request Other (explain on Schedule O)	c.		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinano	cial	
	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			
	MARC MARTIN, FINANCE DIR 646-822-4022			
	520 8TH AVE, RM 2005, NEW YORK, NY 10018			

Form 990 (2020) D/B/A LEAGUE OF AMERICAN ORCHESTRAS **-*
Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

and Independent Contractors

<u>Page</u> **7**

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 n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)		_	((C)	_		(D)	(E)	(F)
Name and title	Average	(do		Pos		າ than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation	amount of
	week	_	Cer ar	laaa	recto	rrus	tee)	from	from related	other
	(list any	or director						the organization	organizations	compensation
	hours for related	e or d	tee			sated		(W-2/1099-MISC)	(W-2/1099-M I SC)	from the organization
	organizations	ruste	l trus		99/	mpen		(** 27 1033 141100)		and related
	below	Individual trustee	Institutional trustee	 	Key employee	sst co	La Gr			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			_
(1) JESSE ROSEN	37.50									
PRESIDENT/CEO (OUTGOING)				X				298,723.	0.	63,151.
(2) HEATHER NOONAN	37.50									
VP ADVOCACY				X				190,577.	0.	41,786.
(3) KAREN YAIR	37.50									
VP KNOWLEDGE LEARNING				X				171,044.	0.	43,637.
(4) CELESTE WROBLEWSKI	37.50									
VP MARKETING AND COMM.				Х				173,372.	0.	40,566.
(5) SIMON WOODS	37.50								_	
PRESIDENT/CEO (INCOMING)				Х				178,445.	0.	17,557.
(6) MARC MARTIN	37.50									
SENIOR DIRECTOR OF FINANCE				Х				114,568.	0.	47,225.
(7) AUDREY ELLIOTT-RISBUD	37.50									
SENIOR DIRECTOR DEV.						X		106,433.	0.	42,363.
(8) ROBERT SANDLA	37.50									
EDITOR IN CHIEF SYMPHONY M						X		114,124.	0.	22,105.
(9) MARLAH MCDUFFIE	37.50	1						00.056		45 464
VP OF DEVELOPMENT				X				83,376.	0.	17,461.
(10) AARON FLAGG	2.00	l		l						
SECRETARY		Х		Х				0.	0.	0.
(11) AFA S. DWORKIN	2.00								_	
DIRECTOR	0.00	Х						0.	0.	0.
(12) ALAN MASON	2.00	- -							0	•
DIRECTOR	2.00	Х						0.	0.	0.
(13) ALAN PIERSON	2.00	- V							0	^
DIRECTOR (14) ALAN WALENMENT	2.00	X						0.	0.	0.
(14) ALAN VALENTINE	2.00	- -							_	^
DIRECTOR (15) ALBERTA ARMUTEC	2.00	Х	-		-			0.	0.	0.
(15) ALBERTA ARTHURS DIRECTOR	4.00	X						0.	0.	0.
(16) ALFRED MOORE	2.00	1	\vdash		\vdash	\vdash	\vdash	1	U•	U •
DIRECTOR	4.00	X						0.	0.	0.
(17) ANDREA KALYN	2.00	^	\vdash		\vdash	\vdash	_	 	· ·	0.
DIRECTOR	4.00	X						0.	0.	0.
JIIIJOTON .	1	Δ		<u> </u>		<u> </u>	<u> </u>	<u> </u>	ı	Form 990 (2020)

032007 12-23-20 Form **990** (2020)

AMERICAN SYMPHONY ORCHESTRA LEAGUE D/B/A LEAGUE OF AMERICAN ORCHESTRAS **-***0636 Page 8 Form 990 (2020) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (D) (E) (F) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any trustee or director organizations the compensation hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization organizations (ey employee and related below ndividua organizations line) (18) ANTHONY MCGILL 2.00 0. DIRECTOR (OUTGOING) Х 0. 0. (19) BURTON ALTER 4.00 X Х 0. TREASURER 0. 0. 2.00 (20) CARMEN AMALIA CORRALES DIRECTOR Х 0. 0. 0. 2.00 (21) CATHERINE C. MOYE DIRECTOR X 0. 0. 0. 2.00 (22) CHARLES DICKERSON III 0. 0. DIRECTOR Х 0. 2.00 (23) CHRIS DOERR DIRECTOR Х 0. 0. 0. 2.00 (24) CINDY KIDWELL DIRECTOR (OUTGOING) X 0. 0. 0. (25) DAN HART 2.00 0. DIRECTOR X 0. 0. (26) DANIEL BERNARD ROUMAIN 2.00 Х 0. 0 0. DIRECTOR 1,430,662. 0. 335,851. 1b Subtotal 0. c Total from continuation sheets to Part VII, Section A 0. 0. 335,851. 1,430,662. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

			res	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				
	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
0	E. D. Ladan and and On the states			

Section B. Independent Contractors

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
W4 SIGHT LLC 53 W. JACKSON SUITE 726, CHICAGO, IL 60604	PROJECT MANAGER FOR TECHNOLOGY IMPLEMENT	109,269.
33 W. BACKBON BOTTE 720, CHICAGO, III 00004	TECHNOLOGI IMPLEMENT	100,200.

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

Form 990 D/B/A LE Part VII Section A Officers Directors To									**_**	0636
Geotion Ai Gineers, Directors, 11		nplo	yee			lighe	est (,	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	 , ,			ition			Reportable	Reportable 	Estimated
	hours	(CI	neck T	all ·	II that apply)			compensation from	compensation from related	amount of other
	per week					ee		the	organizations	compensation
	(list any	ctor				nploy		organization	(W-2/1099-MISC)	from the
	hours for	r director				ted en		(W-2/1099-MISC)	,	organization
	related	stee o	rustee			ensa				and related
	organizations	al tru:	onal t		oloyee	comp				organizations
	below line)	Individual trustee or	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DANIEL SONG	2.00	<u> </u>	 -	0	~		Н.			
DIRECTOR		x						0.	0.	0.
(28) DAVID ALAN MILLER	2.00									
DIRECTOR		Х						0.	0.	0.
(29) DAVID M. ROTH	2.00									
DIRECTOR (OUTGOING)		х						0.	0.	0.
(30) DAVID WHITEHILL	2.00									
DIRECTOR		Х						0.	0.	0.
(31) DOUGLAS M. HAGERMAN	4.00									
CHAIR		Х		Х				0.	0.	0.
(32) ED YIM	2.00									
DIRECTOR		X						0.	0.	0.
(33) GARY GINSTLING	2.00									
DIRECTOR		Х						0.	0.	0.
(34) GLORIA DEPASQUALE	2.00	,,								0
DIRECTOR CLARKE	1 2 00	Х						0.	0.	0.
(35) HEATHER CLARKE DIRECTOR (OUTGOING)	2.00	х						0.	0.	0.
(36) HELEN SHAFFER	4.00	^						0.	0.	0.
SECRETARY	4.00	х		x				0.	0.	0.
(37) HENRY PEYREBRUNE	2.00							0.	<u> </u>	.
DIRECTOR	2.00	x						0.	0.	0.
(38) HOWARD D. PALEFSKY	2.00									
DIRECTOR		x						0.	0.	0.
(39) HUGH W. LONG, PHD	2.00									<u> </u>
DIRECTOR		х						0.	0.	0.
(40) ISAAC THOMPSON	2.00									
DIRECTOR		X						0.	0.	0.
(41) JEFF VOM SAAL	2.00									
DIRECTOR		Х						0.	0.	0.
(42) JENNIFER KOH	2.00									
DIRECTOR	 	X						0.	0.	0.
(43) JENNIFER MONDIE	2.00							_		_
DIRECTOR	1 2 22	X		<u> </u>				0.	0.	0.
(44) JIM HASLER	2.00	\ \							_	^
DIRECTOR (45) JULIE MEREDITH	2.00	Х						0.	0.	0.
DIRECTOR	4.00	х						0.	0.	0.
(46) KATHRYN BOUCHER	2.00	┌─						•	U •	0.
DIRECTOR	2.00	х						0.	0.	0.
	1	1 47						ı ∨•∣		∪ •

Form 990

								HESTRAS		0636
Part VII Section A. Officers, Directors, Tre	ustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(C	>)			(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cl	heck	all t	hat	app	ly)	compensation	compensation	amount of
	per					а.		from	from related	other
	week (list any	TO.				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direc				ma pa		(W-2/1099-MISC)	(** 27 1000 141100)	organization
	related	tee or	ustee			ensate				and related
	organizations	trus	nal trı		oyee	emp6				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	밀	su	O#i	Ke	Hig	For			
(47) KJRISTINE LUND	2.00									
DIRECTOR		Х						0.	0.	0.
(48) LINA GONZALEZ-GRANADOS	2.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(49) LORENZO CANDELARIA	2.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(50) LOWELL J. NOTEBOOM	2.00									_
DIRECTOR		Х						0.	0.	0.
(51) MARIAN GODFREY	2.00									
DIRECTOR		Х						0.	0.	0.
(52) MARISA EISMANN, MD	2.00									
DIRECTOR		Х						0.	0.	0.
(53) MARK JUNG	2.00									
DIRECTOR		Х						0.	0.	0.
(54) MARK PEACOCK	2.00									
DIRECTOR		Х						0.	0.	0.
(55) MARY LOUISE GORNO	2.00	,,								
DIRECTOR	1 2 00	Х						0.	0.	0.
(56) MARY PATTON	2.00	7.7							_	_
DIRECTOR (F.7.) MEGRY PALAR	0.00	Х						0.	0.	0.
(57) MEGEN BALAD	0.00	Х						0.	0.	_
DIRECTOR (OUTGOING)	4.00	_						0.	0.	0.
(58) MELANIE CLARKE VICE CHAIR	4.00	X		х				0.	0.	0.
(59) MELIA TOURANGEAU	2.00	_		_				0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	_
(60) PATRICIA A. RICHARDS	2.00	^						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(61) PENNY VAN HORN	2.00	^						0.	0.	· ·
DIRECTOR (OUTGOING)	2.00	Х						0.	0.	0.
(62) PRATICHI SHAH	2.00	^					_	0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(63) RHONDA HUNSINGER	2.00							•	•	•
DIRECTOR	2:00	Х						0.	0.	0.
(64) ROBERT J. WAGNER	2.00							•	•	•
DIRECTOR		Х						0.	0.	0.
(65) ROBERT NAPARSTEK	2.00	T-						, , , , , , , , , , , , , , , , , , ,	•	
DIRECTOR		х						0.	0.	0.
(66) ROSINA CANNIZZARO	2.00	T-						, , , , , , , , , , , , , , , , , , ,	•	•
DIRECTOR		Х						0.	0.	0.
DIRECTOR										

Form 990 D/B/A LEA	AGUE OF	AM	LEK	TC	AN	U	RC	HESTRAS	**-**	0636
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, ar	nd H	ligh	est (Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos		1		Reportable	Reportable	Estimated
. tae aria title	hours	(cl		all t			(v)	compensation	compensation	amount of
	per		I		l lat	I	' <i>y'</i>	from	from related	other
	week					, e		the	organizations	compensation
	(list any	ь				<u>%</u>		organization	(W-2/1099-MISC)	from the
		irect				emil		(W-2/1099-MISC)	(88-2/1099-181130)	
	hours for	or d	99			ated		(VV-2/1099-IVIISC)		organization
	related	ustee	trus		e e	beu				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	ividu	Ħ.	Officer	ma/	hest	Former			
	line)	프	프	#O	Ke	≘Ê	Ğ			
(67) SHARON HATCHETT	2.00									
DIRECTOR		Х						0.	0.	0.
(68) SHEILA WILLIAMS	2.00									
DIRECTOR	2.00	x						0.	0.	0.
	4 00	_						0.	0.	0.
(69) STEVE C. PARRISH	4.00	.						_		_
VICE CHAIR		Х		Х				0.	0.	0.
(70) TERRY ANN WHITE	0.00		_			_				
DIRECTOR (OUTGOING)		Х						0.	0.	0.
(71) TRINE SORENSEN	2.00	 							•	•
DIRECTOR	2.00	X						0.	0.	0.
DIRECTOR		_						0.	0.	0.
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Total to Part VII, Section A, line 1c										
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Form 990 (2020) D/B/A L
Part VIII Statement of Revenue

1 a Facerated campaigns 1a 1 a Facerated campaigns 1b 1,816,084 1c 1 a Facerated campaigns 1d 1,816,084 1c 1 a Facerated campaigns 1d 1,816,084 1c 1d Facerated campaigns 1d 1,816,084 1d Facerated comparigns			Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
The contraction revenue Dualmass revenue Strott business Stress S			·	•				(D)
1 a Federated campaigns 1a 1,816,084. 1					Total revenue			
b Membership dues m 1,816,084						Turiction revenue	business revenue	
b Membership dues m 1,816,084	တ္တ	1 2	Federated campaigns 1a					
2 a MEETINGS AND SEMINARS 541800 75,399	nt an			816.084.				
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2 a MEETINGS AND SEMINARS 548,110 188,110 548,11	O a	<u> </u>	lotal. Add lines 1a-1f		0,003,003.			
SYMPHONY MAGAZINE			MERMING AND CEMINADO		100 110	100 110		
100 100	<u>ic</u>					100,110.	75 200	
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A	\rightarrow	Ç			263,509.			
A Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal		3	· · · · · · · · · · · · · · · · · · ·		40 400			
1					40,400.			40,400.
Company Comp		4	Income from investment of tax-exempt bond pr	oceeds >				
Second S		5	Royalties					
b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b 7c d Net gain or (loss) 7 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 8b			(i) Real	(ii) Personal				
The second of th		6 a	Gross rents 6a					
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 b Less: cost or other basis and sales expenses 7 c Gain or (loss) 7 d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		b	Less: rental expenses 6b					
To a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses		c	Rental income or (loss) 6c					
assets other than inventory b Less: cost or other basis and sales expenses 7b 7c d Net gain or (loss) 7c d Netgain or (loss) 7c d Netga		c	Net rental income or (loss)					
b Less: cost or other basis and sales expenses 7b 7c c Gain or (loss) 7c d Net gain or (loss) a Gross income from fundraising events (not including \$		7 a	Gross amount from sales of (i) Securities	(ii) Other				
and sales expenses C Gain or (loss) Net gain or (loss) 8 a Gross income from fundraising events (not including \$			assets other than inventory 7a					
including \$ of contributions reported on line 1c). See Part IV, line 18 8b		b	Less: cost or other basis					
including \$ of contributions reported on line 1c). See Part IV, line 18 8b	e l		and sales expenses 7b					
including \$ of contributions reported on line 1c). See Part IV, line 18 8b	len	c	Gain or (loss) 7c					
including \$ of contributions reported on line 1c). See Part IV, line 18 8b	- Be	c	Net gain or (loss)					
including \$ of contributions reported on line 1c). See Part IV, line 18 8b	ē							
contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a OTHER REVENUE 900099 17,541. 17,541.			including \$ of					
b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a OTHER REVENUE b WEBSITE POSTING c PUBLICATIONS d All other revenue e Total. Add lines 11a-11d Description of (loss) from fundraising events Part IV, line 19 P			contributions reported on line 1c). See					
b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a OTHER REVENUE b WEBSITE POSTING c PUBLICATIONS d All other revenue e Total. Add lines 11a-11d Description of (loss) from fundraising events Part IV, line 19 P			Part IV, line 18					
C Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a OTHER REVENUE b WEBSITE POSTING c PUBLICATIONS d All other revenue e Total. Add lines 11a-11d Page 1 9a 9a 9a 17, 541 17, 541 17, 541 17, 541 17, 541 190 190 190 190 190 190 190 1		b						
9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses 9 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a OTHER REVENUE b WEBSITE POSTING c PUBLICATIONS d All other revenue e Total. Add lines 11a-11d 9 a 9 a 9 b 9 a 9 b 9 a 9 b 9 a 9 b 9 a 9 a				>				
Part IV, line 19								
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 c Net income or (loss) from sales of inventory 11 a OTHER REVENUE 900099 17,541 17,5			· · · · · · · · · · · · · · · · · · ·					
C Net income or (loss) from gaming activities D		b						
10 a Gross sales of inventory, less returns and allowances 10a				>				
and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a OTHER REVENUE b WEBSITE POSTING c PUBLICATIONS d All other revenue e Total. Add lines 11a-11d 10a 10b 10b 117,541. 17,541. 17,541. 4,054. 4,054. 900099 392. 392.			1 1 1 1	,				
b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a OTHER REVENUE 900099 17,541. 17,541. b WEBSITE POSTING 900099 4,054. 4,054. c PUBLICATIONS 900099 392. 392. d All other revenue 900099 190. 190. e Total. Add lines 11a-11d 22,177.			· · · · · · · · · · · · · · · · · · ·					
C Net income or (loss) from sales of inventory 11 a OTHER REVENUE 900099 17,541. 17,541.		ŀ	I I					
Total Add lines 11a-11d Business Code 900099 17,541. 17,			•	•				
11 a OTHER REVENUE 900099 17,541. 17,541.				Business Code				
e Total. Add lines 11a 11d	sn	11 9	OTHER REVENUE		17.541.	17.541.		
e Total. Add lines 11a 11d	Se all	٠. ٥				, , , , , , , ,	4.054	
e Total. Add lines 11a 11d	¥er ker							
e Total. Add lines 11a 11d	Be	_					552.	190 -
C 001 000 005 CE1 F0 045 40 500	Ξ	_						= 50.
						205.651.	79.845.	40.590-

Page 10

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses **(D)** Fundraising expenses (A) Total expenses (C) Management and general expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 864,500. 864,500. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 85,450. 85,450. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,260,125. trustees, and key employees 1,555,422. 295,297. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,970,387. 1,370,754. 118,166. 481,467. Other salaries and wages 7 Pension plan accruals and contributions (include 62,764. 311,799. 5,256. 37,693. 19,815. section 401(k) and 403(b) employer contributions) 78,707. 226,131. 6,961. Other employee benefits 9 282,354. 210,172. 30,157. 42,025. Payroll taxes 10 Fees for services (nonemployees): a Management 88,488. 88,488. Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 13,766. 13,766. f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 758,287. 618,401. 94,951. 44,935. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 225,911. 125,327. 73,880. 26,704. Office expenses 13 264,548. 11,198. 319,293. 43,547. Information technology 14 Royalties 15 279,455. 453,422. 104,603. 69,364. 16 Occupancy 1,619. 349. 1,259. 11. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 7,130. 6,750. 73. 307. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 118,075. 35,368. 80,792. 1,915. Depreciation, depletion, and amortization 22 13,424. 7,717. 3,934. 1.773. Insurance 23 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 0.) 48,373. STAFF TRAINING 51,591. 1,605. 1,613. EQUIP RENTAL & REPAIRS 29,534. 8,297. 16,598. 4,639. 20,117. $20, \overline{117}$ BAD DEBT 6,785. d MISCELLENAOUS 2.781. 4,004. All other expenses 7,240,118. 5,460,492. 962,804. 816,822. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2020)
Part X Balance Sheet

Га	ιλ	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
	1	Cash - non-interest-bearing			300.	1	300.
	2	• • • • • • • • • • • • • • • • • • • •			2,009,234.	2	813,181.
	3				578,552.	3	1,129,336.
	4	Accounts receivable, net			134,185.	4	116,395.
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualifie	ed pers	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
y,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9				110,276.	9	105,346.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,400,016.			
	b	Less: accumulated depreciation	10b	2,568,556.	813,502.	10c	831,460.
	11	Investments - publicly traded securities			4,205,418.	11	5,574,746.
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			3,490,676.	15	3,219,178.
	16	Total assets. Add lines 1 through 15 (must equal			11,342,143.	16	11,789,942.
	17	Accounts payable and accrued expenses			173,286.	17	152,277.
	18	Grants payable		18			
	19	Deferred revenue			444,564.	19	401,796.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
တ္	22	Loans and other payables to any current or forme	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	ntial c	ontributor, or 35%			
abi		controlled entity or family member of any of these	perso	ons		22	
=	23	Secured mortgages and notes payable to unrelate	ed thir	d parties	432,219.	23	432,217.
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pay-	ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			3,446,320.	25	3,217,505.
	26	Total liabilities. Add lines 17 through 25			4,496,389.	26	4,203,795.
		Organizations that follow FASB ASC 958, chec	k here	• ▼ X			
ses		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			514,808.	27	877,423. 6,708,724.
Ва	28	Net assets with donor restrictions		<u></u>	6,330,946.	28	6,708,724.
pur		Organizations that do not follow FASB ASC 95	8, che	ck here 🕨 🔲			
Net Assets or Fund Balances		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equ	uipmen	t fund		30	
As	31	Retained earnings, endowment, accumulated inc				31	
Ret	32	Total net assets or fund balances			6,845,754.	32	7,586,147.
	33	Total liabilities and net assets/fund balances			11,342,143.	33	11,789,942.

Form 990 (2020) **Part XI** Rec

-*<u>0636 Page **12**</u> D/B/A LEAGUE OF AMERICAN ORCHESTRAS

Pai	TEXT 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	6,93		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,24	0,1	<u> 18.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-30		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,84		
5	Net unrealized gains (losses) on investments	5	1,04	9,4:	22.
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	7,58	6,1	47.
Pai	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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).			
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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	_	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	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

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

-*0636

D/B/A LEAGUE OF AMERICAN ORCHESTRAS

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

AMERICAN SYMPHONY ORCHESTRA LEAGUE

he o	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck 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 orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describe	ed in	
		section 170(b)(1)(A)(iv). (C	omplete Part II.)						
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that normal						public described in	
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)		-				
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in conju	inction with a land-grant	college	
		or university or a non-land-g							
		university:		,		, ,	,		
10		An organization that normal	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns. membership fees. an	d gross receipts from	_
		activities related to its exem							
		income and unrelated busin	•	•				-	-
		See section 509(a)(2). (Cor		(loos sociality is	20000	ooo aoqa	ou by the organization t		
11		An organization organized a	•	vely to test for public sat	fety See	section 50	19(a)(4)		
12		An organization organized a	*	-	-			nurnoses of one or	
-		more publicly supported org	•		-		-	•	
		lines 12a through 12d that	=					SHOOK THO BOX III	
а		Type I. A supporting orga					· · ·	aivina	
u		the supported organization	•	•		_			
		organization. You must c			majority c	in the direc	toro or tradition of the ot	apporting	
b		Type II. A supporting orga	· ·		ion with its	e eunnorte	ad organization(s), by hay	/ina	
D		control or management of	•					=	
		organization(s). You mus			arrie perso	i is triat coi	ntiol of manage the supp	Jortea	
_		Type III functionally inte			in connect	tion with a	and functionally integrate	ad with	
С		its supported organization	-				· -	with,	
٨		1						zation(s)	
d		Type III non-functionally that is not functionally interest.					• • • • • •		
		requirement (see instructi	-		-		•	veriess	
_		Check this box if the orga	•	•	•				
е		functionally integrated, or					Type I, Type II, Type III		
	Ento	• •	• •						
'		r the number of supported o ide the following information							
9		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of monetary	(vi) Amount of othe	r
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instruction	ns)
				above (see instructions))	1.00				

Total

Schedule A (Form 990 or 990-EZ) 2020 D/B/A LEAGUE OF AMERICAN ORCHESTRAS

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar 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.")	5219873.	3964832.	8960651.	4396876.	6605003.	29147235.
2	Tax revenues levied for the organ-						
	ization'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	5219873.	3964832.	8960651.	4396876.	6605003.	29147235.
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)						6439077.
6	Public support. Subtract line 5 from line 4.						22708158.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	5219873.	3964832.	8960651.	4396876.	6605003.	29147235.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	73,913.	84,699.	104,244.	76,367.	40,400.	379,623.
9	Net income from unrelated business	,	•	•	,	•	<i>'</i>
	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.)	31,735.	15,113.	4,130.	4,924.	17,731.	73,633.
11	Total support. Add lines 7 through 10	, , , , , , , , , , , , , , , , , , , ,	,				29600491.
	Gross receipts from related activities,	etc. (see instructio	ns)				,658,085.
	First 5 years. If the Form 990 is for th						, , , , , , , , , , , , , , , , , , ,
	organization, check this box and stor	-		-			
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (li	ine 6, column (f), di	vided by line 11, c	column (f))		14	76.72 %
15	Public support percentage from 2019	Schedule A, Part I	I, line 14			15	67.49 %
	33 1/3% support test - 2020. If the o			n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2019. If the c	organization did no	t check a box on li				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te			•	•		▶ □
b	10% -facts-and-circumstances test	•	•		•		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu				•		▶ □
18	Private foundation. If the organizatio						s ▶□

Schedule A (Form 990 or 990-EZ) 2020 D/B/A LEAGUE OF AMERICAN ORCHESTRAS

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.)

Se	ction A. Public Support	now, please comp	olete Part II.)				_
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and		()	,,,	(-)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(-,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						_
3	are not an unrelated trade or bus-						
	iness under section 513						
4							
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					+	
	Total. Add lines 1 through 5					1	
78	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						_
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		ı		ı		
	ndar year (or fiscal year beginning in) ► 📗	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	e organization's f	irst. second. third.	fourth, or fifth tax	vear as a section	501(c)(3) organizatio	on.
		9			•		·
Se	ction C. Computation of Public						
15	Public support percentage for 2020 (li	ne 8, column (f), a	divided by line 13,	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	20 (line 10c, colu	mn (f), divided by li	ine 13, column (f))		17	%
18	Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2020. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box an						
k	33 1/3% support tests - 2019. If the	organization did ı	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, chec	k this box and s	top here. The orga	nization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
- 4 a		
4b		
4c		
70		
5a		
5b		
5c		
6		
7		
_		
8		
9a		
9b		
0.5		
9c		
10a		
10b		
m 990 or 99	O-EZ)	2020

Pa	t IV Supporting Organizations (continued)			<u></u>
	The state of the s		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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,			
800	supervised, or controlled the supporting organization.	2		
<u> </u>	tion 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			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	INO
•	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		
Sec	tion 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)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in 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	OL.		
^	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	20		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 D/B/A LEAGUE OF AMERICAN ORCHESTRAS **-***0636 Page 6

Pai	't V │ Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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-function	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020 D/B/A LEAGUE OF AMERICAN ORCHESTRAS **-***0636 Page 7

Par	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Organizations _{(COI}	ntinued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	ses 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	
		(i) (ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions Underdistribu		Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater	r		
	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:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
_				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 D/B/A LEAGUE OF AMERICAN ORCHESTRAS

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

SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER REVENUE	
2016 AMOUNT: \$	31,735.
2017 AMOUNT: \$	13,713.
2018 AMOUNT: \$	2,230.
2019 AMOUNT: \$	4,034.
2020 AMOUNT: \$	17,541.
MAILING LIST	
2017 AMOUNT: \$	1,400.
2018 AMOUNT: \$	1,900.
2019 AMOUNT: \$	890.
2020 AMOUNT: \$	190.

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2020

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ANN AND GORDON GETTY FOUNDATION	3,765,000.	3,172,990.
CLINTON FAMILY FOUNDATION	900,107.	308,097.
THE ANDREW W. MELLON FOUNDATION	3,550,000.	2,957,990.
Fotal Excess Contributions to Schedule A, Part II, Line 5		6,439,077.

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

2020

Name of the organization

Organization type (check one):

AMERICAN SYMPHONY ORCHESTRA LEAGUE D/B/A LEAGUE OF AMERICAN ORCHESTRAS

Employer identification number

-*0636

Filers of:	Section:							
Form 990 or 990-E	\overline{X} 501(c)($\overline{3}$) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	nization is covered by the General Rule or a Special Rule. on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule								
	ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules								
sections any one o	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.								
year, con is checke purpose.	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							
but it must answe	nization 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), or "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 n't meet the filing requirements of Schedule B (Form 990. 990-EZ, or 990-PF).							

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

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

Name of organization

AMERICAN SYMPHONY ORCHESTRA LEAGUE

D/B/A LEAGUE OF AMERICAN ORCHESTRAS

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANN AND GORDON GETTY FOUNDATION ONE EMBARCADERO CENTER SUITE 1350 SAN FRANSICSO, CA 94111	\$2,125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BAISLEY POWELL ELEBASH FUND C/O JPMORGAN CHASE BANK, 390 MADISON AVENUE, 14TH FLOOR NEW YORK, NY 10017	\$350,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NATIONAL ENDOWMENT FOR THE ARTS 400 7TH STREET SW WASHINGTON, DC 20506	\$140,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SMALL BUSINESS ADMINISTRATION 409 3RD ST, SW WASHINGTON, DC 20416	\$432,219.	Person X Payroll
(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

AMERICAN SYMPHONY ORCHESTRA LEAGUE

D/B/A LEAGUE OF AMERICAN ORCHESTRAS

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(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				
		\$					

Name of organization

Employer identification number

AMERICAN SYMPHONY ORCHESTRA LEAGUE D/B/A LEAGUE OF AMERICAN ORCHESTRAS

	from any one contributor. Complete columns (a) to completing Part III, enter the total of exclusively religious, characteristics.	aritable, etc., contributions of \$1,000 or	try. For organizations less for the year. (Enter this info. once.) \$
No. om rt I	Use duplicate copies of Part III if additional sp (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ .			
		(e) Transfer of gif	ft
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ .			
		(e) Transfer of gif	<u> </u>
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee
No. m	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ .			
	1	(e) Transfer of gif	ft
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee
No. m	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u>** </u>			
-		(e) Transfer of gif	ft
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Employer identification number Name of organization AMERICAN SYMPHONY ORCHESTRA LEAGUE **-***0636 D/B/A LEAGUE OF AMERICAN ORCHESTRAS Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures **▶**\$_ 3 Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955**>** \$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes No b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (d) Amount paid from (c) EIN (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-.

AMERICAN SYMPHONY ORCHESTRA LEAGUE Schedule C (Form 990 or 990-EZ) 2020 D/B/A LEAGUE OF AMERICAN ORCHESTRAS **-***0636 Page 2 Part II-A | Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, A Check ► expenses, and share of excess lobbying expenditures). B Check ▶ if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group **Limits on Lobbying Expenditures** organization's totals (The term "expenditures" means amounts paid or incurred.) totals 5,532. 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) 92,554. **b** Total lobbying expenditures to influence a legislative body (direct lobbying) 98,086. c Total lobbying expenditures (add lines 1a and 1b) 7,142,032. **d** Other exempt purpose expenditures 7,240,118. e Total exempt purpose expenditures (add lines 1c and 1d) 512,006. Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. 128,002. g Grassroots nontaxable amount (enter 25% of line 1f) 0. h Subtract line 1g from line 1a. If zero or less, enter -0i Subtract line 1f from line 1c. If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Good and Soparate mediations for image 24 and agrically							
Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total		
2a Lobbying nontaxable amount	505,522.	562,403.	553,386.	512,006.	2,133,317.		
b Lobbying ceiling amount (150% of line 2a, column(e))					3,199,976.		
c Total lobbying expenditures	86,477.	81,979.	84,964.	98,086.	351,506.		
d Grassroots nontaxable amount	126,381.	140,601.	138,347.	128,002.	533,331.		
e Grassroots ceiling amount (150% of line 2d, column (e))					799,997.		
f Grassroots lobbying expenditures	9,865.	5,450.	1,533.	5,532.	22,380.		

Schedule C (Form 990 or 990-EZ) 2020

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Schedule C (Form 990 or 990-EZ) 2020 D/B/A LEAGUE OF AMERICAN ORCHESTRAS Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	r each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description (a)		1)	(k	(b)	
	e lobbying activity.	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	5), or sec	tion		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year?	? 3			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members			II-A, IINE	3, IS	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic					
_	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
	Carryover from last year					
c	Total					
3	4		_			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p					
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (See instructions)		5			
Par						
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (See		
	actions); and Part II-B, line 1. Also, complete this part for any additional information. RT I-A, LINE 1:					
THE	LEAGUE CONDUCTED DIRECT LOBBYING ON BEHALF OF ITS	CONSTI	TUENT			
ORC	CHESTRA MEMBERS, AND GRASSROOTS LOBBYING IN PARTNERS	HIP WI	TH OT	HER		
<u>ran</u>	CIONAL ARTS AND NONPROFIT SERVICE ORGANIZATIONS, REL	ATED I	.O			
API	PROPRIATIONS FOR NATIONAL ENDOWMENT FOR THE ARTS, IN	TERNAT	IONAL			
CUI	TURAL EXCHANGE AND ARTS EDUCATION PROGRAMMING, AND	SUPPOR	T FOR	ARTS		

Schedule C (Form 990 or 990-EZ) 2020 D/B/A LEAGUE OF AMERICAN ORCHESTRAS **-***0636 Page 4 Part IV | Supplemental Information (continued) EDUCATION IN THE REAUTHORIZATION OF THE ELEMENTARY AND SECONDARY EDUCATION ACT. LEAGUE STAFF WERE ALSO INVOLVED IN EFFORTS RELATED TO VISA AND TAX REQUIREMENTS FOR INTERNATIONAL GUEST ARTISTS, CHARITABLE GIVING INCENTIVES, PROTECTING THE USE OF WIRELESS MICROPHONES, AND SUPPORTIVE POLICIES FOR DOMESTIC AND INTERNATIONAL TRAVEL AND USE OF MUSICAL INSTRUMENTS.

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AMERICAN SYMPHONY ORCHESTRA LEAGUE D/B/A LEAGUE OF AMERICAN ORCHESTRAS

Employer identification number **-***0636

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin	ne 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 v	writing that the assets held in donor advis	ed 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 a	dvisors in writing that grant funds can be	used only			
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring			
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, I	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	f 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 qualif	fied 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			
а	Total number of conservation easements		2a			
b						
С	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included in (c) acquired a					
	listed in the National Register					
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax			
	year ▶					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per	<u> </u>				
_	violations, and enforcement of the conservation easements it					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year			
-	Amount of auropean incomed in manifolia incometing band					
7	Amount of expenses incurred in monitoring, inspecting, hand	ning of violations, and enforcing conserva	tion easements during the year			
	▶ \$ Does each conservation easement reported on line 2(d) abov	es satisfy the requirements of saction 170	b)////D)/i)			
8						
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation.					
9	balance sheet, and include, if applicable, the text of the footn	·				
	organization's accounting for conservation easements.	iote to the organization's infancial stateme	ents that describes the			
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures. or Ot	her Similar Assets.			
	Complete if the organization answered "Yes" on Form					
	If the organization elected, as permitted under FASB ASC 95		nd balance sheet works			
	of art, historical treasures, or other similar assets held for pub					
	service, provide in Part XIII the text of the footnote to its finar					
b	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items:		,			
	(i) Revenue included on Form 990, Part VIII, line 1		> \$			
2	If the organization received or held works of art, historical treatments					
_	the following amounts required to be reported under FASB A		· · ·			
а	Revenue included on Form 990, Part VIII, line 1	-	> \$			
b	Assets included in Form 990, Part X					

Sche		AGUE OF AM					**0636	Page 2
Pai	t III Organizations Maintaining Col	lections of Art,	Historical Tre	asures, or Oth	ner Sii	milar Asse	ets (continue	ed)
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):							
а	Public exhibition	d	Loan or exch	nange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's colle	ections and explain h	now they further the	e organization's ex	kempt p	ourpose in Pa	art XIII.	
5	During the year, did the organization solicit or re	eceive donations of	art, historical treas	ures, or other simi	lar asse	ets		
	to be sold to raise funds rather than to be main						Yes	No_
Pai	t IV Escrow and Custodial Arrange	ements. Complete	e if the organization	n answered "Yes"	on Forr	m 990, Part I \	V, line 9, or	
	reported an amount on Form 990, Part)	K, line 21.						
1a	Is the organization an agent, trustee, custodian	or other intermedia	ry for contributions	or other assets n	ot inclu	ded		
	on Form 990, Part X?						Yes	X No
b	If "Yes," explain the arrangement in Part XIII an				_			
					L		Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
	Distributions during the year					1e		
	Ending balance				L	1f		
	Did the organization include an amount on Form				bility?		Yes	O No
b	If "Yes," explain the arrangement in Part XIII. C							
Pai	t V Endowment Funds. Complete if the	he organization ansv	wered "Yes" on Fo	rm 990, Part IV, lin	ie 10.			
		(a) Current year	(b) Prior year	(c) Two years back	< (d) ¹	Three years bac	ck (e) Four ye	ars back_
1a	Beginning of year balance	4,298,706.	4,412,316.	4,347,436	· .	4,341,007	7. 4,04	43,032.
b	Contributions							
	Net investment earnings, gains, and losses	902,736.	71,390.	249,880	١.	348,276	5. 49	97,975.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	185,000.	185,000.	185,000	١.	341,847	7. 20	00,000.
f	Administrative expenses							
	End of year balance	5,016,442.	4,298,706.	4,412,316	i.	4,347,436	5. 4,34	11,007.
2	Provide the estimated percentage of the curren	t year end balance (line 1g, column (a))) held as:				
а	Board designated or quasi-endowment		%					
	Permanent endowment ► 70.9890	%						
С	Term endowment ▶							
	The percentages on lines 2a, 2b, and 2c should	l equal 100%.						
За	Are there endowment funds not in the possessi	ion of the organizati	on that are held an	d administered for	the or	ganization		
	by:						Y	es No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations							X
b	If "Yes" on line 3a(ii), are the related organization	ns listed as required	d on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the or		ment funds.					
Pai	t VI Land, Buildings, and Equipme	nt.						
	Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11a. Se	ee Form 990, Part	X, line	10.		
	Description of property	(a) Cost or oth	er (b) Cost	or other (c) Accur	mulated	(d) Book v	alue
		basis (investme	ent) basis (other)	deprec	iation		
1a	Land							
	Buildings							
	Leasehold improvements		1,21	1,448.	948	3,856.	262,	592.
	Equipment			1,214.		L,537.		677.
	Other		1,81	7,354. 1	,378	3,163.	439,	191.

Schedule D (Form 990) 2020

831,460.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.)

Schedule E	D (Form 990) 2020 D/B/A	. LEAGU	E OF	AMERICAN	ORCHESTRAS	**_	-***0636	Page 3
	Investments - Other Secu							r ago -
	Complete if the organization ansv	wered "Yes"	on Form	990, Part IV, line	11b. See Form 990, Part X, line 12	<u>.</u>		
(a) Descri	ption of security or category (including nar) Book value	(c) Method of valuation: Cost		of-year market v	/alue
(1) Financ	ial derivatives							
(2) Closely	/ held equity interests							
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
<u>(H)</u>								
	<u>(b) must equal Form 990, Part X, col. (B</u>							
Part VII	Ⅱ Investments - Program R	elated.						
		wered "Yes"			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 v	/alue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	(b) must equal Form 990, Part X, col. (B) line 13.) 📐						
Part IX	•		_					
	Complete if the organization answ				11d. See Form 990, Part X, line 15	· <u> </u>	(la) Daaleur	al a
	TOTAL DEPOSITES	(a)	Descript	LIOTI		\longrightarrow	(b) Book va	
	ECURITY DEPOSITS PERATING LEASE RIG		TCE 7	A C C E M C		$-\!+$	3,032	<u>,766.</u>
	PERALING LEASE RIG	n1-0r-	USE F	422012		$-\!+$	3,032	<u>,412.</u>
(3)						-+		
(4)						-+		
(5)								
(6)						-+		
<u>(7)</u>						-+		
<u>(8)</u> <u>(9)</u>						-+		
	umn (b) must equal Form 990. Part)	V and (D) line	- 1 <i>E</i> \				3,219	178.
Part X	Other Liabilities.	K. COI. (B) IIII	2 15.)				3,213	<u>, = 700</u>
	1	wered "Yes"	on Form	990. Part IV. line	11e or 11f. See Form 990, Part X,	line 25.		
1.	(a) Description of li						(b) Book va	alue
	deral income taxes					$\overline{}$. ,	
	EASE LIABILITY						3,217	.505.
(3)							,,	,
(4)								
(5)						$\neg \uparrow$		
(6)						$\neg \uparrow$		
(7)						$\neg \uparrow$		
(8)								
						$\overline{}$		

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

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

X

che	edule D (Form 990) 2020 D/B/A LEAGUE OF AMERICAN ORCHESTRAS	**_	***0636 Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	7,966,745.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 1,049,422.		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	1,049,422.
3	Subtract line 2e from line 1	3	6,917,323.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 13,766.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	13,766.
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,931,089.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	7,226,352.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		_
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	7,226,352.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 13,766.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	13,766.
5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,240,118.

| Part XIII | Supplemental Information.

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

PART V, LINE 4:

THE LEAGUE'S ENDOWMENT INVESTMENT POLICY IS TO INVEST ASSETS INTO INVESTMENT INSTRUMENTS APPROVED BY THE FINANCE COMMITTEE OF THE BOARD OF OR THE INVESTMENT COMMITTEE SUBCOMMITTEE THEREOF, DIRECTORS, WITH THE ALLOCATION OF FUNDS BASED UPON SPECIFIED TARGET PERCENTAGES (OR RANGE OF TARGET PERCENTAGES) FOR EACH TYPE OF INVESTMENT INSTRUMENT. THE OVERALL INVESTMENT OBJECTIVE IS TO MAXIMIZE THE TOTAL RETURN FROM INCOME (DIVIDENDS AND INTEREST) AND THE APPRECIATION OF INVESTMENTS. ANY INCOME ON THE ENDOWMENT FUNDS AND ANY INCREASE IN VALUE OVER THE HISTORICAL DOLLAR VALUE AT THE TIME OF THE DONATION ARE GENERALLY TRANSFERRED TO GENERAL OPERATING FUNDS WITHIN THE YEAR EARNED FOR PROGRAM PURPOSES, INCLUDING, WHERE REQUIRED, THE PURPOSE AUTHORIZED BY THE RELEVANT

AMERICAN SYMPHONY ORCHESTRA LEAGUE

-*0636 Page 5 D/B/A LEAGUE OF AMERICAN ORCHESTRAS Schedule D (Form 990) 2020 Part XIII | Supplemental Information (continued) CONTRIBUTIONS TO THE ENDOWMENT. CURRENTLY IT IS THE POLICY OF THE BOARD OF DIRECTORS THAT TRANSFERS FROM THE ENDOWMENT FUNDS DO NOT DEPLETE THE VALUE OF THE ENDOWMENT FUNDS BELOW HISTORICAL DOLLAR VALUE AT THE TIME OF DONATION. PART X, LINE 2: THE LEAGUE BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2020 AND 2019, IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740 ("INCOME TAXES"), WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS.

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

≗ ∏ 50. **Employer identification number** **-**0636 (h) Purpose of grant FUTURE'S FUND GRANT FUTURE'S FUND GRANT FUTURE'S FUND GRANT CATALYST FUND GRANT FUTURE'S FUND GRANT or assistance X Yes WOMEN COMPOSING 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 INITIATIVES 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 。 0 0 o Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 52,000, 15,000, 500 (d) Amount of 15,000 15,000 15,000 cash grant 19, Enter total number of section 501(c)(3) and government organizations listed in the line 1 table D/B/A LEAGUE OF AMERICAN ORCHESTRAS AMERICAN SYMPHONY ORCHESTRA LEAGUE (c) IRC section (if applicable) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table **-**0843 **-**8450 **-**8450 **-**6334 **-** 0009***-** General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization 1942 UNIVERSITY AVENUE, SUITE 104 BOISE PHILHARMONIC ASSOCIATION 545 CONCORD AVENUE, STE. 318 AMERICAN COMPOSERS ORCHESTRA AMERICAN COMPOSERS ORCHESTRA BERKELEY SYMPHONY ORCHESTRA BOSTON LANDMARKS ORCHESTRA 494 8TH AVENUE, STE. 503, 494 8TH AVENUE, STE. 503, or government 516 S 9TH STREET, BOISE, CAMBRIDGE, MA 02138 Name of the organization NEW YORK, NY 10001 NEW YORK, NY 10001 BERKELEY, CA 94703 AUGUSTA, GA 30901 STREET, STE. 200 AUGUSTA SYMPHONY BOISE, ID 83702 Part I Part II N

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

Schedule I (Form 990) 2020

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AMERICAN SYMPHONY ORCHESTRA LEAGUE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) D/B/A LEAGUE OF AMERICAN ORCHESTRAS Schedule I (Form 990)

(h) Purpose of grant or assistance FUTURE'S FUND GRANT CATALYST FUND GRANT CATALYST FUND GRANT CATALYST FUND GRANT FUTURE'S FUND GRANT FUTURE'S FUND GRANT CATALYST FUND GRANT CATALYST FUND GRANT FORD AWARD 2021 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 。 。 。 0 。 o (e) Amount of non-cash assistance (d) Amount of cash grant 15,000. 19,500. 15,000. 19,500. 500 15,000, 2,500 19,500 15,000 19, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) **-**7740 **-**1568 6900***-** **-**7987 **-**0772 8086***-** **-***0263 **-**5132 **-**7080 (p) EIN 70 EAST LAKE STREET, #1430, CHICAGO CHICAGO YOUTH SYMPHONY ORCHESTRAS CHARLOTTE, NC 28202 BOSTON YOUTH SYMPHONY ORCHESTRAS SOCIETY INC. - SOCIETY INC., 128 DETROIT SYMPHONY ORCHESTRA INC. BOULDER PHILHARMONIC ORCHESTRA CINCINNATI SYMPHONY ORCHESTRA 1 CIVIC CENTER PLAZA, EL PAS CHARLOTTE SYMPHONY ORCHESTRA CONTEMPORARY YOUTH ORCHESTRA (a) Name and address of organization or government TRAS, 410 S MICHIGAN AVENUE 2900 COMMUNITY COLLEGE AVE EL PASO SYMPHONY ORCHESTRA 1241 ELM STREET, CINCINNA 1600 RANGE STREET, #200, 3711 WOODWARD AVENUE, D 301 MASSACHUSETTS AVEN CINCINNATI, OH 45202 CLEVELAND, OH 44115 CHICAGO SINFONIETTA IL 60605 DETROIT, MI 48201 CHICAGO, IL 60601 EL PASO, TX 79901 BOULDER, CO 80301 BOSTON, MA 02115 SOUTH TRY -CHICAGO,

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AMERICAN SYMPHONY ORCHESTRA LEAGUE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) D/B/A LEAGUE OF AMERICAN ORCHESTRAS

(h) Purpose of grant or assistance CATALYST FUND GRANT FUTURE'S FUND GRANT CATALYST FUND GRANT CATALYST FUND GRANT CATALYST FUND GRANT CATALYST FUND GRANT FUTURE'S FUND GRANT CATALYST FUND GRANT FORD AWARD 2021 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 。 。 。 0 。 o (e) Amount of non-cash assistance (d) Amount of cash grant 15,000. 16,000, 2,500. 19,500. 19,500, 19,500, 19,500 15,000 19,500 (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) **-**2466 0864***-** **-**5884 **-**6734 4*-** **-**5775 **-**3529 **-**0825 **-**3529 (p) EIN LENAWEE SYMPHONY ORCHESTRA SOCIETY KENNEIT SYMPHONY OF CHESTER COUNTY ANGELES - LOS ANGELES, 6820 S. LA LOS ANGELES, CA 90012 INNER CITY YOUTH ORCHESTRA OF LOS ASSOCIATION - CIATION, 151 SOUTH KNOXVILLE SYMPHONY SOCIETY INC. LEXINGTON PHILHARMONIC SOCIETY LEXINGTON PHILHARMONIC SOCIETY 205 E. RANDOLPH STREET, CHICA LOS ANGELES CHAMBER ORCHESTRA INC. - 161 N. MILL ST., LE -SOCIETY, DBA ADRIAN SYMPHONY (a) Name and address of organization or government TI - LOS ANGELES, CA 90045 510 WEST SIXTH STREET, SU KENNETT SQUARE, PA 19348 GRANT PARK MUSIC FESTIVAL LOS ANGELES PHILHARMONIC 100 SOUTH GAY STREET, S LOS ANGELES, CA 90014 PO BOX 72, KENNETT S KNOXVILLE, TN 37902 LEXINGTON, KY 40507 LEXINGTON, KY 40507 161 N. MILL ST., L CHICAGO, IL 60601 ADRIAN, MI 49221 GRAND AV -

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AMERICAN SYMPHONY ORCHESTRA LEAGUE

D/B/A LEAGUE OF AMERICAN ORCHESTRAS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) Schedule I (Form 990)

(h) Purpose of grant or assistance CATALYST FUND GRANT FUTURE'S FUND GRANT FUTURE'S FUND GRANT FUTURE'S FUND GRANT CATALYST FUND GRANT FUTURE'S FUND GRANT FUTURE'S FUND GRANT CATALYST FUND GRANT CATALYST FUND GRANT (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 。 。 。 0 。 o (e) Amount of non-cash assistance (d) Amount of cash grant 15,000, 15,000. 40,000 19,500. 500 19,500, 19,500, 15,000 15,000 19, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) **-**3436 **-**7313 **-***0592 **-***6793 **-***0592 **-**3041 **-**4054 **-** **-**9457 (p) EIN 500 17 TH STREET, MIAMI BEACH, FL INSTITUTE FOR THE PERFORMING ARTS NEW JERSEY YOUTH SYMPHONY/WHARTON MILWAUKEE SYMPHONY ORCHESTRA INC. - WHARTON INSTITUTE FOR THE PERF INSTITUTE/UNIVERSITY OF MARYLAND NEW HAVEN SYMPHONY ORCHESTRA (a) Name and address of organization or government NATIONAL REPERTORY ORCHESTRA NEW HAVEN SYMPHONY ORCHESTRA INC., 212 W WISCONSIN AVENU GEFFEN HALL, 10 LINCOLN CEN INC., P.O. BOX 6336, 111 S 4 HAMILTON STREET, NEW HAV 4 HAMILTON STREET, NEW HAV UNIVERSITY OF MARYLAND COL BERKELEY HEIGHTS, NJ 07922 110 W 40TH STREET, SUITE COLLEGE PARK FOUNDATION NEW YORK YOUTH SYMPHONY BRECKENRIDGE, CO 80424 MIAMI BEACH, FL 33139 NEW YORK PHILHARMONIC MILWAUKEE, WI 53203 NEW HAVEN, CT 06511 NEW HAVEN, CT 06511 NATIONAL ORCHESTRAL NEW YORK, NY 10023 NEW WORLD SYMPHONY NEW YORK, NY 10018

Schedule I (Form 990)

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AMERICAN SYMPHONY ORCHESTRA LEAGUE

D/B/A LEAGUE OF AMERICAN ORCHESTRAS

Schedule I (Form 990)

(h) Purpose of grant or assistance CATALYST FUND GRANT FUTURE'S FUND GRANT CATALYST FUND GRANT CATALYST FUND GRANT FUTURE'S FUND GRANT CATALYST FUND GRANT FUTURE'S FUND GRANT CATALYST FUND GRANT FORD AWARD 2021 (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 。 。 。 0 。 o (e) Amount of non-cash assistance (d) Amount of cash grant 15,000, 19,500. 19,500. 2,500. 19,500, 19,500, 19,500 30,000 15,000 (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) **-***5727 **-***6755 **-***9265 **-***6052 **-***0943 **-**0874 **-***6052 9944***-** **-**5597 (p) EIN INC. - TY INC., 3700 GLENWOOD AVEN P.0 BOX 7211, PHILADELPHIA, PA 19 CONSERVATORY - CONSERVATORY, 1650 SAN DIEGO, CA 92101 PHILADELPHIA - PHILADELPHIA, PA ASSOCIATION - ASSOCIATION, 1245 SAN DIEGO, CA 92101 NORTH CAROLINA SYMPHONY SOCIETY 1315 WALNUT STRE ET, SUITE 320, Д д OREGON BRAVO YOUTH ORCHESTRAS SAN DIEGO SYMPHONY ORCHESTRA SAN DIEGO YOUTH SYMPHONY AND 600 PENN AVENUE, PITTSBURGH, 600 PENN AVENUE, PITTSBURGH, PRINCETON SYMPHONY ORCHESTRA (a) Name and address of organization or government 575 EWING STREET, PRINCETO 8191 N LOMBARD STREET, #1 PITTSBURGH SYMPHONY INC. PITTSBURGH SYMPHONY INC. PHILADELPHIA, PA 19101 PITTSBURGH, PA 15222 PITTSBURGH, PA 15222 - RALEIGH, NC 27612 PRINCETON, NJ 08540 PORTLAND, OR 97203 ORCHESTRA 2001 7TH AVENU -EL PRADO -PROJECT 440 19107

Schedule I (Form 990)

Page 1

AMERICAN SYMPHONY ORCHESTRA LEAGUE

D/B/A LEAGUE OF AMERICAN ORCHESTRAS

Schedule I (Form 990)

(h) Purpose of grant or assistance CATALYST FUND GRANT CATALYST FUND GRANT FUTURE'S FUND GRANT CATALYST FUND GRANT CATALYST FUND GRANT FUTURE'S FUND GRANT FORD AWARD 2021 FORD AWARD 2021 (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 。 。 。 0 。 o (e) Amount of non-cash assistance (d) Amount of cash grant 2,500. 19,500. 15,000, 19,500. 15,000, 15,000, 2,500 19,500 (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) **-***0943 **_**7412 6944**-** **-**2976 **-**9542 **-**6713 **-**0598 **-**4468 (p) EIN WA SOCIETY - SOCIETY, INC., 2417 N TY CONSERVATORY - CONSERVATORY, 1650 901 BROADWAY, SUITE 600, TACOMA, EL PRADO - SAN DIEGO, CA 92101 THE ARKANSAS SYMPHONY ORCHESTRA YOUTH ORCHESTRAS OF SAN ANTONIO THE MUSICAL ARTS ASSOCIATION SAN DIEGO YOUTH SYMPHONY AND (a) Name and address of organization or government ST. LOUIS SYMPHONY ORCHESTRA P.O. BOX 21906, SEATTLE, WA 718 N GRAND BLVD., ST. LOU BOUSH STREET, SUITE 201, N SEATTLE SYMPHONY ORCHESTRA DBA THE CLEVELAND ORCHESTR - LITTLE ROCK, AR 72207 VIRGINIA ORCHESTRA GROUP SAN ANTONIO, TX 78205 106 AUDITORIUM CIRCLE, ST. LOUIS, MO 63103 CLEVELAND, OH 44106 NORFOLK, VA 23510 SEATTLE, WA 98111 TACOMA, WA 98402 SYMPHONY TACOMA

Page 2

Schedule I (Form 990) 2020 D/B/A LEAGUE OF AMERICAN ORCHESTRAS

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PROTECTION CONTRACT		000	c		
WOMEN COMPOSER COMMISSIONS	0	• 000 00			
COMMISSION FOR JESSE ROSEN	1	12,000.	.0		
PERFORMANCE AT CONFERENCE	1	.000	0		
PANELIST FOR REGRANTING PROGRAMS	10	.000,8	0		
FORD MUSICIAN GRANTS	172	36,950	o		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
EACH GRANTEE IS REQUIRED TO SUBMIT	TWO GRANT	T REPORTS:	AN INTERIM	1 REPORT AND	
FINAL REPORT. GRANTEES ARE ASKED	TO DECRIBE	E HOW THE	FUNDS WERE	ULTIMATELY	
USED FOR THEIR WORK. THE SECOND-YEAR GRANT		PAYMENT IS	CONTIGENT	ON	
DEMOSTRATION OF THE GRANTEE'S FULLI	FULLFILLMENT	OF ITS INT	INTENDED WORK.		

Schedule I (Form 990) 2020 032102 11-02-20

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.

th to Form 990. Open to Public Inspection

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

Employer identification number **-***0636

OMB No. 1545-0047

Name of the organization AME

Questions Regarding Compensation

AMERICAN SYMPHONY ORCHESTRA LEAGUE D/B/A LEAGUE OF AMERICAN ORCHESTRAS

			Yes	No	
1 a	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 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.				
	X Compensation committee X Written employment contract				
	Independent compensation consultant X Compensation survey or study				
	Form 990 of other organizations X 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:				
а	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	
С	c Participate in or receive payment from an equity-based compensation arrangement?				
	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:				
а	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:				
а	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		1	

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

Schedule J (Form 990) 2020

AMERICAN SYMPHONY ORCHESTRA LEAGUE D/B/A LEAGUE OF AMERICAN ORCHESTRAS

Schedule J (Form 990) 2020 $\mathrm{D/B/A~L.}$

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.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	able	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	benetits	(C)-(I)(B)	in column (B) reported as deferred on prior Form 990
(1) JESSE ROSEN	Ξ	279,223.	0	19,500.	33,550.	29,601.	361,874.	0
PRESIDENT/CEO (OUTGOING)	(E)		0.	0.				0
(2) HEATHER NOONAN	(<u>i</u>)	171,07	0.	19,500.	7,855.	33,931.	232,363.	0.
VP ADVOCACY	(ii)	0.0	• 0	0.			0	0
(3) KAREN YAIR	(i)	171,044.	• 0	0.	7,125.	36,512.	214,681.	0
VP KNOWLEDGE LEARNING	Ξ	0	0	0		0	0	0
(4) CELESTE WROBLEWSKI	Ξ	173,372.	0	0	7,144.	33,422.	213,938.	0
VP MARKETING AND COMM.	Ξ	0	0	0	0	0	0	0
(5) SIMON WOODS	Ξ	146,945.	25,000.	6,500.	5,000.	12,557.	196,002.	0
PRESIDENT/CEO (INCOMING)	Ξ	0	0	0	0	0	0	0
(6) MARC MARTIN	Ξ	114,568.	• 0	0	5,160.	42,065.	161,793.	0
SENIOR DIRECTOR OF FINANCE	Ξ		0	0	0	0	0	0
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Schedule J (Form 990) 2020 L

Part III Supplemental Information

PART I, LINE 7:
SIMON WOODS' (PRESIDENT AND CEO) BONUS WAS NEGOTIATED AS PART OF THE
RECRUITING PROCESS AND THE BOARD CHAIR APPROVED IT ANY OTHER BONUSES
(WHICH ARE RARELY HAPPEN AND ARE RELATIVELY SMALL AMOUNT) ARE APPROVED BY
PRESIDENT AND CEO.
PART II, COLUMN (B)(III):
THE AMOUNTS IN THIS COLUMN REPRESENT CONTRIBUTIONS TO 457(B) RETIREMENT
PLAN.
Schedule J (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990.

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

AMERICAN SYMPHONY ORCHESTRA LEAGUE D/B/A LEAGUE OF AMERICAN ORCHESTRAS Employer identification number **-***0636

Par	t I	Types	of Property							
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	ınts	
1	Art -	Works of	art			-				
2			treasures							
3			interests							
4			olications							
5			ousehold goods							
6			r vehicles							_
7			nes							_
8			perty							_
9			blicly traded	Х	5	37,373.	FMV			_
10			osely held stock			,				_
11			rtnership, LLC, or							_
		interests								
12			scellaneous							
13			ervation contribution -							
			ures							
14			ervation contribution - Other							
15			esidential							
16 Real estate - Commercial										
17										
18										
19										
20										
20 Drugs and medical supplies 21 Taxidermy										
22			acts							
23			imens							
24			artifacts							
25		er 🕨	()							
26		er 🕨)							
27		er 🕨	,							
28	Othe		,							
29			ms 8283 received by the organiz	zation durino	the tax year for co	ontributions				
			organization completed Form 828							
				,	J			Ye	s	No
30a	Durir	ng the yea	r, did the organization receive by	v contributio	n any property rep	orted in Part I, lines 1 throud	h 28, that it			
		-	at least three years from the date							
			ses for the entire holding period?	_	,			30a	Т	Х
b			ibe the arrangement in Part II.							
31		•	nization have a gift acceptance p	oolicy that re	equires the review o	of any nonstandard contribut	ions?	31		Х
			nization hire or use third parties				***************************************		T	
		ributions?	·		•	· •		32a		Х
b			ibe in Part II.						T	
33		•	tion didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is che	cked,			
		cribe in Pa					· 			

LHA

AMERICAN SYMPHONY ORCHESTRA LEAGUE

-*0636 Schedule M (Form 990) 2020 D/B/A LEAGUE OF AMERICAN ORCHESTRAS Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. SCHEDULE M, PART I, COLUMN (B): THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) 2020

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

Inspection

Name of the organization

AMERICAN SYMPHONY ORCHESTRA LEAGUE D/B/A LEAGUE OF AMERICAN ORCHESTRAS

Employer identification number **-***0636

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:						
IT, AND CHAMPION THE CONTRIBUTIONS THEY MAKE TO THE HEALTH AND VIBRANCY						
OF COMMUNITIES.						
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:						
OPPORTUNITIES.						
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:						
RESEARCH AND DEVELOPMENT: THE LEAGUE EQUIPS ORCHESTRAS WITH						
INDUSTRY-SPECIFIC RESEARCH AND INFORMATION TO FUEL INNOVATION AND						
PROVIDES THE DATA AND INFORMATION THEY NEED TO MAKE KEY DECISIONS. THE						
LEAGUE ALSO CONDUCTS, ANALYZES, AND DISSEMINATES A RANGE OF						
SURVEYS-FROM QUICK QUESTIONS FOCUSING ON SPECIFIC ISSUES, TO ANNUAL,						
IN-DEPTH STUDIES.						
ADVOCACY: THE LEAGUE REPRESENTS THE INTERESTS OF AMERICAN ORCHESTRAS TO						
MEMBERS OF CONGRESS AND THE EXECUTIVE BRANCH ON ISSUES AFFECTING THE						
ORCHESTRA FIELD; DISTRIBUTES UPDATES ON PENDING LEGISLATION, WITH						
RECOMMENDATIONS FOR LOCAL ACTION; AND PROVIDES ASSISTANCE TO ORCHESTRAS						
TO BUILD THEIR CAPACITY FOR LOCAL AND STATE ADVOCACY.						
EXPENSES \$ 1,778,779. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.						
FORM 990, PART VI, SECTION A, LINE 6:						
THE MEMBERSHIP OF THE LEAGUE OF AMERICAN ORCHESTRAS IS COMPRISED OF OVER						
600 ORCHESTRA MEMBERS, 220 INSTITUTIONAL MEMBERS, AND 900 INDIVIDUAL						

MEMBERS.

Employer identification number **-***0636

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS ELECT THE BOARD OF DIRECTORS AND OVERSEE GOVERNANCE DECISIONS.

FORM 990, PART VI, SECTION B, LINE 11B:

AN INDEPENDANT ACCOUNTANT PREPARES THE FORM 990. MANAGEMENT REVIEWS THE 990

DRAFT IN DETAIL BEFORE SUBMITTING IT TO THE CEO WHO THEN REVIEWS IT IN

DETAIL. ONCE APPROVED BY MANAGEMENT, THE DRAFT 990 IS THE SENT TO THE

ENTIRE BOARD WITH A COMMENT PERIOD. ONCE THE REVIEW PERIOD EXPIRES AND, IF

THERE ARE NO CHANGES, THE FORM IS FILED WITH THE IRS. IF CHANGES ARE

REQUIRED, THE FORM IS UPDATED AND FILED WITH THE IRS PRIOR TO ITS DUE DATE.

FORM 990, PART VI, SECTION B, LINE 12C:

A DISCLOSURE STATEMENT IS DISTRIBUTED TO ALL BOARD MEMBERS AND COLLECTED

ANNUALLY AND IS DISCUSSED AT THE TIME THAT IT IS CIRCULATED. THE LEAGUE

ALSO INVESTIGATES ANY CONFLICT(S) THAT MAY BE REPORTED BY ANY BOARD MEMBER.

FORM 990, PART VI, SECTION B, LINE 15:

IN 2015, THE HR COMMITTEE CONDUCTED A STUDY WHICH ESTABLISHES SALARY LEVELS

COMPARABLE TO THE EXECUTIVES OF LARGER ORCHESTRAS THROUGHOUT THE US. THE

RECRUITING COMMITTEE MADE UP OF BOARD MEMBERS SPECIFICALLY FOR THE

RECRUITMENT OF THE NEW CEO ESTABLISHED THE NEW CEO'S COMPENSATION IN 2020.

THE CONTRACT WAS APPROVED BY THE BOARD CHAIR.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS APPEAR ON THE LEAGUE'S WEBSITE. COPIES ARE ALSO MADE

AVAILABLE TO ALL MEMBERS AT THE LEAGUE'S ANNUAL MEETING WHICH IS HELD

DURING THE ANNUAL CONFERENCE. COPIES ARE ALSO AVAILABLE TO THE PUBLIC UPON

Name of the organization AMERICAN SYMPHONY ORCHESTRA LEAGUE D/B/A LEAGUE OF AMERICAN ORCHESTRAS	Employer identification number
REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
FACULTY/CONSULTANTS:	
PROGRAM SERVICE EXPENSES	618,401.
MANAGEMENT AND GENERAL EXPENSES	94,951.
FUNDRAISING EXPENSES	44,935.
TOTAL EXPENSES	758,287.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	758,287.
FORM 990, PART XII, LINE 2C:	
THERE WAS NO CHANGE FROM THE PRIOR YEAR.	
FORM 990, PART B: THE RETURN IS AMENDED TO REPORT CORRECTLY THE GOVERMENT G	RANTS.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

		_		
For calendar year 2020, or fiscal year beginning	JUL 1	, 2020, and ending	JUN 30	, 20 2 1

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

D/B/A LEAGUE OF AMERICAN ORCHESTRAS ***-***0636	Name of exempt organization or person subject to tax		Taxpayer identification number
SIMON WOODS	AMERICAN SYMPHONY ORCHESTRA LEAGUE		
PRRSIDENT AND CEO Part I Type of Return and Return Information (whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1s, 2a, 3a, 4a, 5a, 6a, 6a, 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1s, 2a, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter 0-). But, if you entered 0- on the return, then enter 0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here	D/B/A LEAGUE OF AMERICAN ORCHESTRAS		**-***0636
PRESIDENT AND CEO Part I Type of Return and Return Information (whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1s, 2s, 3s, 4s, 5s, 6s, or 7s below, and the amount on that line for the return being flied with this form was blaint, then leaves line 1s, 2s, 3s, 4s, 5s, 6s, or 7s, whichever is applicable, blank (for the return being flied with this form was blaint, then leaves line 1s, 2s, 3s, 4s, 5s, 6s, or 7s, whichever is applicable, blank (for the return being flied with this form was blaint, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990-EZ check here b b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	Name and title of officer or person subject to tax		
Part II Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filled with this form was blaink, then leave line 1b, 2a, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (bit not enter 4b). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990-Ez check here b b Total revenue, if any (Form 990-Ez, line 9) 2b 2b 2a Form 990-Ez check here b b Total revenue, if any (Form 990-Ez, line 9) 2b 3a Form 1120-POL check here b b Total revenue, if any (Form 990-Ez, line 9) 2b 3a Form 1120-POL check here b b Total revenue, if any (Form 990-Ez, line 9) 2b 3a Form 1120-POL check here b b Total revenue, if any (Form 990-Ez, line 9) 2b 3b 3c Form 8968 check here b b Total revenue, if any (Form 990-Ez, line 9) 2b 3b 3c Form 8968 check here b b Total tax (Form 990-Pr. Part III, line 4) 5c Form 8968 check here b b Total tax (Form 990-Pr. Part III, line 4) 5c Form 990-Pr. Part IIII 5			
Check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blaink, then leave line 1b, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blaink, then leave line 1b, 2a, 5a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blaink, then leave line 1b, 2a, 5a, 4a, 5a, 6a, 6r 7a below, and the return then one tender -0. But, if you entered -0 on the return, then enter -0 on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here			
check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filled with this form was blank, then leave line 1a, 2b, 3a, 4b, 5b, 6b, 6b, or 7b, whichever is applicable, blank (6 not enter-0-). But, if you entered -0- on the return, then enter-0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990-EZ check here	·	• ,	
blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter- 0-). But, if you entered -0- on the return, then enter-0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990-Ex check here	, ,		-
return, then enter -0 on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here			
2a Form 990-EZ check here			
2a Form 990-EZ check here	1a Form 000 check here. h Total revenue if any /Form 000 Par	+ VIII column (A) line 12)	16
3a Form 1120-POL check here			
4a Form 990-PF check here			
5a Form 8868 check here			
Ga Form 990-T check here □ □ b Total tax (Form 990-T, Part III, line 4)			
To Form 4720 check here			
Under penalties of perjury. I declare that	7a Form 4720 check here b Total tax (Form 4720, Part III, line	e 1)	7b
Under penalties of perjury, I declare that	Part II Declaration and Signature Authorization of Office	er or Person Subject to Tax	
of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debt the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the section of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have electronic swithdrawal. PIN: check one box only I authorize CBIZ MARKS PANETH LLC The payment of the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return is bei			
of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the payment (settlement) as may signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize CBIZ MARKS PANETH LLC FRO firm name Enter five numbers, but do not the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return is	(name of organization)	, (E I N)	and that I have examined a cop
Enter five numbers, but do not enter all zeros as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 13073012345 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	processing the return or refund, and (c) the date of any refund. If applicable, I a Agent to initiate an electronic funds withdrawal (direct debit) entry to the financ software for payment of the federal taxes owed on this return, and the financial a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 (settlement) date. I also authorize the financial institutions involved in the proceconfidential information necessary to answer inquiries and resolve issues relates	authorize the U.S. Treasury and its decial institution account indicated in the linstitution to debit the entry to this a notate than 2 business days prior assing of the electronic payment of the decity to the payment. I have selected a line institution is the payment. I have selected a line institution is the payment. I have selected a line institution is the payment. I have selected a line institution is the payment.	esignated Financial e tax preparation account. To revoke to the payment uxes to receive personal ds withdrawal.
as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Date 05/15/22 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	X Lauthorize CBIZ MARKS PANETH LLC		to enter my PIN 12345
a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax ▶ Date ▶ 05/15/22 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 13073012345 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	ERO firm name		Enter five numbers, bu do not enter all zeros
Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 13073012345 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	a state agency(ies) regulating charities as part of the IRS Fed/State p PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization electronically filed return. If I have indicated within this return that a consequence.	orogram, I also authorize the aforeme n, I will enter my PIN as my signature copy of the return is being filed with a	ntioned ERO to enter my on the tax year 2020 a state agency(ies)
Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 13073012345 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	Signature of officer or person subject to tay		Date ► 05/15/22
number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	Part III Certification and Authentication		Dato P 03/13/22
number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	number (EFIN) followed by your five-digit self-selected PIN.		
ERO's signature ► MAGDALENA M. CZERNIAWSKI Date ► 02/23/22	that I am submitting this return in accordance with the requirements of Pub. 4		
	ERO's signature ► MAGDALENA M. CZERNIAWSKI	Date ► 02/	23/22
	ERO Must Retain This Fo	rm - occ manucuona C Unices Democrated To De (0 -

Do Not Submit This Form to the IRS Unless Requested To Do So

Form	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))				OMB No. 1545-0047		
		For cal	endar year 2020 or other tax year beginning JUL 1, 2020 , and ending JUN 30, 202	21	2020		
Depa Intern	rtment of the Treasury al Revenue Service		► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only		
A [Check box if address changed.		Name of organization (oyer identification number		
	xempt under section	Print	D/B/A LEAGUE OF AMERICAN ORCHESTRAS		<u>*-***0636</u>		
X	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 520 8TH AVE, NO. 2005		o exemption number nstructions)		
	408A 530(a) 529(a) 529S		City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018	F	Check box if		
		С Во	ok value of all assets at end of year 11,789,942.		an amended return.		
G	Check organization	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust	Applica	ole reinsurance entity		
Н	Check if filing only to	>	Claim credit from Form 8941 Claim a refund shown on Form 2439				
Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation							
J	Enter the number of	attache	ed Schedules A (Form 990-T)		1		
K	During the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No		
	If "Yes," enter the na	ame and	d identifying number of the parent corporation.				
	The books are in care of ► MARC MARTIN, FINANCE DIR. Telephone number ► 646-822-4022 Part I Total Unrelated Business Taxable Income						
1	Total of unrelated	busines	ss taxable income computed from all unrelated trades or businesses (see				
				1	0.		
2	Б			2			
3	Add lines 1 and 2			3			
4	Charitable contrib		see instructions for limitation rules)	4	0.		
5	Total unrelated bu	siness [·]	taxable income before net operating losses. Subtract line 4 from line 3	5			
6			ng loss. See instructions	6			
7			ss taxable income before specific deduction and section 199A deduction.				
	Subtract line 6 fro	m line 5	;	7			
8	Specific deduction	n (gener	rally \$1,000, but see instructions for exceptions)	8	1,000.		
9			duction. See instructions	9			
10	Total deductions	. Add lii		10	1,000.		
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,				
	enter zero			11	0.		
Pa	rt II Tax Com	putati	on				
1	Organizations tax	cable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	· <u>1</u>	0.		
2	Trusts taxable at	trust ra	ates. See instructions for tax computation. Income tax on the amount on				
	Part I, line 11 from	ı:	Tax rate schedule or Schedule D (Form 1041)	2			
3	Proxy tax. See ins	structio	ns	3_			
4	Other tax amounts	s. See ii	nstructions	4			
5	Alternative minimu	ım tax (trusts only)	5			
6	Tax on noncompl	liant fa	cility income. See instructions	6			
7	Total. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	7	0.		

Form **990-T** (2020)

LHA For Paperwork Reduction Act Notice, see instructions.

	0-T (2020)					Page 2	
Part I	Ⅱ Tax and Payments						
1a	Foreign tax credit (corporations attach Form 11	18; trusts attach Form 1116)	. 1a				
b	Other credits (see instructions)		1b				
С	General business credit. Attach Form 3800 (see	e instructions)	1c				
d	Credit for prior year minimum tax (attach Form	8801 or 8827)	1d				
е	Total credits. Add lines 1a through 1d				1e		
					2	0.	
3	Other taxes. Check if from: Form 42	55 Form 8611 Form	8697 F	orm 8866			
	Other (at	ttach statement)			3		
4	Total tax. Add lines 2 and 3 (see instructions).	Check if includes tax previ	iously deferred ι	ınder			
	section 1294. Enter tax amount here				4	0.	
5	2020 net 965 tax liability paid from Form 965-A	or Form 965-B, Part II, column (k), line	4		5	0.	
6a	Payments: A 2019 overpayment credited to 20	20	6a				
b	2020 estimated tax payments. Check if section	643(g) election applies ►	6b				
С	Tax deposited with Form 8868		6c				
d	Foreign organizations: Tax paid or withheld at s	source (see instructions)	. 6d				
	Backup withholding (see instructions)						
	Credit for small employer health insurance prer		. 6f				
g	Other credits, adjustments, and payments:		-				
		Other Total					
	Total payments. Add lines 6a through 6g				7		
	Estimated tax penalty (see instructions). Check			▶ ∟	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10							
			aid	>	10		
	Enter the amount of line 10 you want: Credited			Refunded >	11		
	Statements Regarding Certain A		· · · · · · · · · · · · · · · · · · ·	-			
	At any time during the 2020 calendar year, did	•	•	•		Yes No	
	over a financial account (bank, securities, or other		_	-			
	FinCEN Form 114, Report of Foreign Bank and	Financial Accounts. If "Yes," enter the	e name of the for	eign country		77	
	nere					- X	
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?						
						X	
	f "Yes," see instructions for other forms the org	-		. •			
	Enter the amount of tax-exempt interest receive					X	
	Did the organization change its method of acco	J					
	f 4a is "Yes," has the organization described the	ne change on Form 990, 990-E2, 990-F	2F, or Form 1128	3? IT "NO,"			
Part \	explain in Part V Supplemental Information						
			-ti Oit				
Provide	the explanation required by Part IV, line 4b. Als	o, provide any other additional informa	ation. See instru	ctions.			
	Under penalties of perjury, I declare that I have examined t	his return, including accompanying schedules and s	statements, and to the	best of my knowle	edge and belief, it is tr	ue.	
Sign	correct, and complete. Declaration of preparer (other than				,		
Here		► PRESTD	ENT AND	A T A	May the IRS discuss the preparer shown be		
	Signature of officer	Date Title	LIVI ZIVID		· · · —	Yes No	
	Print/Type preparer's name	Preparer's signature	Date		if PTIN		
D-: 1	· · · · · · ·	MAGDALENA M.	Jaio	self- employed			
Paid	OZEDNITAWOZI		2/23/22	oon omployed	P0053	5099	
Prepa	- CDTC MADEG D	ANETH LLC	_, _, _,	Firm's EIN ▶			
Use O	685 THIRD 2			I IIIII S EIIV			
		NY 10017		Phone no. 2	212-503-8	3800	
	,					990-T (2020)	
						,,	

1

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2020

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990T for instructions and the latest information.

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

Name of the organization AMERICAN SYMPHONY ORCHESTRA LEAGUE

D/B/A LEAGUE OF AMERICAN ORCHESTRAS

B Employer identification number

-*0636

c ι	Inrelated business activity code (see instructions) > 1	D Sequence:	1 of 1		
<u>E</u> [Describe the unrelated trade or business ADVERTISING	1		1	
Pa	TI Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)) (see instructions)	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)				
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	79,845.	70,723.	9,122.	
12	Other income (see instructions; attach statement)				
13	Total. Combine lines 3 through 12	13	79,845.	70,723.	9,122.
Pa				uctions) Deduction	ns must be
	directly connected with the unrelated business in	сотте			
1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement) (see instructions)			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562) (see instructions)				
8	Less depreciation claimed in Part III and elsewhere on return		8a	8b	
9					
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)				9,122.
14	Other deductions (attach statement)			14	
15	Total deductions. Add lines 1 through 14			15	9,122.
16	Unrelated business income before net operating loss deduction. Su	ıbtract	line 15 from Part I, line 13	,	_
	column (C)				0.
17	Deduction for net operating loss (see instructions)				0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18			

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part	III Cost of Goods Sold Enter met	nod of inventory valuat	on •		Page Z
1	Line in the second seco	iod of involtory valuat		1	-
2	Purchases			_	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter l				
9	Do the rules of section 263A (with respect to property)	oroduced or acquired for			Yes No
Part	IV Rent Income (From Real Property and	l Personal Proper	ty Leased with R	eal Property)	
1	Description of property (property street address, city, s	tate, Z I P code). Check	if a dual-use (see instr	uctions)	
	A				
	В				
	c 🗆				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
				_	0
5 Part	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s		line 6, column (B)	>	0.
	Description of debt-financed property (street address, or	ee instructions)	hook if a dual usa (asa	inate (ationa)	
1	A	my, state, ZIP code). C	neck ii a duai-use (see	instructions)	
	В —				
	c –				
	D				
		Α	В	С	
2	Gross income from or allocable to debt-financed	7			
_	property				
3	Deductions directly connected with or allocable				
•	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b.				
_	columns A through D)				
4	Amount of average acquisition debt on or allocable				
•	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
-	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	
7	Gross income reportable. Multiply line 2 by line 6	,,	,,	,,	70
8	Total gross income (add line 7, columns A through D)	. Enter here and on Pai	t I, line 7, column (A)	>	0.
-	<u> </u>		, , , , , , , , , , , , , , , , , , , ,		
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr				0.
11	Total dividends-received deductions included in line	10			0.

	_										_
Schedule A (Form 990-T) 2020 Part VI Interest, Ann	uities R	ovalties and Re	ents from	n Control	led Or	nanization	3 (0)	oo inatruat	ione)	Pa	age 3
rait VI interest, Aime	uitics, iii			11 00114101		Exempt Contro		ee instruct			
Name of controlle organization	ed	2. Employer identification number	incon	unrelated ne (loss) structions)	4. Tota	al of specified nents made	5. Pathat is contr	art of colur included colling orga is gross inc	mn 4 in the aniza-	6. Deductions directed wit	:h
1)							tion	s grood inc	701110		
2)											
3)											
4)											
		No	nexempt C	Controlled O	rganizati	ons					
7. Taxable Income	ir	Net unrelated ncome (loss) e instructions)		otal of specif yments mad		10. Part of that is incontrolling gross	luded	in the zation's		Deductions direct connected with come in column 10	•
1)											
2)											
3)											
4)											
otals					▶	Add colum Enter here line 8, c	and or	Part I,	Ente	columns 6 and 1 r here and on Par ine 8, column (B)	
Part VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee inst	ructions)			
1. Des	cription of	income		2. Amou incon		3. Deduction directly connected (attach states	ected	4. Set- (attach st	asides tatemen	5. Total deduction and set-asic (add cols 3 ar	des
1)											
2)											
3)											
4)											
- otals			•	Add amou column 2. here and o line 9, colu	. Enter n Part I ,					Add amount column 5. Ei here and on F line 9, colum	nter Part I ,
	xempt /	Activity Income,	Other T	Than Adve	• -	g Income	see in	structions)			
Description of exploite						, >	,000 ii k	2.1.40110110)			
2 Gross unrelated busin	•		ness. Ente	r here and o	n Part I.	line 10, colum	n (A)		2		
3 Expenses directly cor											
line 10, column (B)		•					,		3		
4 Net income (loss) from	n unrelated		Subtract lir	ne 3 from line	e 2. If a 🤉	gain, complete			4		
5 Gross income from ac									5		
	•								-		

Expenses attributable to income entered on line 5

Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line

Schedule A (Form 990-T) 2020

6

6

4. Enter here and on Part II, line 12

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reportir	ng two or m	ore periodicals on a co	nsolidated basi	is. STATEM	ENT 1
	A X SYMPHONY MAGAZINE					
	В					
	c 🗆					
	D					
Enter a	amounts for each periodical listed above in the	correspond	ing column.			
	·	· 「	Α	В	С	D
2	Gross advertising income		79,845.			
	Add columns A through D. Enter here and on	_	11, column (A)		•	79,845.
а	٠					
3	Direct advertising costs by periodical	Γ	70,723.			
а	Add columns A through D. Enter here and on	n Part I, line			>	70,723.
	· ·					
4	Advertising gain (loss). Subtract line 3 from lin	ne [
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in	n				
	line 4 showing a loss or zero, do not complete	l l				
	lines 5 through 7, and enter zero on line 8		9,122.			
5	Readership costs		368,695.			
6	Circulation income		368,695. 110,222.			
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le	ess				
	than line 6, enter zero		258,473.			
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain of	on				
	line 4, enter the lesser of line 4 or line 7		9,122.			
а	Add line 8, columns A through D. Enter the g		line 8a, columns tota	l or zero here ar	nd on	
	Part II, line 13				>	9,122.
Part	X Compensation of Officers, Dir	rectors, a	ind Trustees (see	e instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Total	. Enter here and on Part II, line 1				>	0.
Part	XI Supplemental Information (Se	ee instructio	ns)			

		ODICALS INCLU ATED PERIODIC	STATEMENT 1		
		GROSS INCOME	DIRECT COSTS	CIRC. INCOME	RDRSHIP COSTS
SYMPHONY MAGAZINE	- SYMPHONY	79 845	70 723.	110 222.	368 695