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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year
may use this form may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

2009

OMB No. 1545-1150

Open to Public Inspection

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must attach a completed Schedule A (Form 990 or 990-E2). Website: = N/A Check X if the organization is not a section 509(a)(3) = (insert no.) 4947(a)(1) or 527 500-509-Fc). Tax-assent status (check only one) X 501(c) (3) = (insert no.) 4947(a)(1) or 527 500-509-Fc). Check X if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A form 990-E2. Or 50m 990 feet. or 50m 990 feet. or 50m 990 feet. or 60m 990-E2. Add lines \$b\$, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990. Add lines \$b\$, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990. Add lines \$b\$, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990. Add lines \$b\$, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990. Add lines \$b\$, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990. Add lines \$b\$, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990. Add lines \$b\$, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990. Add lines \$b\$, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990. Add lines \$b\$, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990. Add lines \$b\$, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990. Add lines \$b\$, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990. Add lines \$b\$, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990. Add lines \$b\$, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990. Add lines \$b\$, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990. Add lines \$b\$, 6b, and 7b, to line 9 to determine gross receipts; if			• Section 5	01/cY3) organizations ar	nd 4947(a)(1) nonexempt	charitable trusts		G A	ccounting	method	i: X	Cash Accrual					
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Check X If the organization is not a section 50(a)(3) supporting organization and its gross receipts are normally not more than \$2,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 56, 65, and 70, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 A form 990-EZ or Form 990 return is not required, but if the organization and its gross receipts are normally not more than \$2,000. A Form 990-EZ or Form 990 return is not required, but if the organization and its gross receipts are normally not more than \$2,000. A Form 990-EZ or Form 990 return is not required. Add lines \$5,600. A form 990-EZ or Form 990-EZ o	1	Web	site: 🟲 <u>N</u>	/A						re	equired to	attach	Sche	dule B (Form 990,					
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27 Net assets or fund balances (line 27 of column (B) must agree with line 21)																			
		/ Ne	t assets or	fund h	alances (line 27 o	f column (R	must agree	with line 21)											

Form 990-EZ (2009) MCMINNVILLE PER	FORMING ARTS ASSOC	IATION	93	-1323151 Page 2							
Part III Statement of Program Se	rvice Accomplishments	s (See the instructi	ons.)	Expenses							
What is the organization's primary exempt purpose? Se Describe what was achieved in carrying out the describe the services provided, the number of	(Required for section 501 (c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others)										
program title			reacn	for others)							
28 To provide funds for must concerts.	instruments ar	a equipment to	r	ł							
(Grants \$) If the	(Grants \$) If this amount includes foreign grants, check here										
29											
(Grants \$) If th	iis amount includes foreign g	rants, check here		29a							
(Grants \$) If the	is amount includes foreign gi	rants, check here		30 a							
31 Other program services (attach schedule				31 a							
32 Total program service expenses (add li		arts, creek riere		32							
Part IV List of Officers, Directors											
	(b) Title and average hours	(c) Compensation (If		to (e) Expense account and other allowances							
(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plans deferred compensat	ion							
Courtney Durham P.O. Box 933	Treasurer	0.		0.							
Amity, OR 97101	U										
Lindsay Ramer	Secretary	0.		0. 0.							
P.O. Box 241 McMinnville, OR 97128	0										
Kim Libonati	Vice President	0.		0. 0.							
1559 SW Ashcreek Lane McMinnville, OR 97128	. , 0										
Dana Libonati 1559 SW Ashcreek Lane	President O	0.		0.							
McMinnville, OR 97128											
DAA											
BAA	TEEA0812L 0	1/30/10		Form 990-EZ (2009)							

Page 3

Pai	See Sca	Ceme	Yes	No
			165	NO
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of	22		v
	each activity	33		<u>X</u>
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
ä	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		х
	of 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
			$\neg \neg$	
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		<u>X</u>
	Enter amount of political expenditures, direct or indirect, as described in the instructions 0.			
t	Did the organization file Form 1120-POL for this year?	37 b		<u>X</u>
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		Х
ł	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9 39a N/A			
-	Gross receipts, included on line 9, for public use of club facilities		ļ	
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
706	section 4911 ► 0., section 4912 ► 0.; section 4955 ► 0.			
	5-ction 4511 0., 5-ction 4512 0.			
t	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If			
	Yes, complete Schedule L, Part I	40 Ь		<u>X</u>
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41				
42 a	The organization's			
	books are in care of ► Kim Libonati Telephone no ► 503-4	7 <u>4-99</u>	998_	
	Located at ► 1559 SW Ashcreek Lane ZIP + 4 ► 97128			
		г	VT	<u></u>
t	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No_
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		<u>X</u>
	If 'Yes,' enter the name of the foreign country: . ▶		ł	
			ĺ	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		Į	
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		<u>X</u>
	If 'Yes,' enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	ı	► □	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			
	of Form 990-EZ	44		<u>X</u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ			l <u>.</u> .
	Form 990 must be completed instead of Form 990-EZ	45	L	<u>X</u>

Kathleen Bernards,

May the IRS discuss this return with the preparer shown above? See instructions

McMinnville, OR 97128

441 NW Hill Road, PO BOX 1038

Pre-

Use

Only

BAA

parer's

Firm's name (or yours if self employed).

address, and ZIP + 4

Form 990-EZ (2009) MCMINNVILLE PERFORMING ARTS ASSOCIATION Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. No Yes 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 46 Х Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II X 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Х 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Х b If 'Yes,' was the related organization a section 527 organization? 49b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (b) Title and average (c) Compensation (d) Contributions to employee (e) Expense (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position benefit plans and deferred compensation other allowances None f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Under penalties of perjury, true, correct, and complete Sign Signature of officer Here Type or print name and title Preparer's Identifying Number (See instructions) : Bernards Date attoen d Check if Preparer's signature Paid self P00004479 KATHLEEN BERNARDS 2944 employed

93-0937568

► X Yes

472-2179

Form 990-EZ (2009)

(503)

EIN

Phone no

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization	Employer identification number											
MCMINNVILLE PERFORMING ARTS ASSOCIATION	93-1323151											
Part I Reason for Public Charity Status (All organizations must con	mplete this part.) See instructions											
The organization is not a private foundation because it is (For lines 1 through 11, ch												
1 A church, convention of churches or association of churches described in si	ection 170(b)(1)(A)(i).											
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)												
A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's												
name, city, and state.												
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)												
6 A federal, state, or local government or governmental unit described in sec												
7 An organization that normally receives a substantial part of its support from in section 170(bX1)(AXvi). (Complete Part II.)	a governmental unit or from the general public described											
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)												
9 X An organization that normally receives (1) more than 33-1/3 % of its support from activities related to its exempt functions — subject to certain exceptions, and investment income and unrelated business taxable income (less section 51 June 30, 1975 See section 509(a)(2). (Complete Part III.)	(2) no more than 33-1/3 % of its support from gross											
10 An organization organized and operated exclusively to test for public safety	See section 509(a)(4) .											
An organization organized and operated exclusively for the benefit of, to pe more publicly supported organizations described in section 509(a)(1) or sec describes the type of supporting organization and complete lines 11e throu	ction 509(a)(2) See section 509(a)(3). Check the box that											
a Type I b Type II c Type III - Functio	<u> </u>											
e By checking this box, I certify that the organization is not controlled directly than foundation managers and other than one or more publicly supported or 509(a)(2)	or indirectly by one or more disqualified, persons other											
f If the organization received a written determination from the IRS that is a Ticheck this box	ype I, Type II or Type III supporting organization,											
g Since August 17, 2006, has the organization accepted any gift or contributi	on from any of the following persons?											
	Yes No											
(i) a person who directly or indirectly controls, either alone or together wi below, the governing body of the supported organization?	th persons described in (ii) and (iii)											
(ii) a family member of a person described in (i) above?	11 g (ii)											
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	<u> 11 g (iii)</u>											
h Provide the following information about the supported organizations.												
(i) Name of Supported (ii) EIN (iii) Type of organization (escribed on lines 1-9 above or IRC section (i) Isted in governing document.	in col. the organization in organization in col.											
	No Yes No Yes No											
` '												
Total BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-1	EZ. Schedule A (Form 990 or 990-EZ) 2009											

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 1) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 🖰 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') Tax revenues levied for the organization's benefit and either paid to it or expended on its be half The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Total. Add lines 1-through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ► (b) 2006 (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) ... 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support						
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')	670.	270.		4,063.	3,411.	8,414.
2	Gross receipts from	070.	270.		4,005.	3,411.	0,414.
_	admissions, merchandise sold or services performed, or facilities furnished in a activity						
	that is related to the organization's tax-exempt purpose	:					0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6	Total. Add lines 1 through 5	670.	270.	0.	4,063.	3,411.	8,414.
7 8	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
	: Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line						
	7c from line 6)				,		8,414.
Sec	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·	<u></u>		
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	670.	270.	0.	4,063.	3,411.	8,414.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						0.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
C	Add lines 10a and 10b .	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
	Total support. (add ins 9, 10c, 11, and 12)						8,414.
	First five years. If the Form 990 organization, check this box and			d, third, fourth, c	r fifth tax year as	a section 501(c)(3)
	Bubble support personage for 20			12 (0)		T _{1E} T	100 00
	Public support percentage for 20	•	• •	e 13, column (f))	•	. 15	100.0%
	Public support percentage from tion D. Computation of Inv					16	0.0%
17	· · · · · · · · · · · · · · · · · · ·			by line 13 colur	mn (fl)	17	0.0%
18	Investment income percentage f			=		18	0.0%
	33-1/3 support tests – 2009. If the of more than 33-1/3%, check this b	organization did not	check the box on lin	ne 14, and line 15 i	s more than 33-1/39 blicly supported o	%, and line 17 is not	
t	33-1/3 support tests – 2008. If the state of	he organization di this box and sto	d not check a box b here. The organiz	on line 14 or 19a zation qualifies a	i, and line 16 is m s a publicly suppo	iore than 33-1/3% irted organization	, and line 18

Part I	P A (upp art	leme	ntal l e 17a	nfor or 1	mati 17b,	on. C and f	Comp Part	lete :	this p	part to	to pro	ovide any o	the exother	kplani additi	ations onal	requ inforr	ured nation	by Pa	irt II, e inst	line 1 ructio	0; ns.
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2009	Federal Statements	Page 1
Client UBM3151	MCMINNVILLE PERFORMING ARTS ASSOCIATION	93-1323151
11/04/10		10:54AM
Statement 1 Form 990-EZ, Part I, Other Expenses	Line 16	
Concert Musician Director Fees Office Expenses Sound Profession State Fees	Promotion \$ s. als.	\$ 140. 785. 1,800. 278. 50. 70. 108.
•	Total §	3,231.

Statement 2 Form 990-EZ, Part III Organization's Primary Exempt Purpose

The foundation encourages the performing arts in Yamhill County by providing grants for choral and instrumental music, theater, and dance.

Statement 3 Form 990-EZ, Part V Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or	
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or	
indirectly, on a personal benefit contract?	No
The state of the s	NO