Forn	<b>9</b>	90	Return of Organization Exempt F Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	e Code (exc	ept private foundati	ons)	OMB No. 1545-0047
Dona	Department of the Treasury					500,00	Open to Public
Intern	al Reve	enue Service	Go to www.irs.gov/Form990 for instructions and				Inspection
A F	or th	e 2020 calend	ar year, or tax year beginning $ m NOV1$ , $2020 m$ and	ending O	CT 31, 2021	L	
<b>В</b> С ар	heck if oplicab	le: C Name of	forganization		D Employer identit	ficatio	on number
	Addre	SUN	VALLEY SUMMER SYMPHONY, INC				
	 Name		usiness as SUN VALLEY MUSIC FESTIVAL		82-03979	940	
	Initial			Room/suite	E Telephone numb	er	
	 		OX 1914		208-622-		07
	termi		own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$		9,860,868.
	]Amer ]returr	ded SUN	VALLEY, ID 83353		H(a) Is this a group	return	· · · · ·
	Appli dtion		nd address of principal officer: JUDY GETTO		for subordinate		
	pend		X 1914, SUN VALLEY, ID 83353		H(b) Are all subordinates		
<b>I</b> T	ax-ex	empt status:	X 501(c)(3) 501(c) ( )	or 527	1		See instructions
			SVMUSICFESTIVAL.ORG		H(c) Group exempti		
			X Corporation Trust Association Other ►	L Year			te of legal domicile; ID
Pa		Summary					
~	1	Briefly describ	be the organization's mission or most significant activities: $[{ m TO}~{ m PI}]$	ROVIDE	MUSIC PERI	FORI	MANCES
ů,		AND ENR	ICH LIVES THROUGH ARTISTIC PROGRAM	MMING.			
rna	2	Check this bo	x  x if the organization discontinued its operations or disposed in the organization of the organization discontinued its operations or disposed in the organization discontinued its operations of the organization discontinued its operations.	sed of more	than 25% of its net a	assets	
ove	3				3	1	14
ğ	4		lependent voting members of the governing body (Part VI, line 1b)				14
s S	5		of individuals employed in calendar year 2020 (Part V, line 2a)			_	39
itie	6		of volunteers (estimate if necessary)			_	85
Activities & Governance			d business revenue from Part VIII, column (C), line 12			_	0.
•			business taxable income from Form 990-T, Part I, line 11				0.
			······································		Prior Year		Current Year
	8	Contributions	and grants (Part VIII, line 1h)		2,973,961		3,993,523.
nu	9		ce revenue (Part VIII, line 2g)		131,053		157,167.
Revenue	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)		153,087		856,614.
č	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-27,889		-43,088.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,230,212		4,964,216.
	13		milar amounts paid (Part IX, column (A), lines 1-3)		0.		0.
	14		to or for members (Part IX, column (A), line 4)		0.		0.
s					1,195,505		1,284,125.
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ► <u>603,60</u>		0 .	_	0.
per	b	Total fundrais	ing expenses (Part IX, column (D), line 25) $\blacktriangleright$ 603, 60	68.			
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,710,364		2,507,109.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,905,869		3,791,234.
	19		expenses. Subtract line 18 from line 12		-675,657		1,172,982.
or					ginning of Current Year	_	End of Year
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)		18,025,713		21,678,504.
Ass Bal	21		(Part X, line 26)		127,755		171,164.
Net	22		fund balances. Subtract line 21 from line 20		17,897,958		21,507,340.
	irt II				,,,	· [	,_,,_,,
1251112/11/184			I declare that I have examined this return, including accompanying schedules	s and statem	ents and to the best of r	ny kno	wledge and helief it is
			. Declaration of preparer (other than officer) is based on all information of wh				mage and bellet, it is

Sign Here	Signature of officer JUDY GETTO, PRESIDENT TAXPAYER	Dinte						
	Type or print name and title							
Paid	Print/Type preparer's name Preparer's storation Pre	/22 Check PTIN if self-employed P00447940						
Preparer		Firm's EIN 🕨 26-4022510						
Use Only	Firm's address 1120 S. RACKHAM WAY, SUITE 100							
	MERIDIAN, ID 83642	Phone no. (208) 333-8965						
May the If	May the IRS discuss this return with the preparer shown above? See instructions							
032001 12-2	3-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2020)						

Part III Statement of Program Service Accomplishments         Check * Schedule Contrains a response oncle to my line in the Part II         Priority describe the organization's mission:         TO ENRICH, INSPIER, AND INSTILL IN OUR COMMUNITY A LIPELONG LOVE OF CLASSICAL MUSIC THROUGH EXTRAORIDNARY, FREE CONCERTS AND EDUCATION PROGRAMS.         2       Dott the organization undertake any significant program services during the year which were not listed on the program services on Schedule 0.         3       Dott the organization undertake any significant program services during the year which were not listed on the program services on Schedule 0.         4       Use create these and schedule 0.         5       Dott the organization conducting, or make eignificant changes in how it conducts, any program services, as measured by expenses. Section 5016(2) and 3016(2) organizations are regarded to report the annount of grants and allocations to others. The test of the section 5016(2) and 3016(2) organizations are regarded to report the annount of grants and allocations to others. The test of the section 5016(2) and 3016(2) organizations are regarded to the program services, as measured by expenses. In organization Status and the section 5016(2) and 3016(2) organizations are regarded to the section 5016(2) and 3016(2) organizations are regarded to the program services (Status and Status and Table Status and Status and Table Status and the section 5016(2) and 5016(2) organization services (Status and Status and Table Status and Table Status and Table Status and Table Status and the section 5016(2) and 502 a		n 990 (2020) SUN VALLEY SUMMER SYMPHONY, INC	82-0397940 Page <b>2</b>
Bendly describe the organization's measur: TO ENRICH, INSPIRE, AND INSTILL IN OUR COMMUNITY A LIFELONG LOVE OF CLASSICAL MUSIC THROUGH EXTRAORIDNARY, FREE CONCERTS AND EDUCATION PROGRAMS.           2         Did the organization undertake any significant program services during the year which were not lated on the prior form 360 or 500 E27 if 'Yea,' describe these services on Schedule 0.         Ives [X] No if 'Yea,' describe these services on Schedule 0.           10         The organization coase conducting, or make second the angust in how it conducts, any program services, as measured by expenses. Section 501(c)(a) and 501(c)(c) organizations are organized to report the amount of grants and allocations to others, the total expenses, and revenue, if no, for each program service accomplationers or reported.         32,333,3           4a         (coase)         1 \$65,908.         intraining organization's grant services, as measured by expenses. Section 501(c)(a) and 501(c)(c) organizations are organized to report the amount of grants and allocations to others, the total expenses, and revenue, if no, for each program service appretd.         32,333,1           4a         (coase)         1 \$65,908.         mutangents at a discustors to others, the total expenses, and revenue, if no, for each program service accomplations are required to report.         32,333,1           5UMMER ELASON.         EACH SUMMER, THE ORGANIZATION DRING THE INDUCITON MEDIC CONCERTS.         32,333,1           5UMMER Standow         1 \$65,938.         1 \$100000000000000000000000000000000000	Pa		
TO ENRICH, INSPIRE, AND INSTILL IN OUR COMMUNITY A LIFELONG LOVE OF CLASSICAL MUSIC THROUGH EXTRAORIDNARY, FREE CONCERTS AND EDUCATION PROGRAMS.         2       Did the organization undefailed any significant program services during the year which were not listed on the prof form 500 of 500±77       Uves [X] No         1* Ves. 'denote these new services on Schedule O.       Uves (X) No       Uves [X] No         1* Ves. 'denote these new services on Schedule O.       Uves (X) No       Uves [X] No         1* Ves. 'denote these organization's program services on Schedule O.       Decombe the organization's program service accomplethenes for each of its three largest program services, as measured by expresse. Sectors 50(63) and 501(64) organizations are required to roport the amount of grants and adlocations to thens, the tota responses, and revenue, if any, for each program service required to roport the amount of grants and adlocations to thens, the tota responses, and revenue, if any, for each program service required to roport the amount of grants and adlocations to these, the tota responses, and revenue, if any, for each program service accord the schedule and the amount of grants and adlocations to totes, the tota responses, and revenue, if any, for each program service accord the schedule and the amount of grants and adlocations to totes, the tota responses, and revenue, if any, for each program service accord the schedule and the amount of grants and adlocation to totes, the tota schedule and are repeared.         4 (cosc       ) forecreating addition the program service accord the amount of grants and and the program service accord and the amount of grants and adlocation to totes, the tota schedule and and the proper sectore accord andlocation totes and the program services an	<u> </u>		
CLASSICAL MUSIC THROUGH EXTRAORIDNARY, FREE CONCERTS AND EDUCATION PROGRAMS.         2       Dot we organization undertake any significant program services during the year which were not listed on the ptor Form 990 or 290-E27 in "Yes." describe these new services on Schedule O.       Image: Concentration accomptibility of the significant changes in how it conducts, any program services, as measured by expenses. Socion 501(c)(d) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses. Socion 501(c)(d) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses. Socion 501(c)(d) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses. Socion 501(c)(d) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses. Socion 501(c)(d) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses. Socion 501(c)(d) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses. Socion 501(c)(d) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses. Socion 501(c)(d) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses. Socion 501(c)(d) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses. Socion 501(c)(d) and 501(c) organizations are required to report the amount of grants and allocations to others, the total expenses. Socion 501(c)(d) and 501(c) organization are required to report the amount of grants and allocations to others, the total expenses. Socion 501(c) MSIC THER CONCERTS - EXCEPT THE FUDRALS IN PROSENTED	1		ELONG LOVE OF
2       Did the organization undertake any significant program services during the year which were not listed on the drift form 990 or 990 E27			
prior Form 980 or 990-527         □Yes [X] No           If 'Yes (according these new services on Schedule 0.         □Yes (according these new services on Schedule 0.           30         Od the organization cases conducting, or mate significant changes in how it conducts, any 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 reverse, afray, for each program service report.         \$2,383.*, \$2,383.*, \$UMEME SEASON: EACH SUMMER, 'THE ORGANIZATION DERINGS MUSICIANS DD GUEST' ARTISTS TO SUN VALLEY TO PRESENT A SERIES OF CLASSICAL MUSIC CONCERTS. OVER 100 MUSICIANS FORM THE PESTIVAL ORCHESTRA, LED BY MUSICI DIRECTOR ALASDAIR NEALE. THE CONCERTS ARE PRESENTED AT THE SUN VALLEY PAVILION AND OTHER LOCAL VENUES. ALL CONCERTS - EXCEPT THE FUNDRAISING GALA - ARE PRESENTED FREE OF CHARGE TO THE PUBLIC. EACH SUMMER, OVER 50,000 PEOPLE ATTEND UP TO 15 FREE CONCERTS.           becode ) [Inservers         627,877. retubing graft of 3 		PROGRAMS.	
prior Form 980 or 990-E72         □Yes X No           If 'Yes' (accorbe these reaver/use on Schedule 0.         □Yes (X No           30 Od the organization cases conducting, or make significant changes in hew it conducts, any program services, as measured by expenses. Section 501(c)(2) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, if any, for each program service exponded.           4a (Cote         ) [Scowners 1, 965, 908. houting grants and allocations to others, the total expenses, and reverse, if any, for each program service exponded.           4a (Cote         ) [Scowners 2, 1, 965, 908. houting grants and allocations to others, the total expenses, and reverse, if any, for each program service exponded.           5UMMER SEASON: EACH SUMMER, 'THE ORGANIZATION DERINGS MUSICIANS TO QUEST: ARTISTS TO SUN VALLEY TO PRESENT A SERIES OF CLASSICAL MUSIC CONCERTS.           OVER 100 MUSICIANS FORM THE FESTIVAL ORCHERSTRA, LED BY MUSIC INSECTOR ALASDAIR NEALE. 'THE CONCERTS ARE PRESENTED AT THE SUN VALLEY PAVILION AND OTHER LOCAL VENUES. ALL CONCERTS - EXCEPT THE FUNDRAISING GALA - ARE PRESENTED FREE OF CHARGE TO THE PUBLIC. EACH SUMMER, OVER 50,000 PEOPLE ATTEND UP TO 15 FREE CONCERTS.			
# "Ves." describe these news services on Schedule 0.         3 Did the organization cases conducting, or make significant changes in how it conducts, any program services.         Section 501(63) and 501(64) organizations are required to great the anguest program services. as measured by expenses.         Section 501(63) and 501(64) organizations are required to profit the anound of grants and allocations to others, the total expenses, and reverue, if any, for each program service reported.         46 (cose:       1 (Provers)       2 (Socie 1) (Expenses)         9 (Detropy and service accompletion of the structure of grants and allocations to others, the total expenses, and reverue, if any, for each program service reported.       10 (Nervars)         47 (Socie 1) (Expenses)       1 (Socie 2) (Expenses)       1 (Socie 2) (Nervars)       82,333.1)         48 (Cose:       1 (Socie 2) (Expenses)       1 (Socie 2) (Nervars)       82,333.1)         49 (Detropy and the second of the structure of the st	2		
<ul> <li>3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?</li></ul>			
If "Yes,' describe these changes on Schedule 0. 4 Describe the organization's program service accomplishments for each of is three largest program services, as measured by expenses. Section 501(b)(a) and 501(b)(a) 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. 4 (code: ) (Concernses: 1, 955, 908.: including grants of s) (meanue's 82, 333.) SUMMER SEASON: EACH SUMMER, THE ORGANIZATION BRINGS MUSICICANS AND GUEST ARTISTS TO SUN VALLEY TO PRESENT A SERIES OF CLASSICAL MUSIC CONCERTS. ALSON THE FORM THE FESTIVAL, ORCHESTRA, LED BY MUSIC DIRECTOR ALASDAIR NEALE. THE CONCERTS ARE PRESENTED AT THE SUN VALLEY PAVILION AND OTHER LOCAL VENUES. ALL CONCERTS — EXCEPT THE FUNDRALSING GALA — ARE PRESENTED FREE OF CHARGE TO THE PUBLIC. EACH SUMMER, OVER 50,000 PEOPLE ATTEND UP TO 15 FREE CONCERTS. DUCATION: THE FESTIVAL'S MUSIC INSTITUTE RUNS MUSIC EDUCATION PROGRAMS DURING THE SCHOOL YEAR IN CONJUNCTION WITH LOCAL PUBLIC SCHOOLS AND IN ADD HIGH SCHOOL YEAR IN CONJUNCTION WITH SUMMER SCHOOLS. AND HIGH SCHOOL SIMP SERVE STUDENTS IN LOCAL PUBLIC ELEMENTARY, MIDDLE, AND HIGH SCHOOLS IN PARTNERSHIP WITH MUSIC TEACHERS IN THESE SCHOOLS. AND HIGH SCHOOLS IN PARTNERSHIP WITH MUSIC TEACHERS IN THESE SCHOOLS. AND HIGH SCHOOLS IN PARTNERSHIP WORD RUNSCE DUCATION INCLUDING MUSIC THEORY AND ENSEMBLE AND INDIVIDUAL INSTRUCTION. THES ESCHOOLS. AND HIGH SCHOOLS IN PARTNERSHIP WITH MUSIC TEACHERS IN THESE SCHOOLS. AND HIGH SCHOOLS IN PARTNERSHIP WITH MUSIC TEACHERS IN THESE SCHOOLS. AND HIGH SCHOOLS IN PARTNERSHIP WITH MUSIC TEACHERS IN THESE SCHOOLS. AND HIGH SCHOOLS IN PARTNERSHIP WITH MUSIC TEACHERS IN THESE SCHOOLS. AND HIGH SCHOOLS IN PARTNERSHIP WITH MUSIC TEACHERS IN THESE SCHOOLS. AND HIGH SCHOOLS AND FOR ADVANCED STUDENTS IN A TWO-WEEK ADVANCED CHAMBER	3		s? Yes X No
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<ul> <li>4a (come ) (commons 1, 965,908. mounding out of s) (percents 82,383.)</li> <li>SUMMER SEASON: EACH SUMMER, THE ORGANIZATION BRINGS MUSICIANS AND GUEST ARTISTS TO SUN VALLEY TO PRESENT A SERIES OF CLASSICAL MUSIC CONCERTS. OVER 100 MUSICIANS FORM THE FESTIVAL ORCHESTRA, LED BY MUSIC DIRECTOR ALASDAIR NEALE. THE CONCERTS ARE PRESENTED AT THE SUN VALLEY PAVILION AND OTHER LOCAL VENUES. ALL CONCERTS - EXCEPT THE FUNDRAISING GALA - ARE PRESENTED FREE OF CHARGE TO THE PUBLIC. EACH SUMMER, OVER 50,000 PEOPLE ATTEND UP TO 15 FREE CONCERTS.</li> <li>4b (come ) (commons 627,877. mounding grants 5) (commons 74,784.)</li> <li>EDUCATION: THE FESTIVAL'S MUSIC INSTITUTE RUNS MUSIC EDUCATION PROGRAMS DURING THE SCHOOL YEAR IN CONJUNCTION WITH LOCAL PUBLIC ENCODES AND IN ADDITION, RUNS TWO SUMMER CAMPS DURING THE PESTIVAL'S SUMMER SEASON. SCHOOL YEAR PROGRAMS SERVE STUDENTS IN LOCAL PUBLIC ELMENTARY, MIDDLE, AND HIGH SCHOOLS IN PARTNERSHIP WITH MUSIC TEACHERS IN THESE SCHOOLS. THE MUSIC INSTITUTE OFFERS COMPREHENSIVE MUSIC EDUCATION INCLUDING MUSIC THEORY AND ENSEMBLE AND INDIVIDUAL INSTRUCTION. THE SUMMER PROGRAM. AND FOR ADVANCED STUDENTS IN A TWO-WEEK ADVANCED CHAMBER PROGRAM. AND FOR ADVANCED STUDENTS IN A TWO-WEEK ADVANCED CHAMBER PROGRAM. AND FOR ADVANCED STUDENTS IN A TWO-WEEK ADVANCED CHAMBER PROGRAM. AND FOR ADVANCED STUDENTS IN A TWO-WEEK ADVANCED CHAMBER PROGRAM. AND FOR ADVANCED STUDENTS IN THE SUMMER SEASON.</li> <li>4c (come ) (Communs 165, 038. mounding grants of ) (Percure 5)</li></ul>			hers, the total expenses, and
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ARTISTS TO SUN VALLEY TO PRESENT A SERIES OF CLASSICAL MUSIC CONCERTS. OVER 100 MUSICIANS FORM THE FESTIVAL ORCHESTRA, LED BY MUSIC DIRECTOR ALASDAIR NEALE. THE CONCERTS ARE PRESENTED AT THE SUN VALLEY PAVILION AND OTHER LOCAL VENUES. ALL CONCERTS - EXCEPT THE FUNDRAISING GALA - ARE PRESENTED FREE OF CHARGE TO THE PUBLIC. EACH SUMMER, OVER 50,000 PEOPLE ATTEND UP TO 15 FREE CONCERTS.         #0       (Code:)(Expenses)(Expenses)(Expenses)(Expenses)(Expenses)(Expenses)(Expenses	4a		,
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AND OTHER LOCAL VENUES. ALL CONCERTS - EXCEPT THE FUNDRAISING GALA -         ARE PRESENTED FREE OF CHARGE TO THE PUBLIC. EACH SUMMER, OVER 50,000         PEOPLE ATTEND UP TO 15 FREE CONCERTS.			
ARE PRESENTED FREE OF CHARGE TO THE PUBLIC. EACH SUMMER, OVER 50,000         PEOPLE ATTEND UP TO 15 FREE CONCERTS.         4b         (code:			
PEOPLE ATTEND UP TO 15 FREE CONCERTS.         40         (code:       )(copenses:       627,877.       including quarter of s       ) (newworks:       74,784.)         EDUCATION: THE FESTIVAL'S MUSIC INSTITUTE RUNS MUSIC EDUCATION PROGRAMS         DURING THE SCHOOL YEAR IN CONJUNCTION WITH LOCAL PUBLIC SCHOOLS AND IN         ADDITION, RUNS TWO SUMMER CAMPS DURING THE FESTIVAL'S SUMMER SEASON.         SCHOOL-VEAR PROGRAMS SERVE STUDENTS IN LOCAL PUBLIC ELEMENTARY, MIDDLE,         AND HIGH SCHOOLS IN PARTNERSHIP WITH MUSIC TEACHERS IN THESE SCHOOLS.         THE MUSIC INSTITUTE OFFERS COMPREHENSIVE MUSIC EDUCATION INCLUDING         MUSIC THEORY AND ENSEMBLE AND INDIVIDUAL INSTRUCTION. THE SUMMER         PROGRAMS OFFER MUSIC EDUCATION FOR CHILDREN IN GRADES 2-12 IN A         ONE-WEEK PROGRAM, AND FOR ADVANCED STUDENTS IN A TWO-WEEK ADVANCED         CHAMBER PROGRAM, ALL SUMMER PROGRAMS INVOLVE MUSICIANS FROM THE         FESTIVAL ORCHESTRA, AS WELL AS GUEST ARTISTS IN THE SUMMER SEASON.         40       (code:       )(copenses:       ) (ferences:       ))         WINTER SEASON: THE MUSIC FESTIVAL PRESENTE A WINTER CONCERT SERIES IN         FEBERUARY OR MARCH. PAST FESTIVALS HAVE PRESENTED THREE CONCERTS - ALL         FREE OF CHARGE- WITH PERFORMERS INCLUDING MUSICIANS FROM THE FESTIVAL         ORCHESTRA AS WELL AS GUEST ARTISTS.         40       Other program services (Describe on Schedule O.))       ) (G			
40       (code: )(Expenses 627,877. including grant of \$ ) (Revenue \$ 74,784.)         EDUCATION: THE FESTIVAL'S MUSIC INSTITUTE RUNS MUSIC EDUCATION PROGRAMS DURING THE SCHOOL YEAR IN CONJUNCTION WITH LOCAL PUBLIC SCHOOLS AND IN ADDITION, RUNS TWO SUMMER CAMPS DURING THE FESTIVAL'S SUMMER SEASON.         SCHOOL-YEAR PROGRAMS SERVE STUDENTS IN LOCAL PUBLIC ELEMENTARY, MIDDLE, AND HIGH SCHOOLS IN PARTNERSHIP WITH MUSIC TEACHERS IN THESE SCHOOLS.         THE MUSIC INSTITUTE OFFERS COMPREHENSIVE MUSIC EDUCATION INCLUDING         MUSIC THEORY AND ENSEMBLE AND INDIVIDUAL INSTRUCTION. THE SUMMER PROGRAMS OFFER MUSIC EDUCATION FOR CHILDREN IN GRADES 2-12 IN A ONE-WEEK PROGRAM. AND FOR ADVANCED STUDENTS IN A TWO-WEEK ADVANCED CHAMBER PROGRAM. AND FOR ADVANCED STUDENTS IN A TWO-WEEK ADVANCED CHAMBER PROGRAM. AND FOR ADVANCED STUDENTS IN THE SUMMER SEASON.         4c (code: )(Expenses 165,038. including grants of \$ ) (Revense \$ )       ) (Revense \$ )         FEED OF CHARGE- WITH PERFORMERS INCLUDING MUSICIANS FROM THE FESTIVAL ORCHESTRA. AS WELL AS GUEST ARTISTS A WINTER CONCERTS - ALL FREE OF CHARGE- WITH PERFORMERS INCLUDING MUSICIANS FROM THE FESTIVAL ORCHESTRA AS WELL AS GUEST ARTISTS.         4d Other program services (Describe on Schedule 0.)       (Revense \$ ) (Revense \$ ) (Revense \$ ) )         4d Other program services (Describe on Schedule 0.)       (Revense \$ ) (Revense \$ ) )			K, OVER 50,000
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			Form <b>990</b> (2020)

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Form	990	(2020)

Form 990 (2020) SUN VALLEY SUMMER SYMPHONY, INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			· · · · · · · · · · · · · · · · · · ·
	Part VI	11a	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		Х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			*7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Δ	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
<u>- 00</u>	complete Schedule G, Part III	19		X X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		- 22
		200		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domestic government on Fartin, column (n), inte 1 ; if 163, complete consolie 1, Faits Fahu II	<b>Z</b> 1	i .	42

Form 990 (20	020)	SUN	VALLEY	SUMMER
Part IV	Checklist of	Require	d Schedule	es (continued)

SUN VALLEY SUMMER SYMPHONY, INC

			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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	05%		x
06	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26	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,	20		
~ 1	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	ownonnennetter		
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V. line 1	34		x
25 -		35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	004		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <b>1a</b> 263	2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b>	4		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

SUN VALLEY SUMMER SYMPHONY, INC 
 Form 990 (2020)
 SUN VALLEY SUMMER SYMPHONY, INC

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 39			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	0
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
÷=-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		- 77
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
Va	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a L	Initiation fees and capital contributions included on Part VIII, line 12     10a       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities     10b			
11	Section 501(c)(12) organizations. Enter:         Gross income from members or shareholders         11a			
a h	Gross income from other sources (Do not net amounts due or paid to other sources against			
5	amounts due or received from them.) <b>11b</b>			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	SK	
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
Ċ	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

BOX	1914,	SUN	VALLEY,	ID	83353	Ī
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990 (2020	SUN	VALLEY	SUMMER	SYMPHONY,
990 (2020	) DOM	VAUUUT	SOLUTION	STREIIONI,

Form

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

INC

Sec	tion A. Governing Body and Management			
		٨	Yes	No
1a		4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
۴.	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.	4		
b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			x
~	officer, director, trustee, or key employee?	. 2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			x
	of officers, directors, trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	. 0		<u></u>
7a		7a		х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			- 23
b		7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	x	
a b	Each committee with authority to act on behalf of the governing body?		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
9	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.)	<u> </u>		
			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,			
~	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		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?		Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	. 16b	2 (frame) / 786= (m/) .	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)	(3)s onl	/) avail	able
	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)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and fina	ncial	
	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 ►			

ponse X

Part VII	Compensation of	f Officers, I	Directors,	Trustees,	Key E	Employees,	Highest (	Compensated
	Employees, and	Independer	nt Contrac	ctors				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	l than	078	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer an	aaa	recto	n/trus	tee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	nstitutional trustee		ee,	ubeu		(00-2/1099-10130)		and related
	below	dual t	utiona	_	nploy	st cor	5			organizations
	line)	ndivi	nstitu	Officer	Key employee	Highest compensated employee	Former			- <b>J</b>
(1) DEREK DEAN	40.00	_	_		_		_			<u> </u>
EXECUTIVE DIRECTOR		1		X					0.	
(2) JUDY GETTO	1.20									
PRESIDENT		x		x				0.	0.	0.
(3) JIM DANIELS	0.50									
VICE PRESIDENT		X		X				0.	0.	0.
(4) DEB MELLO	0.70									
TREASURER		x		х				0.	0.	0.
(5) TONY PRICE	0.90									
SECRETARY		X		Х				0.	0.	0.
(6) MITCH AUGUST	0.50									
DIRECTOR		X						0.	0.	0.
(7) SEAN COFFEY	0.50									
DIRECTOR		X						0.	0.	0.
(8) VICKRIE CUTLER	0.50									
DIRECTOR		X						0.	0.	0.
(9) DAN DUNN	0.50									
DIRECTOR		Х						0.	0.	0.
(10) JULIE SIEGEL	0.50									
DIRECTOR		Х						0.	0.	0.
(11) JANE SPRINGMAN	0.50									
DIRECTOR		Х						0.	0.	0.
(12) KATHRYN NELSON URBAN	0.50									
DIRECTOR		Х						0.	0.	0.
(13) TOM LARSEN	0.50									
DIRECTOR		X						0.	0.	0.
(14) GREG LINDSTROM	0.50									_
DIRECTOR		X						0.	0.	0.
(15) LISA MAYER	0.50									
DIRECTOR		X						0.	0.	0.
(16) VICKY ROGERS	0.50							_	_	_
DIRECTOR		Х						0.	0.	0.
(17) BRAD ROSENBERG	0.50							_	_	
DIRECTOR		Х						0.	0.	0.
										F 000 (0000)

Form 990 (2020) SUN VALL									82-03	397	940 Page	ə <b>8</b>
Part VII Section A. Officers, Directors, Trus		ploy I	ees			ighe	st C				(	
(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle	Pos heck	more erson	) than is bot pr/trus	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	n	<b>(F)</b> Estimated amount of other	
	(list any hours for related organizations below line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compensatio from the organization and related organization	١
(18) GAIL SEVERN	0.50			-	_	<u> </u>						
DIRECTOR		X						0.		0.	(	0.
		ŀ										
1b Subtotal								0.		0.		0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								0.		0.		<u> </u>
2 Total number of individuals (including but r							no r	received more than \$100	),000 of reportabl	e		_
compensation from the organization 🕨											Yes N	1 10
<b>3</b> Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>			-	•			~	ghest compensated emp	5		3	x
4 For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		4 X	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion t	from	i any	/ unr	elat	ted organization or indiv	idual for services			
rendered to the organization? If "Yes," con Section B. Independent Contractors	plete Schedul	e J f	or si	uch	pers	son ,				*****	5 2	X
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pens	ation from	
the organization. Report compensation for (A)	the calendar y	ear	endi	ng v	with	or w	rithir	n the organization's tax (B)	year.		(C)	
Name and business	address	N	ONI	3				Description of s	services	С	ompensation	
							_					
2 Total number of independent contractors ( \$100,000 of compensation from the organi	-	ot li	mite	d to		se li: 0	stec	d above) who received n	nore than			

Form 990 (		-		VAL
Part VII	Statement	of	Rev	enue

SUN VALLEY SUMMER SYMPHONY, INC

			Check if Schedule O contains		or note to any lir	ne in this Part VIII			
						<b>(A)</b> Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
nts nts	1	а	Federated campaigns	. 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
ts, ( Am		с	Fundraising events	1c	343,401.				
Gifl		d	Related organizations	1d					
ns, Simi		е	Government grants (contributions	s) <b>1e</b>	188,800.				
er S		f	All other contributions, gifts, grants, a						
Cth			similar amounts not included above		3,461,322.				
ont nd (		g	Noncash contributions included in lines 1a-1		104,947.	olen universitären Eine eine kolen folko kunn ole ford mEinen i			
aC		h	Total. Add lines 1a-1f			3,993,523.			
•	_		GINNER CEAGON		Business Code 711190	82,383.	02 202		
vice	2	-	SUMMER SEASON EDUCATION		711190	74,784.	82,383. 74,784.		
Program Service Revenue		b	EDUCATION		/11190	/4,/04.	/4,/04.		
wer \$		c d							
Be		۵ ۵							
Pro		f	All other program service revenue	<u> </u>					
			Total. Add lines 2a-2f			157,167.			
	3		Investment income (including divi			· · · ·			
			other similar amounts)			330,559.			330,559.
	4		Income from investment of tax-ex						
	5		Royalties		►				-
				(i) Real	(ii) Personal				
	6	a	Gross rents 6a						
		b	Less: rental expenses 6b						Contraction de la contraction
		C	Rental income or (loss) 6c						
	7	a		) Securities	(ii) Other				
				5,229,268.					
e		p.	Less: cost or other basis	4 500 010					
er Revenue				4,703,213. 526,055.					
eve			Gain or (loss) 7c	-		526,055.			526,055.
ъ			Net gain or (loss) Gross income from fundraising events		<b>&gt;</b>	520,055.			520,055.
Oth	0	a	including \$ 343,40	`		A state of the			
Ŭ			contributions reported on line 1c)						
			Part IV, line 18		150,351.				
		b	Less: direct expenses		193,439.				
			Net income or (loss) from fundrais		<b>&gt;</b>	-43,088.			-43,088.
	9		Gross income from gaming activit						
			Part IV, line 19	9a					
		b	Less: direct expenses						
			Net income or (loss) from gaming		►				
	10	а	Gross sales of inventory, less retu						
			and allowances						
			Less: cost of goods sold		•				
		С	Net income or (loss) from sales of	finventory					
sn					Business Code				
Miscellaneous Revenue	11								
ven		b							
Re		c d							
ž			All other revenue		L				
	40		Total. Add lines 11a-11d		•	4,964,216.	157,167.	0.	813,526.
	12		i viai i evenue. Dee instructions		····· 🚩	±,50±,210.	1 107,107.	۰ <b>.</b>	515,520.

SUN VALLEY SUMMER SYMPHONY, INC

on 501(c)(3) and 501(c)(4) organizations must comp	iele all columns. All oth	er organizations must co	implete column (A).	
Check if Schedule O contains a respons			(4)	X
, , , , , , , , , , , , , , , , , , , ,	( <b>A)</b> Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
Grants and other assistance to domestic				
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,				
trustees, and key employees	299,892.	162,836.	69,366.	67,690
Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
Other salaries and wages	796,393.	432,427.	184,209.	179,757
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	48,374.	26,265.	11,190.	10,919
Other employee benefits	65,111.	35,355.	15,060.	14,696
Payroll taxes	74,355.	40,373.	17,199.	16,783
Fees for services (nonemployees):				
Management				
	180.		180.	
	55,795.	49,184.	505.	6,106
Investment management fees	18,397.		18,397.	
	-			
	1,292,342.	1,139,357.	11,527.	141,458
		116,466.	650.	38,643
	209,263.	127,496.	7,720.	74,047
<b>_</b>	11,050.		100.	1,209
				•
	19,994.	17,718.	68.	2,208
		-		2,625
— — — — — — — — — — — — — — — — — — —	,	,		,
Г				
	89,677.		89,677.	
		19,186.		11,143
		,		
above (List miscellaneous expenses on line 24e. If				
	255.451.	220.838		34,613
			1,297	1,771
				-, , , , 1
	_,_,_,	_,2,3,		
All other expenses				
· · · · ·	3 791 221	2 758 823	428 7/3	603,668
· · · · · · · · · · · · · · · · · · ·	5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>		000,000
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check if Schedule O contains a response           not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.           Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21           Grants and other assistance to domestic 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, trustees, and key employees           Compensation on current officers, directors, trustees, and key employees           Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(B)           Other salaries and wages           Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)           Other employee benefits           Payroll taxes           Fees for services (nonemployees):           Management           Legal           Accounting           Lobbying           Professional fundraising services. See Part IV, line 17           Investment management fees           Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)           Advertising and promotion           Office expenses           Information technology      <	Check if Schedule O contains a response or note to any line in rot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VII.Total expensesGrants and other assistance to domestic organizations and domestic governments. See Part IV, line 21Total expensesGrants and other assistance to domestic individuals. See Part IV, line 22Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16Enerefits paid to or for members.Compensation of current officers, directors, trustees, and key employees299, 892.Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1) and persons described in section 4958(f)(1) and persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and persons (a defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and persons (a defined under section 4958(f)(1) and persons (a defined under section 4958(f)(1)) and persons (a defined under section 4958(f)(1) and persons (a defined under section 4958(f)(1) and persons (a	Check if Schedule O contains a response or note to any line in this Part IX           Total expenses         Program service expenses           Grants and other assistance to domestic and domestic governments. See Part IV, line 21         Total expenses         Program service expenses           Grants and other assistance to domestic individuals. See Part IV, line 21         Grants and other assistance to domestic individuals. See Part IV, line 21         Individuals. See Part IV, line 21           Grants and other assistance to domestic individuals. See Part IV, line 21         See Part IV, line 21         Individuals. See Part IV, line 21           Compensation of current officers, directors, trustees, and key employees         299, 892.         162, 836.           Compensation on included above to disqualified persons described in section 4958(c)(3)(8)         796, 393.         432, 427.           Other solution of current officers, directors, trustees, and key employees         796, 393.         432, 427.           Pension plan accurals and contributions (include section 401(k) and 403(b) employer contributions)         48, 374.         26, 265.           Other mappenent Legal         180.         180.         180.           Accounting         55, 795.         49, 184.           Lobbying         11, 292, 342.         1, 139, 357.           Advertising and promotion         155, 759.         116, 4666.	Check if Schedule O contains a response or note to any line in this Part K         (C)           not include amounts reported on lines 6, 8, 8, and 106 Plark VII.         Total expenses         Program service expenses         (Management addition expenses           Grants and other assistance to domestic individuals. See Part V, line 21         Total expenses         (Management addition expenses         (Management addition expenses           Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, line 21         (Management addition expenses         (Management addition expenses           Compensation of oursent officers, directors, trustees, and key employees         299, 892.         162, 836.         69, 366.           Compensation of undued above to disqualified persons described in section 4458(c)(3)(8)         796 , 393.         432, 427.         184, 209.           Other salvises and wages         74 , 355.         11, 190.         186.         180.           Compensation not included above to disqualified person glan accruabs and contributions (include eaction 401(x) and 403(x) employer contributions)         48 , 374.         26 , 265.         11, 190.           Other salvises and wages         74 , 355.         40 , 373.         17 , 199.         Fees for services (nonemployees):           Management fees         180.         209 , 263.         127 , 496 (- 7 , 720.         155 , 795 (- 49 , 184 , 505.

SUN	VALLEY	SUMMER	SYMPHONY,	INC
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		Check if Schedule O contains a response or not	e to any	line in this Part X			
			_		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			368,921.	1	81,625.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	47,503.
	4	Accounts receivable, net				4	
	5		ans and other receivables from any current or former officer, director,				
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disquali	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sect	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			19,126.	8	
Ä	9					9	39,657.
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	2,572,709.			
	b	Less: accumulated depreciation	10b	881,667.		10c	1,691,042.
	11	Investments - publicly traded securities			12,599,273.	11	16,371,273.
	12	Investments - other securities. See Part IV, line	11		452,607.	12	447,404.
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			3,000,000.	14	3,000,000.
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			18,025,713.	16	21,678,504.
	17	Accounts payable and accrued expenses			127,755.	17	171,164.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV c	f Schedule D		21	
es	22	Loans and other payables to any current or form	ner office	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
iab		controlled entity or family member of any of the	se perso	ns		22	
	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25	• • • • • • • • • • • • • •		127,755.	26	171,164.
ŝ		Organizations that follow FASB ASC 958, che	eck here				
- L C E		and complete lines 27, 28, 32, and 33.					
alaı	27	Net assets without donor restrictions			15,102,933.	27	18,681,211.
Р Р	28	Net assets with donor restrictions			2,795,025.	28	2,826,129.
Ĩ		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 📖			
г		and complete lines 29 through 33.					
its (	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
ž	32	Total net assets or fund balances			17,897,958.		21,507,340.
	33	Total liabilities and net assets/fund balances			18,025,713.	33	21,678,504.

Form **990** (2020)

tion o	f Not	Accoto				
S	SUN	VALLEY	SUMMER	SYMPHONY,	INC	

	990 (2020) SUN VALLEY SUMMER SYMPHONY, INC	82-	-039794	-0	Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				L
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,216
2	Total expenses (must equal Part IX, column (A), line 25)	2			,234
3	Revenue less expenses. Subtract line 2 from line 1	3			,982
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			,958
5	Net unrealized gains (losses) on investments	5	2,4	36	,400
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	21,5	507	,340
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				L
				Y	'es 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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2	b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	i,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2	ic i	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	0.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit		
	Act and OMB Circular A-133?			a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		b	
				rm 9	<b>90</b> (2020

SCHEDULE A	
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Total

(Form	990	or	990-	EZ)
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury Internal Revenue Service			<ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>					Open to Public Inspection		
Name of the organization		on	E			Employer identification numbe				
			SUN	VALLEY SUM	MER SYMPHONY	, INC			8	2-0397940
Pa	rt I	Reason	for Public	Charity Status.	(All organizations must c	omplete ti	his part.) S	See instructio	ns.	
The	organ	ization is not a	a private found	lation because it is:	(For lines 1 through 12, o	heck only	one box.)			
1	Ŭ.		•		on of churches describe					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 EZ).)								
3		$\square$ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		•	•		njunction with a hospita			· · · · · · · · · · · · · · · · · · ·	A)(iii). Enter	the hospital's name.
		city, and stat	-		,					
5		-		or the benefit of a co	llege or university owne	d or opera	ted by a d	overnmental	unit describ	bed in
-		-	•	Complete Part II.)	5	•	, 0			
6					nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X		-	-	intial part of its support				the general	public described in
				omplete Part II.)		5			5	
8					(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	a land-grant	college
					culture (see instructions)					
		university:								
10		An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, member	ship fees, a	nd gross receipts from
					ct to certain exceptions;					
		income and u	unrelated busi	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	uired by the c	organization	after June 30, 1975.
	. <u></u> .	See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organizati	ion organized	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to a	carry out the	e purposes of one or
		more publicly	supported or	ganizations describe	ed in <b>section 509(a)(1)</b> d	r section	509(a)(2).	See section	509(a)(3).	Check the box in
		lines 12a thro	ough 12d that	describes the type o	of supporting organization	n and con	nplete line	s 12e, 12f, ar	nd 12g.	
а		_ Type I.As	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s),	typically by	' giving
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting
	.—	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		J Type II. A s	supporting org	anization supervised	t or controlled in connec	tion with it	ts support	ed organizat	ion(s), by ha	iving
			•		anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported
	_	organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
C		Type III fui	nctionally inte	grated. A supportin	g organization operated	in connec	tion with,	and function	ally integrate	ed with,
		_ its support	ed organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	<b>y integrated.</b> A supp	porting organization oper	rated in co	nnection	with its suppo	orted organi	zation(s)
			=		zation generally must sa	-		-	nd an attent	iveness
		- ·		,	nplete Part IV, Section					
e					written determination fro			а Туре I, Тур	e II, Type III	
		-	-		nally integrated support					·
f										
g			-	h about the support		(IV) is the orga	inization listed	(u) Amount	francistory	(ui) Amount of other
	,	<ul> <li>(i) Name of supp organizatior</li> </ul>		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount of support (see		(vi) Amount of other support (see instructions)
		organization	•		above (see instructions))	Yes	No	Support (500	indiadation by	

# Schedule A (Form 990 or 990-EZ) 2020 SUN VALLEY SUMMER SYMPHONY, INC

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	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2943707.	2816164.	3470551.	2973961.	3804723.	16009106.	
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	2943707.	2816164.	3470551.	2973961.	3804723.	16009106.	
5	The portion of total contributions							
	by each person (other than a	A CONTRACTOR OF A						
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						16009106.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	2943707.	2816164.	3470551.	2973961.	3804723.	16009106.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	423,307.	383,403.	412,954.	326,253.	330,559.	1876476.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on	958.	17,209.				18,167.	
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	13,989.	15,177.				29,166.	
11	Total support. Add lines 7 through 10						17932915.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	336,684.	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)		
	organization, check this box and stop							
Sec	tion C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2020 (I	ine 6, column (f), d	livided by line 11,	column (f))	****	14	89.27 %	
	Public support percentage from 2019					15	86.89 %	
16a	16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qualifies as a publicly supported organization							
17a	7a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
	more, and if the organization meets th	ne facts-and-circun	nstances test, che	ck this box and <b>st</b>	<b>op here.</b> Explain ir	n Part VI how the		
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	/ supported organ	ization	▶∐	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instruction	s ►	

# Schedule A (Form 990 or 990-EZ) 2020 SUN VALLEY SUMMER SYMPHONY, INC Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support									
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1 Gifts, grants, contributions, and									
membership fees received. (Do not									
include any "unusual grants.")									
2 Gross receipts from admissions,									
merchandise sold or services per-									
formed, or facilities furnished in									
any activity that is related to the organization's tax-exempt purpose									
<b>3</b> Gross receipts from activities that									
are not an unrelated trade or bus-									
iness under section 513									
4 Tax revenues levied for the organ-									
ization's benefit and either paid to									
an averaged on its bahalf									
5 The value of services or facilities									
furnished by a governmental unit to									
the organization without charge									
6 Total. Add lines 1 through 5									
<b>7a</b> Amounts included on lines 1, 2, and									
3 received from disqualified persons <b>b</b> Amounts included on lines 2 and 3 received									
from other than disqualified persons that									
exceed the greater of \$5,000 or 1% of the									
amount on line 13 for the year									
c Add lines 7a and 7b									
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support									
Calendar year (or fiscal year beginning in)	(-) 0010	(1-) 0017	(-) 0010	(-1) 0010	(-) 0000	(4) T-+-1			
	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
9 Amounts from line 6									
dividends, payments received on									
securities loans, rents, royalties,									
and income from similar sources				-					
<b>b</b> Unrelated business taxable income									
(less section 511 taxes) from businesses									
acquired after June 30, 1975									
c Add lines 10a and 10b									
<b>11</b> Net income from unrelated business activities not included in line 10b,									
whether or not the business is									
regularly carried on									
12 Other income. Do not include gain or loss from the sale of capital									
assets (Explain in Part VI.)									
13 Total support. (Add lines 9, 10c, 11, and 12.)									
14 First 5 years. If the Form 990 is for the	e organization's f	irst, second, third	fourth, or fifth tax	year as a section	501(c)(3) organiza	tion,			
Section C. Computation of Publ	ic Support Pe	ercentage							
15 Public support percentage for 2020 (	ine 8, column (f),	divided by line 13,	column (f))		15	%			
16 Public support percentage from 2019	Schedule A, Parl	t III, line 15			16	%			
Section D. Computation of Inve	stment Incom	e Percentage	•						
17 Investment income percentage for 20	<b>20</b> (line 10c, colu	mn (f), divided by	line 13, column (f))		17	%			
18 Investment income percentage from :	Investment income percentage from <b>2019</b> Schedule A, Part III, line 17								
19a 33 1/3% support tests - 2020. If the	Pa 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not								
more than 33 1/3%, check this box a									
b 33 1/3% support tests - 2019. If the	organization did I	not check a box o	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	and			
line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	top here. The orga	anization qualifies	as a publicly supp	orted organization				
	line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <b>Private foundation.</b>								

1

2

3a

3b

Yes

No

# 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.)

# Schedule A (Form 990 or 990-EZ) 2020 SUN VALLEY SUMMER SYMPHONY, INC Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		101010000000
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	s <del>( (</del>	
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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	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			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	,		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> <i>the role the organization</i> '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 yeafsee instructions	=)		
a	The organization satisfied the Activities Test. Complete line 2 below.	<i>.</i> ,.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see i	instructior	ns).	
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.	<b>2</b> a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part	۷	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
4		Check have if the experimentian estimated the Integral Dart Test on a qualifying trust on New 20, 10

Schedule A (Form 990 or 990-EZ) 2020 SUN VALLEY SUMMER SYMPHONY, INC

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

Secti	on 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		
Secti	on 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		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

# Schedule A (Form 990 or 990-EZ) 2020 SUN VALLEY SUMMER SYMPHONY, INC

Га		allo supporting org	Continu	ied)	<b>A</b> 114
	on D - Distributions			-	Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exem	-			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpos	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	the organization is responsive	Э		
	(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	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	IS	(iii) 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				
	Applied to underdistributions of prior years			2001	
	Applied to 2020 distributable amount				
-	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				
	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	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 SUN VALLEY SUMMER SYMPHONY, INC 82-0397940 Page 8
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 EQUIPMENT FEES & SALES
2016 AMOUNT: \$ 13,989.
2017 AMOUNT: \$ 15,177.

032028 01-25-21

### (Form 990, 990-E2, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

Name of the organization					
SI	UN VALLEY SUMMER SYMPHONY, INC	82-0397940			
Organization type (check of	one):				
Filers of:	Section:				
Form 990 or 990 EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private 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				
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.			
General Rule					
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules					
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					

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

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

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

LHA 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)

Employer identification number

SUN VALLEY SUMMER SYMPHONY, INC

82-0397940

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$	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		\$	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

# SUN VALLEY SUMMER SYMPHONY, INC

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

Partin	Noncash Property (see instructions). Use duplicate copies of Part	in in 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
		   \$	

82-0397940

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 4				
Name of or	rganization		Employer identification number				
SUN VA	ALLEY SUMMER SYMPHONY,	INC	82-0397940				
Part III		ions to organizations described in s through (e) and the following line en charitable, etc., contributions of <b>\$1,000 or</b>	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year by For organizations				
(a) No.	· · · · · · · · · · · · · · · · · · ·	·					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address, a	(e) Transfer of gift	t Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift (c) Use of		(d) Description of how gift is held				
-	(e) Transfer of gift						
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift (c) Use o		(d) Description of how gift is held				
-	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
-			Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
-	Transferee's name, address, ar		Relationship of transferor to transferee				

SCHEDULE D	)
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(Form	990)
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032051 12-01-20

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.



Department of the Treasury Internal Revenue Service Name of the organization

SUN VALLEY SUMMER SYMPHONY, INC Employer identification number 82-0397940

Pa			us 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		l vised funds
Ŭ	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ŭ	for charitable purposes and not for the benefit of the donor of	5 5	
Pa			
1	Purpose(s) of conservation easements held by the organizat	-	, r arctv, into 7.
•	Preservation of land for public use (for example, recrea		of a historically important land area
	Protection of natural habitat	·	of a certified historic structure
	Preservation of open space		or a certified historic structure
2		find conconvision contribution in the for	m of a concentration accoment on the last
2	Complete lines 2a through 2d if the organization held a quali	ned conservation contribution in the for	Held at the End of the Tax Year
	day of the tax year.		
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic str		
a	Number of conservation easements included in (c) acquired		
~	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eased, extinguisned, or terminated by t	the organization during the tax
	year		
4	Number of states where property subject to conservation ea		-
5	Does the organization have a written policy regarding the pe		
~	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, and enforcing co	onservation easements during the year
-		11	
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conser	vation easements during the year
8	Does each conservation easement reported on line 2(d) abov		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial state	ements that describes the
Da	organization's accounting for conservation easements. rt III Organizations Maintaining Collections o	f Art Historical Treasures or	Other Similar Assets
FC	Complete if the organization answered "Yes" on Form		Other Similar Assets.
ia	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pul		
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fu	intherance of public service,
	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 tre		cial gain, provide
	the following amounts required to be reported under FASB A	-	•
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020

		LEY SUMMER	-				897940 Page	э <b>2</b>
Pai	t III   Organizations Maintaining C							
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that ma	ke signif	ficant use of its	6	
	collection items (check all that apply):							
а	Public exhibition	d		hange program				
b	Scholarly research	е	U Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	he organization's	exempt	purpose in Pa	rt XIII.	
5	During the year, did the organization solicit o	r receive donations of	of art, historical trea	sures, or other si	nilar ass	sets		
	to be sold to raise funds rather than to be ma							No
Pai	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes	" on For	m 990, Part IV	, line 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod							_
	on Form 990, Part X?					······ L	∐Yes ∐N	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:		г			
					-		Amount	
	Beginning balance					1c		
	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance							
	Did the organization include an amount on F				-	····· L		No
	If "Yes," explain the arrangement in Part XIII.							
Pai	t V Endowment Funds. Complete i						<del>.</del> .	<u> </u>
		(a) Current year	(b) Prior year	(c) Two years bac		hree years back		
	Beginning of year balance	9,098,696.	9,341,763.	8,720,15	1.	7,279,821		_
	Contributions	1,897,969.	FC 000		1	1,400,000	· · ·	
	Net investment earnings, gains, and losses	2,462,089.	56,933.	842,84	· L •	40,330	. 823,25	·/.
	Grants or scholarships							
е	Other expenditures for facilities	4 5 0 0 0 0	200.000	004 04				
	and programs	150,000.	300,000.	221,22	9.			
f	Administrative expenses	10.000 551						
g	End of year balance	13,308,754.	9,098,696.		3.	8,720,151	7,279,82	<u>.</u>
2	Provide the estimated percentage of the cur			a)) held as:				
a	Board designated or quasi-endowment	100	_%					
	Permanent endowment	%						
C		%						
	The percentages on lines 2a, 2b, and 2c sho	•						
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered	or the o	rganization	· · · · ·	
	by:							10
	(i) Unrelated organizations							X
	(ii) Related organizations							X
b	If "Yes" on line 3a(ii), are the related organiza						. 3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990			rt X, line	10.		
	Description of property	(a) Cost or of			) Accun		(d) Book value	
		basis (investr	nent) basis	(other)	depreci	lation		
	Land							
	Buildings		80	9,493.	106	5,982.	702,511	L •
	Leasehold improvements							
d	Equipment		1,76	3,216.	1774	4,685.	988,531	L .
	Other						4 ( 0 4 . 0 . 1 -	_
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)		🕨 📘	1,691,042	<u>۷.</u>

Schedule D (Form 990) 2020

(A)			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Ye		ne 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX Other Assets.			
Complete if the organization answered "Ye	s" on Form 990 Part IV lir	a 11d See Form 990 Part X line 15	
	a) Description	le Tru. See Form 930, Fart X, line T3.	(b) Book value
	uj besenption		
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		•
Part X Other Liabilities.			
Complete if the organization answered "Ye	s" on Form 990, Part IV, lir	ne 11e or 11f. See Form 990, Part X, line 2	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column (b) must equal Form 990 Part X col (B)	line 25 )		

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

#### SUN VALLEY SUMMER SYMPHONY, INC Schedule D (Form 990) 2020 Pa

82-0397940 Page 3

art VII	Investn	nents -	Other	Securities.	

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (b) must equal Form 000 Part V. col. (B) line 12.)		

Part XI       Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.         Complete if the organization answerd "Yes" on Form 990, Part IV, line 12a.         1       Total revenue, gains, and other support per audited financial statements       1       7, 311, 807.         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       1       7, 311, 807.         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2a       2, 436, 400.         3       Donated services and use of facilities       2b       2c         c       Recoveries of prior year grants       2c       2d         d       Other (Describe in Part XIII.)       2d       2d       2d         e       Add lines 2a through 2d       3       4, 875, 407.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       1       18, 397.         a       Other (Describe in Part XIII.)       4a       18, 397.         b       Other (Describe in Part XIII.)       4b       70, 412.         c       Add lines 4a and 4b       5       4, 964, 216.         Part XIII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       4, 964, 216.         Part XIII	Sche	dule D (Form 990) 2020 SUN VALLEY SUMMER SYMPHONY,	INC	1	82-	0397940	Page 4
1       Total revenue, gains, and other support per audited financial statements       1       7,311,807.         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       a       2a       2,436,400.         2       Bonated services and use of facilities       2b       2c       2c       2c         2       Cher (Describe in Part XIII.)       2d       2c       2c       2,436,400.         3       Subtract line 2e from line 1       2d       2c       2,436,400.       3       4,875,407.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a       18,397.       4       4a       18,397.         4       Amounts included on Form 990, Part VIII, line 7b       4a       18,397.       4c       88,809.         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5       4,964,216.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       3,702,425.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a       2a         1       Total expenses and losses per audited financial statements.       2a       2a       2a	Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts Wi				
2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:         a       Net unrealized gains (losses) on investments         b       Donated services and use of facilities         c       Recoveries of prior year grants         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       4,875,407.         4       18,397.         a       4,875,407.         4       18,397.         b       Other (Describe in Part XIII.)         c       Add lines 4a and 4b         4       18,397.         b       Other (Describe in Part XIII.)         c       Add lines 4a and 4b         4       18,397.         b       Other (Describe in Part XIII.)         c       Add lines 4a and 4b         5       4,964,216.         Part XIII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
a Net unrealized gains (losses) on investments       2a       2,436,400.         b Donated services and use of facilities       2b         c Recoveries of prior year grants       2c         d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       3         3 Subtract line 2e from line 1       3         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4a         c Add lines 4a and 4b       4c         5 Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answerd "Yes" on Form 990, Part IV, line 12a.         1 Total expenses and losses per audited financial statements         2 Amounts included on line 1 but not on Form 990, Part IX, line 25:         a Donated services and use of facilities         2 Amounts included on line 1 but not on Form 990, Part IX, line 25:         a Donated services and use of facilities         2 Amounts included on line 1 but not on Form 990, Part IX, line 25:         a Donated services in Part XIII.)         e Atd lines 2a through 2d       2e <td< th=""><th>1</th><th>Total revenue, gains, and other support per audited financial statements</th><th></th><th></th><th>1</th><th>7,311</th><th>,807.</th></td<>	1	Total revenue, gains, and other support per audited financial statements			1	7,311	,807.
b Donated services and use of facilities       2b         c Recoveries of prior year grants       2c         d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4c         c Add lines 4a and 4b       4c         5 Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       4c         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1 Total expenses and losses per audited financial statements         2 Amounts included on line 1 but not on Form 990, Part IX, line 25:         a Donated services and use of facilities         b Prior year adjustments         c Other losses         d Other (Describe in Part XIII.)         e Add lines 2a through 2d	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
c       Recoveries of prior year grants       2c         d       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       2e         3       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b         c       A88,809.         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5         4       Amounts included on Ine 1:       a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4b         7       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5       4, 964, 216.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       4, 964, 216.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       3, 702, 425.         1       Total expenses and losses per audited financial statements       1       3, 702, 425.         2       Donated services and use of facilities       2a       2a         b <t< th=""><th>a</th><th>Net unrealized gains (losses) on investments</th><th>2a</th><th>2,436,400.</th><th></th><th></th><th></th></t<>	a	Net unrealized gains (losses) on investments	2a	2,436,400.			
d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2e       2,436,400.         3 Subtract line 2e from line 1       3       4,875,407.         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a       18,397.         b Other (Describe in Part XIII.)       4a       18,397.         c Add lines 4a and 4b       4c       88,809.         5 Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       4,964,216.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       3,702,425.         1 Total expenses and losses per audited financial statements       2a       1       3,702,425.         2 Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a       2a         2 Donated services and use of facilities       2a       2a       2a       2a         4 Other (Describe in Part XIII.)       2d       2a	b	Donated services and use of facilities	2b				
e Add lines 2a through 2d       2e       2,436,400.         3 Subtract line 2e from line 1       3       4,875,407.         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a       18,397.         a Investment expenses not included on Form 990, Part VIII, line 7b       4a       18,397.         b Other (Describe in Part XIII.)       4b       70,412.         c Add lines 4a and 4b       4c       88,809.         5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5       4,964,216.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       3,702,425.         1 Total expenses and losses per audited financial statements       2a       2a       2a         2 Amounts included on line 1 but not on Form 990, Part IX, line 25:       2       2a       2a       2a         2 Donated services and use of facilities       2a       2a       2a       2a       2a       2a       2a       2a       0.         3 Subtract line 2e from line 1       2a       2a       2a       2a       2a       0.       3       3,702,4255.	С	Recoveries of prior year grants	2c				
3       Subtract line 2e from line 1       3       4,875,407.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a       18,397.         4       18,397.       4b       70,412.         b       Other (Describe in Part XIII.)       4c       88,809.         c       Add lines 4a and 4b       4c       88,809.         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5       4,964,216.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       3,702,425.         1       Total expenses and losses per audited financial statements       1       3,702,425.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       4d         a       Donated services and use of facilities       2a       4d         b       Prior year adjustments       2b       2c       2d         c       Other (Describe in Part XIII.)       2d       2e       0.         a       Add lines 2a through 2d       3       3,702,425.       3	d	Other (Describe in Part XIII.)	2d				
4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b         b       Other (Describe in Part XIII.)         c       Add lines 4a and 4b         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         5       4, 964, 216.         9art XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other IOsses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1	e	•			2e	2,436	<u>,400.</u>
4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b         b       Other (Describe in Part XIII.)         c       Add lines 4a and 4b         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I</i> , line 12.)         6       Arnounts included on Inf Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1	3	Subtract line 2e from line 1			3	4,875	<u>,407.</u>
b       Other (Describe in Part XIII.)       4b       70,412.         c       Add lines 4a and 4b       4c       88,809.         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5       4,964,216.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       4,964,216.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       3,702,425.         1       Total expenses and losses per audited financial statements       1       3,702,425.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a         a       Donated services and use of facilities       2b       2c         b       Prior year adjustments       2b       2c       2c         c       Other (Describe in Part XIII.)       2d       2e       0.         a       Add lines 2a through 2d       2e       0.       3       3,702,425.	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
c       Add lines 4a and 4b       4c       88,809.         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5       4,964,216.         Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements       1       3,702,425.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1       3,702,425.         a       Donated services and use of facilities       2a       2a         b       Prior year adjustments       2b       2c         c       Other (Describe in Part XIII.)       2d       2e       0.         e       Add lines 2a through 2d       2e       0.         3       Subtract line 2e from line 1       3       3,702,425.	а	Investment expenses not included on Form 990, Part VIII, line 7b					
5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       4,964,216.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       3,702,425.         1       Total expenses and losses per audited financial statements       1       3,702,425.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2       2         a       Donated services and use of facilities       2a       2         b       Prior year adjustments       2b       2         c       Other (Describe in Part XIII.)       2d       2         e       Add lines 2a through 2d       2e       0.         3       3,702,425.       3       3,702,425.	b	Other (Describe in Part XIII.)	4b	70,412.			
Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements       1       3,702,425.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1       3,702,425.         a       Donated services and use of facilities       2a       2a         b       Prior year adjustments       2b       2c         c       Other (Describe in Part XIII.)       2d       2e       0.         3       Subtract line 2e from line 1       3       3,702,425.	С					88	<u>,809.</u>
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       3,702,425.	_						,216.
1       Total expenses and losses per audited financial statements       1       3,702,425.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a         a       Donated services and use of facilities       2a       2a         b       Prior year adjustments       2b       2c         c       Other losses       2c       2d         d       Other (Describe in Part XIII.)       2d       2e       0.         3       Subtract line 2e from line 1       3       3,702,425.	Pa		ents W	ith Expenses per	Retu	rn.	
2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1							105
a Donated services and use of facilities       2a         b Prior year adjustments       2b         c Other losses       2c         d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3	1				1	3,702	,425.
b Prior year adjustments       2b       2c         c Other losses       2c       2c         d Other (Describe in Part XIII.)       2d       2e         e Add lines 2a through 2d       2e       0.         3 Subtract line 2e from line 1       3       3,702,425.	2						
c Other losses     2c       d Other (Describe in Part XIII.)     2d       e Add lines 2a through 2d     2e       3 Subtract line 2e from line 1     3	а						
d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3	b						
e Add lines 2a through 2d         2e         0.           3 Subtract line 2e from line 1         3         3,702,425.	С						
3 Subtract line 2e from line 1 3 3,702,425.	d		2d				•
uuuuuuuuu	е	6					.0.
A Amounta included on Form 000, Dart IV, line 25, but not on line 1;	3				3	3,702	,425.
	4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		10 207			
a Investment expenses not included on Form 990, Part VIII, line 7b4a18,397.b Other (Describe in Part XIII.)4b70,412.	а			18,397.			
			4b	70,412.	/69ve///61/8rr8///629).		000
c Add lines 4a and 4b       4c       88,809.         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       3,791,234.	С						
5 Total expanses Additions 2 and 40 (This must equal Form 000 Part Lline 18) $[5, 3, 79]$ 2.34.	5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,791	,234.
<b>5</b> Total expenses. Add lines $5$ and $40$ . (This must equal to the set, $1$ and $1$ , $1$ in $70$ .)	Do	rt 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 X, LINE 2:

### UNCERTAIN TAX POSITIONS

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, THE FESTIVAL MAY RECOGNIZE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS

		SUMMER SYMPHONY,	INC 82-03979	940 Page 5
Part XIII Supplemental Inform	nation (continued)			
IDENTIFIED OR RECORI	DED AS LIAB	ILITIES FOR FISCAL	YEARS 2021 OR 2020.	THE
FESTIVAL FILES FORM	990 IN THE	U.S. FEDERAL JURI	SDICTION. THE FESTIV	/AL IS
GENERALLY NO LONGER	SUBJECT TO	EXAMINATION BY TH	E INTERNAL REVENUE S	SERVICE
FOR YEARS BEFORE 201	7.			

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NETTED WITH REVENUE

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NETTED WITH REVENUE

PART V, LINE 4

BOARD DESIGNATED ENDOWMENT FUNDS WERE ESTABLISHED TO PROVIDE A PREDICTABLE STREAM OF FUNDING FOR OPERATIONS WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS.

SCHEDULE G Suppl	leme	ntal Information Regarding	Fun	drais	ing or Gaming	Activ	vities	OMB No. 1545-0047
(Form 990 or 990-EZ) Complete		e organization answered "Yes" on organization entered more than \$1					or if the	2020
Department of the Treasury		Attach to Form 990	or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service Name of the organization	► Go	to www.irs.gov/Form990 for instr	uction	is and	the latest informat	tion.		Inspection Intification number
Ŭ	VAL	LEY SUMMER SYMPHON	ΓY,	INC			82-0397	
		Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
required to complete th		t. sed funds through any of the followir	a acti	vition	Chock all that apply	,		
a Mail solicitations	on rais		•		overnment grants	•		
<b>b</b> Internet and email solicit	ations	f Solicitat	tion of	gover	nment grants			
c Phone solicitations d In-person solicitations		g 🛄 Special	fundra	aising	events			
•	itten c	or oral agreement with any individual	(inclue	ding o	fficers, directors, tru	stees	, or	
		art VII) or entity in connection with p			-		Yes	
b If "Yes," list the 10 highest pai compensated at least \$5,000		viduals or entities (fundraisers) pursu	uant to	agree	ements under which	the fu	ndraiser is to t	De
	by the							1
(i) Name and address of individu	al	(ii) Activity	fùndr	Did aiser ustody	(iv) Gross receipts	tò (o	Amount paid r retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)		(ii) / Stivity		ustody itrol of utions?	from activity	fundraiser listed in col. (i)	organization	
			Yes	No				
Total	<u></u>							
3 List all states in which the orgation or licensing.	nizatio	n is registered or licensed to solicit	contrib	oution	s or has been notifie	d it is	exempt from r	egistration

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990.F7 lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Hevenue	1	Gross receipts	493,752.			493,752
	2	Less: Contributions	343,401.			343,401
$\downarrow$	3	Gross income (line 1 minus line 2)	150,351.			150,351
	4	Cash prizes				
2	5	Noncash prizes				
xperise	6	Rent/facility costs				
Uirect Expenses	7	Food and beverages	149,018.			149,018.
	11	Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I	44,421. 9 in column (d) ine 3, column (d)		►	44,421 193,439 -43,088
⊃a	rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than	
Kevenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
e L	1	Gross revenue				
ses	2	Cash prizes				
	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	í from line 1, column (d)			
а	ls t	er the state(s) in which the organization conduct he organization licensed to conduct gaming a No," explain:	ctivities in each of these			Yes No

032082 11-25-20

Sch	nedule G (Form 990 or 990-EZ) 2020 SUN VALLEY SUMMER SYMPHONY, INC 82-0	0397940	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:		
ł	a The organization's facility	13a	%
	b An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address 🕨		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
1	b If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount		
-	of gaming revenue retained by the third party $\triangleright$ \$		
(	c If "Yes," enter name and address of the third party:		
	Name		
	Address 🕨		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
â	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	·	·
	retain the state gaming license?	Yes	No No
ł	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 \$		
Pa	<b>art IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lines 9,	9b, 10b,

Schedule G (Form 990 or 990-EZ)	SUN	VALLEY	SUMMER	SYMPHONY,	INC	
Part IV   Supplemental Infor	matior	l (continued)				

Failly 3	Supplemental informa	ation (continued)		

<b>(Fo</b>	SCHEDULE J (Form 990) Department of the Treasury Internal Revenue Service SCHEDULE J (Form 990) For certain Officers, Directors, Trustees, Key Compensated Employ Complete if the organization answered "Yes" of Attach to Form 990 Go to www.irs.gov/Form990 for instructions	/ Employees, and Highest ees n Form 990, Part IV, line 23.	<b>20</b> Open 1	. 1545-00 <b>)20</b> to Publection	lic
-	Name of the organization		oloyer identificat	ion nu	mber
	SUN VALLEY SUMMER SYMPHONY,	· · ·	82-039794		
Pa	Part I Questions Regarding Compensation	1110	02 00070		
110/000				Yes	No
1a	Travel for companions Payments f Tax indemnification and gross-up payments Health or su		se ice		
b	<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written p	olicy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," com	plete Part III to explain			
2	2 Did the organization require substantiation prior to reimbursing or allowing expentituatees, and officers, including the CEO/Executive Director, regarding the items	•	2		
3	CEO/Executive Director. Check all that apply. Do not check any boxes for metho establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written em Independent compensation consultant Compensation				
4	organization or a related organization:				v
a					X X
b					X
С	<ul> <li>c Participate in or receive payment from an equity-based compensation arrangement</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts</li> </ul>	***************************************	4c		
	<ul> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization persons on the revenues of:</li> </ul>	e lines 5-9. Day or accrue any compensation			x
b	b Any related organization?				Х
	contingent on the net earnings of:		6a		x
	b Any related organization?			1	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 p	provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III		7		X
8	8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Ye				x
9	Regulations section 53.4958-6(c)?				
1 1 1 1	1114 For Denominary Deduction Act Nation and the Instructions for Form 000		Cabadula 1/Eau	000	1 0000

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

Schedule J (Form 990) 2020

82-0397940

## 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation
			compensation	Denents	in column (B) reported as deferred on prior Form 990			
(1) DEREK DEAN	(i)	1		0.	1	0.		0.
EXECUTIVE DIRECTOR	(ii)		,	0.		0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							· · · · · · · · · · · · · · · · · · ·
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

## Part III Supplemental Information

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

Schedule J (Form 990) 2020

## SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

20

ſ

Department of the Treasury Internal Revenue Service	
	Department of the Treasury
Internal Revenue Service	Deparament of the measury
	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

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

Inspection Employer identification number 82-0397940

## SUN VALLEY SUMMER SYMPHONY, INC

Pa	rt I Types of Property				
		(a)	(b)	(c)	(d)
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of determining noncash contribution amounts
		applicable		Form 990, Part VIII, line 1g	honeash contribution amounts
Ť	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	8	104,947.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
	trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				
	Historic structures				
14	Qualified conservation contribution - Other	-			
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► ()				
26	Other 🕨 ()				
27	Other 🕨 ()				
28	Other 🕨 ()				
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	contributions	
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	gement	
					Yes No
30a	During the year, did the organization receive b	y contributio	on any property rep	ported in Part I, lines 1 throu	gh 28, that it
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't required to be u	Send Service Se
	exempt purposes for the entire holding period	?			
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance				
32a	Does the organization hire or use third parties	or related or	ganizations to soli	icit, process, or sell noncash	
	contributions?	****			
b	If "Yes," describe in Part II.				

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2020

Schedule M (Form 990) 2020	SUN	VALLEY	SUMMER	SYMPHONY,	INC
Part II Supplementa	l Inforr	nation. Prov	/ide the inform	ation required by Pa	art I. line

**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 O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



SUN VALLEY SUMMER SYMPHONY, INC

Employer identification number 82-0397940

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE HAS BROAD AUTHORITY TO ACT ON BEHALF OF THE

GOVERNING BODY BETWEEN MEETINGS AND WHEN BOARD MEETINGS ARE NOT PRACTICAL.

THE COMMITTEE IS COMPRISED OF THE PRESIDENT, VICE-PRESIDENT, SECRETARY AND

TREASURER OF THE BOARD OF DIRECTORS.

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

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND FINANCE MANAGER

PRIOR TO FILING. A COPY OF THE FORM 990 IS PROVIDED TO THE FULL BOARD OF

DIRECTORS AFTER FILING HAS BEEN COMPLETED.

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

THE CONFLICT OF INTEREST POLICY IS COMPLETED BY EACH BOARD MEMBER AND STAFF ANNUALLY AND REVIEWED BY TWO MEMBERS OF THE GOVERNANCE COMITTEE. IF A

CONFLICT OF INTEREST IS FOUND TO EXIST, THE DIRECTOR WITH THE CONFLICT

WILL ABSTAIN FROM VOTING ON THE MATTER.

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

THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED AND DETERMINED BY THE

PRESIDENT OF THE BOARD AND THE HUMAN RESOURCES COMMITTEE USING

COMPARABILITY DATA. THE COMPENSATION PROCESS AND OUTCOME IS DOCUMENTED IN

THE MINUTES OF THE HR COMMITTEE MEETINGS.

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

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST. THE BOARD IS CONSIDERING ALSO

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page Employer identification number
SUN VALLEY SUMMER SYMPHONY, INC	82-0397940
UPLOADING THE 990 TO THE WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	1,139,357
MANAGEMENT AND GENERAL EXPENSES	11,527
FUNDRAISING EXPENSES	141,458
TOTAL EXPENSES	1,292,342
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,292,342

Form <b>990-T</b>	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	╸┟	OMB No. 1545-0047
	For calendar year 2020 or other tax year beginning NOV 1, 2020 , and ending OCT 31, 202	1	2020
	► Go to www.irs.gov/Form990T for instructions and the latest information.	± ·	
Department of the Treasury Internal Revenue Service	<ul> <li>Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).</li> </ul>		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed.	Name of organization ( Check box if name changed and see instructions.)	<b>D</b> Empl	oyer identification number
<b>B</b> Exempt under section	Print SUN VALLEY SUMMER SYMPHONY, INC		2-0397940
<b>X</b> 501( <b>C</b> )( <b>3</b> )	or Number, street, and room or suite no. If a P.O. box, see instructions.		o exemption number nstructions)
408(e) 220(e)	PO BOX 1914		
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code		
529(a) 529S	SUN VALLEY, ID 83353	F	Check box if
	C Book value of all assets at end of year > 21,678,504.		an amended return.
		oplical	ole reinsurance entity
H Check if filing only to			
	organization filing a consolidated return with a 501(c)(2) titleholding corporation		
	attached Schedules A (Form 990-T)		
			Yes X No
	ame and identifying number of the parent corporation. ► re of ► STACIE BREW Telephone number ► 2	00	622 5607
	related Business Taxable Income	00-	022-3007
	business taxable income computed from all unrelated trades or businesses (see	1	0.
2 Reserved		2	
3 Add lines 1 and 2		3	
4 Charitable contrib	utions (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 Deduction for net	operating loss. See instructions	6	
7 Total of unrelated	business taxable income before specific deduction and section 199A deduction.		
Subtract line 6 fro	m line 5	7	
8 Specific deduction	n (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 1	99A deduction. See instructions	9	
10 Total deductions	. Add lines 8 and 9	10	1,000.
11 Unrelated busine	ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
enter zero		11	0.
Part II Tax Com			
	xable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
	trust rates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 from		2	
3 Proxy tax. See ins		3	
•	s. See instructions	4	
	um tax (trusts only)	5	
	liant facility income. See instructions	6	
	through 6 to line 1 or 2, whichever applies	7	<u> </u>
LHA For Paperwork I	Reduction Act Notice, see instructions.		Form <b>990-T</b> (2020)

Form 9	90-T (2020)		Page <b>2</b>
Part	III Tax and Payments		
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a		
b	Other credits (see instructions) 1b		
с	General business credit. Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d		
е	Total credits. Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2	0.
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	3	
4	Total tax. Add lines 2 and 3 (see instructions).		
	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 2020 6a		
b	2020 estimated tax payments. Check if section 643(g) election applies		
с	Tax deposited with Form 8868 6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d		
е	Backup withholding (see instructions) 6e		
f	Credit for small employer health insurance premiums (attach Form 8941) 6f		
g	Other credits, adjustments, and payments: Form 2439		
	□ Form 4136 Other Total ► 6g		
7	Total payments. Add lines 6a through 6g	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
	Enter the amount of line 10 you want: Credited to 2021 estimated tax  Refunded	11	
Part	<b>IV</b> Statements Regarding Certain Activities and Other Information (see instructions)		
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here		
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a		
	foreign trust?	•••••	X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year > \$	·	
4a	Did the organization change its method of accounting? (see instructions)		X
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"		
-	explain in Part V	<u></u>	
Part	V Supplemental Information		

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examin correct, and complete Docta another to prevater ("ther the signature of officer	har taxpay in is passed on all information of which			May t the pr	dge and belief, it is true, the IRS discuss this return with reparer shown below (see ictions)? X Yes No
Paid Preparer	Print/Type prepared form	Preparer's signature ROBERT SHAPPEE	Date 03/09/22	Check self- employ		PTIN P00447940
Use Only		•, PLLC		Firm's EIN		26-4022510
	1120 S. R         Firm's address ►         MERIDIAN,	ACKHAM WAY, SUITE ID 83642	100	Phone no.	(2	08) 333-8965
						Form <b>990-T</b> (2020)

SCHE	EDL	JLE	Α
(Form	ו 99	90-1	<b>[</b> ]

Department of the Treasury

Internal Revenue Service

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

► 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

of

ENTITY

B Employer identification number

1

82-0397940

D Sequence:

#### А Name of the organization SUN VALLEY SUMMER SYMPHONY, INC

541800 Unrelated business activity code (see instructions) С

#### Describe the unrelated trade or business ADVERTISING Ε

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
	Gross receipts or sales	4.			
ь 2	Less returns and allowances c Balance Cost of goods and (Part III, Jins 2)	1c 2			
2	Cost of goods sold (Part III, line 8) Gross profit. Subtract line 2 from line 1c	_∠ 3			
4a	Capital gain net income (attach Sch D (Form 1041 or Form	5			
	1120)) (see instructions)	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)	-			
10	organizations (Part VII)	9 10			
10	Exploited exempt activity income (Part VIII)	10			
12	Other income (see instructions; attach statement)	12			
12 13	Total. Combine lines 3 through 12	12	0.		

### Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages				
3	Repairs and maintenance				
4	Bad debts				
5	Interest (attach statement) (see instructions)				
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	Depletion			9	
10	Contributions to deferred compensation plans				
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)			14	
15	Total deductions. Add lines 1 through 14			15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	m Part I	, line 13,		
	column (C)			16	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.			Schedu	ile A (Form 990-T) 2020

Ϋ́		1
ОМВ	No.	1545-0047

1

Part III	A (Form 990-T) 2020 Cost of Goods Sold Enter meth	nod of inventory valuat	tion 🕨		Page
<b>1</b> In	ventory at beginning of year				
	urchases				
	ost of labor				
	dditional section 263A costs (attach statement)				
<b>5</b> O	ther costs (attach statement)				
	otal. Add lines 1 through 5				
	ventory at end of year				
8 C	ost of goods sold. Subtract line 7 from line 6. Enter h	nere and in Part I, line	2		
9 Do	o the rules of section 263A (with respect to property	produced or acquired	for resale) apply to the	organization?	Yes No
Part IV	Rent Income (From Real Property and	d Personal Prope	erty Leased with R	leal Property)	
<b>1</b> De	escription of property (property street address, city, s	state, ZIP code). Checl	k if a dual-use (see instr	uctions)	
Α					
В					
С					
D					
		Α	В	С	D
<b>2</b> R	ent received or accrued				
a Fr	om personal property (if the percentage of				
re	nt for personal property is more than 10%				
bı	ut not more than 50%)				
<b>b</b> Fr	rom real and personal property (if the				
pe	ercentage of rent for personal property exceeds				
50	0% or if the rent is based on profit or income)				
c To	otal rents received or accrued by property.				
A	dd lines 2a and 2b, columns A through D				
<b>3</b> To	otal rents received or accrued. Add line 2c columns A	through D. Enter here	e and on Part I, line 6, c	olumn (A) 🕨 🕨	0
De	eductions directly connected with the income				
<b>4</b> in	lines 2(a) and 2(b) (attach statement)				
	otal deductions. Add line 4 columns A through D. En		line 6, column (B)		0
Part V	Unrelated Debt-Financed Income (se	e instructions)			
<b>1</b> De	escription of debt-financed property (street address,	city, state, ZIP code).	Check if a dual-use (see	e instructions)	
Α					
В					
С					
D					
		Α	В	С	D
<b>2</b> G	ross income from or allocable to debt-financed				
pr	roperty				
<b>3</b> De	eductions directly connected with or allocable				
to	debt-financed property				
a St	traight line depreciation (attach statement)				
<b>b</b> O	ther deductions (attach statement)				
	otal deductions (add lines 3a and 3b,				
СС	plumns A through D)				
	mount of average acquisition debt on or allocable				
	debt-financed property (attach statement)				
	verage adjusted basis of or allocable to debt-				
	hanced property (attach statement)				
	ivide line 4 by line 5	%	%	%	(
	ross income reportable. Multiply line 2 by line 6	/0	/0	,0	
. 0	otal gross income (add line 7, columns A through D)	Enter here and on Pa	ut Lline 7 column (Δ)	►	0
8 7/	and a solution (add inter, columns A through D)	. Lines nere and on Fa		····· 🗲	v
8 To					
	llocable deductions. Multiply line 3c by line 6				
<b>9</b> Al	llocable deductions. Multiply line 3c by line 6 otal allocable deductions. Add line 9, columns A thr	ough D. Enter here an		an (B)	0

connected with

Exempt Controlled Organizations

payments made

4. Total of specified 5. Part of column 4 6. Deductions directly

that is included in the

Page 3

		number	(see ins	structions)				s gross inc		inc	come in column 5
(1)								0			
(2)											
(3)											
(4)											
		No	nexempt (	Controlled O	rganizati	ions					
7	ì	Net unrelated ncome (loss) e instructions)		otal of specif yments mad		<b>10.</b> Part of that is inc controlling of gross	luded organi:	in the zation's		con	ductions directly inected with e in column 10
(1)											
(2)											
(3)											
(4)											
	·					Add colum Enter here a line 8, c	and or	n Part I,	Ente	er he	lumns 6 and 11. ere and on Part I, 8, column (B)
Totals					►			0.			0.
Part	VII Investment Income	of a Section 50	)1(c)(7),	(9), or (17	) Orga	nization (se	ee inst	ructions)			
	1. Description of	income		2. Amou incon		<b>3.</b> Deduction directly connected (attach state)	ected	<b>4.</b> Set (attach s	asides tateme	nt)	5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
Totals			•	Add amou column 2. here and ou line 9, colu	. Enter n Part I,						Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 •
Part	VIII Exploited Exempt	Activity Income	, Other	Than Adv	ertisir	ng Income (	see in	structions	)	nineinund	
1	Description of exploited activity	-	,			<b>.</b>			Í		
2	Gross unrelated business incon		iness. Ente	er here and c	on Part I.	, line 10, colum	ın (A)		2		
3	Expenses directly connected w										
	line 10, column (B)	•							3		
4	Net income (loss) from unrelate		Subtract li	ine 3 from lin	ie 2. If a	gain, complete	)		4		
5	Gross income from activity that								5		
6	Expenses attributable to incom								6		
7	Excess exempt expenses. Subt										
	4. Enter here and on Part II, line	12	<u></u>	<u>.</u>	<u></u>	·····		oosossaas <u>a</u>	7		
									chedu	le A	(Form 990-T) 2020

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

3. Net unrelated

income (loss)

2. Employer

identification

T) 2020

Schedule A (Form 990-T) 2020

1. Name of controlled

organization

Schedule A	(Form	990-T)	2020
Ochequie A		550-17	2020

Part IX       Advertising Income         1       Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.         A       B         B	corresponding column.   A B C D   Part I, line 11, column (A) 0.     Part I, line 11, column (B)     0.     0.     1 <th>1       Name(a) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.         A       B         B       C         C       C         D       C         Enter amounts for each periodical listed above in the corresponding column.         2       Gross advertising income         Add columns A through D. Enter here and on Part I, line 11, column (A)         a       Add columns A through D. Enter here and on Part I, line 11, column (B)         a       Add columns A through B. Enter here and on Part I, line 11, column (B)         4       Advertising gain (loss). Subtract line 3 from line         2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a gain, complete lines 5 through 7, and enter zero on line 8         5       Readership costs.         6       Circulation income         7       Excess readership costs. If line 6 is less than line 6, enter zero         8       Excess readership costs. If line 6 is less than line 6, enter zero         1       Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13         Part X       Compensation of Officers, Directors, and Trustees (see instructions)         1       Name         2       %</th> <th></th> <th>e A (Form 990-T) 2020</th> <th></th> <th></th> <th></th> <th></th> <th>F</th> <th>Page 4</th>	1       Name(a) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.         A       B         B       C         C       C         D       C         Enter amounts for each periodical listed above in the corresponding column.         2       Gross advertising income         Add columns A through D. Enter here and on Part I, line 11, column (A)         a       Add columns A through D. Enter here and on Part I, line 11, column (B)         a       Add columns A through B. Enter here and on Part I, line 11, column (B)         4       Advertising gain (loss). Subtract line 3 from line         2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a gain, complete lines 5 through 7, and enter zero on line 8         5       Readership costs.         6       Circulation income         7       Excess readership costs. If line 6 is less than line 6, enter zero         8       Excess readership costs. If line 6 is less than line 6, enter zero         1       Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13         Part X       Compensation of Officers, Directors, and Trustees (see instructions)         1       Name         2       %		e A (Form 990-T) 2020					F	Page 4
A   B   C   D	corresponding column.   A B C D   Part I, line 11, column (A) 0.   Part I, line 11, column (B) 0.	A       B       B         C       B       B         D       B       C       D         C       C       C       D         C       C       C       D         C       C       C       D         C       C       C       D         C       Cross advertising income       A       B       C       D         Add columns A through D. Enter here and on Part I, line 11, column (A)       A       O       O         Competitions A through D. Enter here and on Part I, line 11, column (B)       O       O       O         Add columns A through D. Enter here and on Part I, line 11, column (B)       O       O       O         Add columns A through B. For any column in line 4 showing a gain, complete lines 5 through 7, and enter zero on line 8       E       I       O         S       Readership costs.       I       I       I       I       I         7       Excess readership costs.       I       I       I       I       I       I         8       Excess readership costs. If line 6 is less than line 6, enter zero       I       I       I       I       I       I       I       I       I       I       I       I <th>ran ix</th> <th>Advertising Income</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	ran ix	Advertising Income						
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than line 6, enter zero     Image: Constraint of the second	m	than line 6, enter zero       8       Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7       1 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>								
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deduction. For each column showing a gain on		deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7       Image: Columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13       Image: Columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13       Image: Columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13       Image: Columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13       Image: Columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13       Image: Columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13       Image: Columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13       Image: Columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13       Image: Columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13       Image: Columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13       Image: Columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13       Image: Columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13       Image: Columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13       Image: Columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13       Image: Columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13								
		ine 4, enter the lesser of line 4 or line 7       0         a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on       0         Part II, line 13       0         Part X       Compensation of Officers, Directors, and Trustees (see instructions)         1. Name       2. Title         1. Name       2. Title         (1)       %         (2)       %         (3)       %								
line 4, enter the lesser of line 4 or line 7		a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 0 Part X Compensation of Officers, Directors, and Trustees (see instructions)  1. Name 2. Title 3. Percentage of time devoted to business 4. Compensation attributable to unrelated business (1) (2) (3) (1) (2) (3) (1) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3								
		Part II, line 13       0         Part X       Compensation of Officers, Directors, and Trustees (see instructions)         1. Name       2. Title         1. Name       2. Title         (1)       6         (2)       6         (3)       7								
		Part X       Compensation of Officers, Directors, and Trustees (see instructions)         1. Name       3. Percentage of time devoted to business         1. Name       2. Title         3. Percentage of time devoted to business         (1)       5. Title         (2)       6. Compensation         (3)       6. Compensation								~
Part II, line 13		1. Name2. Title3. Percentage of time devoted to business4. Compensation attributable to unrelated business(1)(2)%(3)%		Part II, line 13		a 14440		<b>&gt;</b>		0.
Part X Compensation of Officers, Directors, and Trustees (see instructions)		1. Name2. Titleof time devoted to businessattributable to unrelated business(1)(2)%(3)%	Part X	Compensation of Officers, Dir	ectors, an	nd Trustees (s	ee instructions)			
3. Percentage 4. Competence	rectors, and Trustees (see instructions)	to business     unrelated business       (1)     C       (2)     C       (3)     C						3. Percentage	<ol> <li>Compensatio</li> </ol>	n
1. Name2. Titleof time devotedattributa	rectors, and Trustees (see instructions)	(1)       (1)       (1)         (2)       (2)       (2)         (3)       (3)       (3)		1. Name		2. Title		of time devoted	attributable to	
to business unrelated b	rectors, and Trustees (see instructions)         3. Percentage       4. Compensation	(2)         %           (3)         %						to business	unrelated busine	ss
(1) %	rectors, and Trustees (see instructions)         3. Percentage         2. Title         of time devoted         attributable to	(3) %	(1)					%		
(2) %	rectors, and Trustees (see instructions)         3. Percentage         4. Compensation         of time devoted         to business         unrelated business		2)					%		
	rectors, and Trustees (see instructions)         2. Title         3. Percentage of time devoted to business         4. Compensation attributable to unrelated business         9		(3)					%		
3) %	rectors, and Trustees (see instructions)         3. Percentage       4. Compensation         of time devoted       attributable to         to business       unrelated business         %       %		(4)					%		
	See instructions)         2. Title       3. Percentage of time devoted to business       4. Compensation attributable to unrelated business         %         %         %									
	See instructions)         2. Title       3. Percentage of time devoted to business       4. Compensation attributable to unrelated business         %         %         %									
(1)     %       (2)     %	rectors, and Trustees (see instructions)         3. Percentage         2. Title         of time devoted	(4) %	(2) (3)					% % %		nrelated busine
	<b>^</b>	Compensation of Officers, Directors, and Trustees (see instructions)       3. Percentage of time devoted to business       4. Compensation attributable to unrelated business         1. Name       2. Title       3. Percentage of time devoted to business       4. Compensation attributable to unrelated business         1)       5.       5.       5.         2)       5.       5.       5.         3)       5.       5.       5.								0
		Part X       Compensation of Officers, Directors, and Trustees (see instructions)         1. Name       3. Percentage of time devoted to business       4. Compensation attributable to unrelated business         1)       5. Title       5. Title         2)       5. Title       5. Title         3)       5. Title       5. Title								0.
Part X Compensation of Officers Directors and Trustees (see instructions)		1. Name2. Title3. Percentage of time devoted to business4. Compensation attributable to unrelated business1)2)%3)%		Compensation of Officers Dir	ectors an	d Trustees (a	oo instructions)			0.
	(actors, and Trusteen, (actorization))	1. Name2. Titleof time devoted to businessattributable to unrelated business(1)(2)%(3)%	FailA	Compensation of Onicers, Dif	ectors, an		ee instructions)			
	rectors, and Trustees (see instructions)	1)		1. Name		2. Title		-		n
1. Name2. Titleof time devotedattributa	rectors, and Trustees (see instructions)	1)		1. Name		2. Title		of time devoted	attributable to	
to business unrelated b	rectors, and Trustees (see instructions)         3. Percentage       4. Compensation	2) 3)						to business	unrelated busine	ss
	rectors, and Trustees (see instructions)         3. Percentage         2. Title         of time devoted         attributable to	2) 3)	(1)						diffelated busilies	
	rectors, and Trustees (see instructions)         3. Percentage         4. Compensation         of time devoted         to business         unrelated business	3) %								
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	rectors, and Trustees (see instructions)         2. Title         3. Percentage of time devoted to business         4. Compensation attributable to unrelated business         9							%		
	rectors, and Trustees (see instructions)         3. Percentage       4. Compensation         2. Title       of time devoted       attributable to         to business       unrelated business         %       %									
3	rectors, and Trustees (see instructions)         3. Percentage       4. Compensation         2. Title       of time devoted       attributable to         to business       unrelated business         %       %									
	See instructions)         2. Title       3. Percentage of time devoted to business         4. Compensation attributable to unrelated business         5. Title       5. Percentage of time devoted to business         6. Title       5. Percentage of time devoted to business         7. Title       7. Title         8. Percentage of time devoted to business       1. Compensation         8. Percentage of time devoted to business       1. Compensation         9. Percentage of time devoted to business       1. Percentage of time devoted to business         9. Percentage of time devoted to business       1. Percentage of time devoted to business         9. Percentage of time devoted to business       1. Percentage of time devoted to business	<b>4</b> ) %	4)					%		
	See instructions)         2. Title       3. Percentage of time devoted to business       4. Compensation attributable to unrelated business         %         %         %									

Form 41 State Tax Commission Corporation Income Tax Return

Don't Staple

**IDAHO** 

	1.001001000			•••••						
- [	Amended Return? Check the box. See page 1 of instructions for reasons to	For calendar year 2020 or fiscal	Mo Day	Year		Mo Day Year		Sta	te use 1021	
	amend and enter the number that applies.	year beginning	11/1	20	ending	10/31/2021				
Bus	iness name			use only	-l_	Federal Employer Ide	entificati	on Numb	er (EIN	1)
SL	N VALLEY SUMMER SYMPHONY, INC		S	UNV		820	39794	40		
	rent business mailing address				ᅴᄂ					
PC	BOX 1914									
City		State	ZIP Code		•			N	IAICS	6 Code
	N VALLEY	ID	83353							
_	. If a federal audit was finalized this year, e	-						Yes	. г	
	<ul> <li>Is this an inactive corporation or nameho</li> <li>a. Were federal estimated tax payments</li> </ul>	-						Yes		X No X No
	<ul> <li>b. Were estimated tax payments</li> </ul>							Yes	. F	
	. Is this a final return?							Yes		X No
-	If yes, check the proper box below and e	nter the date the e	event occurr	ed				163	Ŀ	
	Withdrawn from Idaho Dissolv		erged or rec			Enter new EIN				
5	. Is this an electrical or telephone utility?		-	-				Yes	- T	X No
6								1		
7	. Did you use the combined reporting meth							Yes	- Г	X No
	a. Does this corporation own more than 5							Yes		X No
	b. Does another corporation own more th		,					Yes		X No
	c. Does one interest own more than 50%	of this corporatio	n and anoth	er corpor	ation?			Yes	- 1	X No
	d. Are two or more corporations in this rep	ort operating in Ida	aho or autho	rized to do	o busin	ess in Idaho?		Yes	- [	X No
8	. If you're a multinational unitary group, and	swer questions a,	b and c. Co	mplete Fo	orm 42.					
	a. Check the box for your filing method:	- worldwide re	eturn - [	water	's-edge	e return See For	m 14.			
	b. If you're filing a water's-edge return, do	you elect not to	file the wate	r's-edge s	spreads	sheets?		Yes	- [	No No
	c. If you're filing a worldwide return, did yo	u compute foreign	income by r	naking bo	ok-to-t	ax adjustments?		Yes	- [	No
ç	. Did you claim the property tax exemption	for investment ta	x credit prop	perty acqu	uired th	is tax year?		Yes	- [	X No
10	. Are one or more corporations in this repo	rt using cost of pe	erformance t	o comput	e the s	ales factor?		Yes	- [	X No
A	dditions									
11	<ul> <li>Federal taxable income. See instructions</li> <li>Interest and dividends not taxable under</li> <li>State, municipal, and local taxes measure</li> </ul>					1	1			0
<u>a</u> 12	. Interest and dividends not taxable under	Internal Revenue	Code				2			0
<b>de</b> 13	. State, municipal, and local taxes measure	ed by net income				······•[1	3			0
0 14	. Net operating loss deducted on rederar re	eturn			•••••	······	4			0
15 16 16							5			0
<b>6</b> 16	. Bonus depreciation. Include a schedule						6			0
17	. Other additions, including additions from					-	7			0
	Add lines 11 through 17						8			0
	ubtractions									0
	. Foreign dividend gross-up (Sec. 78, Inter						9			0
	. Interest from Idaho municipal securities .									
21	<b>0 0</b>					0				
22 23	1						23			0
24							24			0
25						0	.4			
26					_	0				
27	-					-	27			0
28							28			0
29	•						29			0
30	· –						10			0
31							31			0
	Continue to						•			
R	IAIL TO: Idaho State Tax Commission		nise ID 827	756_0050						
			0130 10 031	20-0030						

Include a complete copy of your federal Form 1120. EFO00025 09-08-2020

0 2 0 2 0 0 0 7



IDA	HO State Tax Commission	Form	41	2020	(continued)
32.	Net business income subject to apportionment. Enter the amount from line 31	32			0
33.	Corporations with all activity in Idaho enter 100%. Multistate/multinational corporations				
	complete and include Form 42; enter the apportionment factor from Form 42, Part I, line 21	<b>-</b>	33		100.0000%
34.	Net business income apportioned to Idaho. Multiply line 32 by the percent on line 33		34		0
35.	Income allocated to Idaho. See instructions		35		0
36.	Idaho net operating loss carryover carryback Enter tot	al	36		0
	Idaho taxable income. Add lines 34 and 35, then subtract line 36		37		0
	Idaho income tax. Multiply line 37 by 6.925%. Minimum \$20 for each corporation (See instructions		38		0
	edits	-			
39.	Credit for contributions to Idaho educational entities	0			
40.	Credit for contributions to Idaho youth and rehabilitation facilities	0			
	Total business income tax credits from Form 44, Part I, line 10.				
	Include Form 44	0			
42.	Total credits. Add lines 39 through 41		42		0
	Subtract line 42 from line 38. If line 42 is greater than line 38, enter zero		43		0
	ner Taxes	_			
	Permanent building fund tax. Enter \$10. Combined reports include \$10 for				
	each corporation operating or authorized to do business in Idaho	-	44		10
45.	Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44		45		0
	Fuels tax due. Include Form 75		46		0
	Sales/use tax due on untaxed purchases (online, mail order, and other)		47		0
	Tax from recapture of qualified investment exemption (QIE). Include Form 49ER		48		
	Total tax. Add lines 43 through 48		49		10
	Underpayment interest. Include Form 41ESR		50		0
	Donation to Opportunity Scholarship Program		51		
	Add lines 49 through 51		52		10
	/ments and Other Credits				
-	Estimated tax payments. If made under other EINs, provide EINs, amounts, and rollforwards	-	53		0
	Special fuels tax refund0 Gasoline tax refund0 Include Form		54		0
	Tax Reimbursement Incentive credit. Include certificate		55		
	Total payments and other credits. Add lines 53 through 55		56		0
	fund or Payment Due				
	Tax due. If line 52 is more than line 56, subtract line 56 from line 52	-	57		10
	Penalty0 Interest from the due date0 Enter total	······	58		0
59.	Total Due. Add lines 57 and 58	59		10	
60.	Overpayment. If line 52 is less than line 56, subtract line 52 from line 56	-	60		0
61	Refund. Amount of line 60 you want refunded to you	61	II	0	
0Ζ.	Estimated Tax. Amount you want credited to your 2021 estimated tax. Subtract line 61 from line 60	-	62		
۸	ended Return Only. Complete this section to determine your tax due or refund.		02		
			6.2		0
	Total due (line 59) or overpayment (line 60) on this return		63 64		0
	Refund from original return plus additional refunds				
	Tax paid with original return plus additional tax paid		65 66		
00.	Amended tax due or refund. Add lines 63 and 64, then subtract line 65			1 100 1	0
-	Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct	t and com	plete.	dentified See instr	below. uctions.
<i>.</i>					
Sig Her					
. 101	Weit weit weiter weiter weiter weit weit weit weit weit weit weit weit				
Paid	Dreparer's signature COLD				
-	Potenti Strand - P00447940				
Add	ress Phone number 0 S. RACKHAM WAY SUITE 100, MERIDIAN, ID 83642 (208) 333-8965				
112	$\mathbf{U}_{\mathbf{U}} = \mathbf{U}_{\mathbf{U}} = $				



# 1833IDAHOForm 56State Tax CommissionNet Operating Loss Carryforward/Carryback

9. Idaho absorption income       0	Names as shown on return Social Security number or EIN										
2       Individuals, trusts, and estates         enter (data dijusted income (loss); orporations enter (dato taxable income (loss)	SUN VALLEY SUMMER SYMPHONY, IN	С						82-039	7940		
2       Individuals, trusts, and estates         enter (data dijusted income (loss); orporations enter (dato taxable income (loss)		0010									
enter Idaho adjusted income (iose): corporations enter Idaho taxable income (loss):	1. Loss or absorption year	2018									
(loss) corporations enter Idaho       -15,212       Image: Corporations enter Idaho       Image: Corporations enter Idaho         3. Idaho NOL carryforward/carryback       Image: Corporations enter Idaho       Image: Corporations enter Idaho       Image: Corporations enter Idaho         4. Net capital loss deducted on the feturn       Image: Corporations enter Idaho       Image: Corporations enter Idaho       Image: Corporations enter Idaho         5. Idaho capital gains deduction       Image: Corporations enter Idaho       Image: Corporations enter Idaho       Image: Corporations enter Idaho         6. Idaho quinted business income       Image: Corporations enter Idaho       Image: Corporations enter Idaho       Image: Corporations enter Idaho         7. Casualty losses on Idaho property       Image: Corporations enter Idaho											
taxable income (loss)       -15,212       Image: constraint of the cons											
3. Idaho NOL caryforward/caryback											
deducted on the return       Image: status in the return <td< td=""><td></td><td>-15,212</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		-15,212									
4. Net capital loss deducted on the federal return											
federal refurm	deducted on the return										
5. Idaho capital gains deduction claimed on the return											
claimed on the return											
6. Idaho qualified business income deduction claimed on the return       Image: claimed on the return claimed on the retureturn claimed on the return claimed on the return cl											
deduction claimed on the return       Image: Constraint of the return       Image: Constraint       Image: Constraint of the return	claimed on the return										
7. Casualty losses on Idaho property included in itemized deductions       -15,212       0 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>											
$\begin{array}{c c c c c c c c c c c c c c c c c c c $											
8. Idaho net operating loss $-15,212$ 0       0											
9. Idaho absorption income00 <td>included in itemized deductions</td> <td></td>	included in itemized deductions										
9. Idaho absorption income00 <td></td>											
NOL Application yearicicicicicicictoicicicicicicicicictoicicicicicicicicicictoicicicicicicicicicicictoicicicicicicicicicicicictoicicicicicicicicicicicicictoicicicicicicicicicicicicicicicicictoic <t< td=""><td>8. Idaho net operating loss</td><td>-15,212</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></t<>	8. Idaho net operating loss	-15,212	0	0	0	0	0	0	0	0	0
NOL Application yearimage: selection of the s											
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to       Image: state of the s	NOL Application										
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NOL available for future years         15,212         0	to										
	NOL available for future years	15,212	0	0	0	0	0	0	0	0	0

EFO00051 09-22-2020