Form 990

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.
► Go to www.irs.gov/Form990 for instructions and the latest information.
or tax year beginning 10/01 , 2019, and ending 9/30

OMB No. 1545-0047 2019

Open to Public Inspection

R	Check if applicable:	C	D Employer identif	ication number							
D	Address change	Portland Opera Association, Inc.	93-60343	21							
		211 SE Caruthers	E Telephone number								
	Name change	Portland, OR 97214		(503) 241-1407							
	Initial return		(303) 24	1-1407							
	Final return/terminated			E 224 141							
	Amended return		G Gross receipts S (a) Is this a group return for subc								
	Application pending	1 1 Harris and deduces of brinches support									
		Same As C Above	f(b) Are all subordinates included if "No," attach a list. (see insi	ructions) Tres Line							
1	Tax-exempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527									
J	Website: ► wv	w.porcrandopera.org	H(c) Group exemption number ▶								
K	Form of organization:	X Corporation Trust Association Other ► L Year of formation	n: 1965 M State of le	gal domicile: OR							
Pa	rt I Summa	ry									
		ibe the organization's mission or most significant activities: To provide									
ø	professional opera & music theater; develop community support; and help develop										
anc	local_a	tistic talent.									
Activities & Governance											
Š	2 Check this b	ox I if the organization discontinued its operations or disposed of more	re than 25% of its net ass	ets.							
ಶ	3 Number of v 4 Number of ir	oting members of the governing body (Part VI, line 1a)		21							
83		r of individuals employed in calendar year 2019 (Part V, line 2a)		454							
Ę.		r of volunteers (estimate if necessary)	44 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	140							
5		ted business revenue from Part VIII, column (C), line 12		0.							
_		d business taxable income from Form 990-T, line 39		0.							
			Prior Year	Current Year							
-	8 Contribution	s and grants (Part VIII, line 1h)	2,226,452.	2,841,151.							
Revenue	9 Program ser	vice revenue (Part VIII, line 2g)	1,563,058.	544,587.							
	10 Investment i	ncome (Part VIII, column (A), lines 3, 4, and 7d)	408,868.	950,473.							
Re	11 Other revenu	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,153,596.	986,995.							
	12 Total revenu	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,351,974.	5,323,206.							
	13 Grants and	similar amounts paid (Part IX, column (A), lines 1-3)									
	14 Benefits pair	d to or for members (Part IX, column (A), line 4)									
	15 Salaries, oth	ner compensation, employee benefits (Part IX, column (A), lines 5-10)	2,433,702.	1,786,227.							
Expenses	16a Professional	fundraising fees (Part IX, column (A), line 11e)									
Den	h Total fundra	ising expenses (Part IX, column (D), line 25) ► 474, 425.									
X	17 Other eyeen		E 1/12 222	3 700 253							
	The rest of the second	ses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,709,253.							
		ses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,495,480.							
		s expenses. Subtract line 18 from line 12		-172,274. End of Year							
S OF	On Tatal accepts	(Part X, line 16)	Beginning of Current Year 29, 989, 646.	29,168,847.							
Assets	20 Total assets 21 Total liabiliti	es (Part X, line 26)		6,778,780.							
et A											
Z	1 21	or fund balances. Subtract line 21 from line 20	22,749,214.	22,390,067.							
100000	A THE PROPERTY OF THE PARTY OF	re Block	A STATE OF THE STA	DE LOS ASSESSES ASSES ASSESSES ASSES ASSESSES ASSESSES ASSESSES ASSESSES ASSESSES ASSESSES AS							
Und	er penalties of perjury, I	declare that I have examined this return, including accompanying schedules and statements, and to to parer (other than officer) is based on all information of which preparer has any knowledge.	he best of my knowledge and beli	ef, it is true, correct, and							
-	1	AICH TANA	4/0/20	2 /							
	Sidna	ture of officer	Date Date	-							
Sig	gn		Conoral Direct	~~							
HE		san Dixon or print name and title	General Directo	DI							
_	1200	preparer's name Preparer's signature Date	Check if	PTIN							
			Officer III	P00846914							
Pa	1160	rd Winkel Richard Winkel	self-employed	FUU040714							
	eparer Firm's nar		FI. 1 FILL 5 4.1	2240554							
US	se Only Firm's add	2000 1111 012210112 2001	Firm's EIN ► 41								
		BEAVERTON, OR 97006	Phone no. 503-	-332-6750							
Ma	y the IRS discuss	this return with the preparer shown above? (see instructions)		. X Yes No							

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</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? <i>If 'Yes,' complete Schedule D, Part II</i>	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	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
k	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.	11 b		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	11 c		Х
c	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d	Х	
6	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	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	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
Ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
k	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

Form 990 (2019) Portland Opera Association, Inc. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
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? <i>If 'Yes,' complete Schedule J</i> .	23	Х	
	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> '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		X
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes, complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
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	Х	
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		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	rt 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			
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	Х	
BAA		Form	990 ((2019)

Form 990 (2019) Portland Opera Association, Inc.

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

			Yes	No
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 454			
ı	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
I	b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 :	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
١	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).			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
I	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	_		X
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e 7 f		X
		/1		Λ
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	Form 1098-C?	7 h		
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.			
i	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
ı	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	10-		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	154		
ı	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			
	c Enter the amount of reserves on hand			
	a 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	14 b		
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		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			

Richard Seals 211 SE Caruthers

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. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 21 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent.... 21 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?...... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... 14 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? X a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0....... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a **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?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > OR Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Portland OR 97214 (503)

		Check if Schedule O contains a response or note to any	y line in this Part V	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ls, Grants Amounts	b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c				
Contributions, Gifts, Grants and Other Similar Amounts	е	Related organizations				
Contrib and Ott		Noncash contributions included in lines 1a-1f	2,841,151.			
Revenue	2a b	Ticket sales Business Code	544,587.	544,587.		
Program Service Revenue	c d					
Program		All other program service revenue	544,587.			
	3	Investment income (including dividends, interest, and other similar amounts)	950,473.			950,473.
	5	Royalties (i) Real (ii) Personal				
	b	Gross rents 6a 309,635. 119,857. Less: rental expenses 6b 10,935. Rental income or (loss) 6c 309,635. 108,922.				
		Net rental income or (loss) Gross amount from sales of assets (ii) Other (iii) Other	418,557.	418,557.		
		other than inventory Less: cost or other basis and sales expenses 7b				
a)	d	Gain or (loss)				
Other Revenue	оа	(not including \$				
Other		Less: direct expenses				
		Gross income from gaming activities. See Part IV, line 19				
		Net income or (loss) from gaming activities				
	b	Less: cost of goods sold 10b Net income or (loss) from sales of inventory▶				
Miscellaneous Revenue	11 a b	Misc income Portland Theater Income 711190 All other revenue	302,768. 265,670.	265,670.		302,768.
Miscell. Reve		All other revenue Total. Add lines 11a-11d				
		Total revenue. See instructions.	568,438. 5,323,206.	1,228,814.	0.	1,253,241.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

_	Crieck ii Scriedule O contains a r	' '	(B)	(C)	(D)
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	459,470.	0.	303,250.	156,220.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	439,470.	0.	0.	130,220.
7	Other salaries and wages	667,806.	495,049.	19,115.	153,642.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	007,000.	493,049.	13,113.	133,042.
9	Other employee benefits	217,606.	130,829.	42,818.	43,959.
10	Payroll taxes	441,345.	255,279.	145,496.	40,570.
11	Fees for services (nonemployees):	,	,	,	,
a	Management				
k	Legal				
c	: Accounting	32,856.		32,856.	
C	I Lobbying				
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	214,064.	135,140.	78,924.	
12	Advertising and promotion	319,706.	274,510.	7073211	45,196.
13	Office expenses	242,143.	48,523.	189,792.	3,828.
14	Information technology	31,186.	625.	30,546.	15.
15	Royalties	,		,	
16	Occupancy	179,236.	118,450.	60,786.	
17	Travel	75,777.	61,210.	13,691.	876.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,927.	3,475.	451.	1,001.
20	Interest	123,550.		123,550.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	92,540.		92,540.	
23	Insurance	69,656.	25,645.	44,011.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Performance costs	2,203,271.	2,203,271.		
Ł	Misc expense	66,201.	26,390.	14,953.	24,858.
	Board expenses	31,492.		31,492.	
	Other expenses	22,648.	2,007.	16,381.	4,260.
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,495,480.	3,780,403.	1,240,652.	474,425.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to	any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			462,948.	1	921,842.
	2	Savings and temporary cash investments			93,052.	2	93,052.
	3	Pledges and grants receivable, net			518,344.	3	275,673.
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per		5			
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net				7	
ţ	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges			982,187.	9	388,950.
As	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,625,388.	,		,
		Less: accumulated depreciation		2,204,509.	262,608.	10 c	420,879.
	11	Investments – publicly traded securities			,	11	,
	12	Investments – other securities. See Part IV, line 11				12	
	13	Investments – program-related. See Part IV, line 11.				13	
	14	Intangible assets	172,225.	14	172,225.		
	15	Other assets. See Part IV, line 11	27,498,282.	15	26,896,226.		
	16	Total assets. Add lines 1 through 15 (must equal line	33)		29,989,646.	16	29,168,847.
	17	Accounts payable and accrued expenses			1,366,480.	17	200,108.
	18	Grants payable				18	
	19	Deferred revenue		-	945,870.	19	836,053.
	20	Tax-exempt bond liabilities		<u> </u>		20	
ē	21	Escrow or custodial account liability. Complete Part I		<u></u>		21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	itor, or 3!	5% L		22	
-	23	Secured mortgages and notes payable to unrelated th	ird partie	es	3,258,601.	23	4,423,118.
	24	Unsecured notes and loans payable to unrelated third	parties.		, ,	24	, ,
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			1,669,481.	25	1,319,501.
	26	Total liabilities. Add lines 17 through 25		_	7,240,432.	26	6,778,780.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	E	X			
曺	27	Net assets without donor restrictions			16,269,913.	27	16,239,710.
B	28	Net assets with donor restrictions			6,479,301.	28	6,150,357.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here •	-			
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipment	ent fund			30	
SS	31	Retained earnings, endowment, accumulated income,	or other	funds		31	
it A	32	Total net assets or fund balances			22,749,214.	32	22,390,067.
ž	33	Total liabilities and net assets/fund balances			29,989,646.	33	29,168,847.

Pa	rt XI Reconciliation of Net Assets				_			
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,3	23,2	206.			
2	Total expenses (must equal Part IX, column (A), line 25).	2	5,4	95,4	180.			
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,7	49,2	214.			
5	Net unrealized gains (losses) on investments	5	-1	66,6	63.			
6	Donated services and use of facilities	6						
7	Investment expenses	7	_	20,2	210.			
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	22,3	90,0	167.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.							
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	d on a						
	b Were the organization's financial statements audited by an independent accountant?		2b	X	1			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	te						
	Separate basis X Consolidated basis Both consolidated and separate basis							
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		Х			
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audion or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
BAA	TEEA0112L 01/21/20		Form	990 ((2019)			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization Employer identification number						
Portland Opera Associat					93-603432	
Part I Reason for Public Cha					<u>' ' </u>	tions.
The organization is not a private found				•	•	
1 A church, convention of church	,				i).	
2 A school described in section		•		•		
3 A hospital or a cooperative h	•					
4 A medical research organiza	ation operated in conj	unction with a hospital of	describe	d in sec	tion 170(b)(1)(A)(iii). E	Inter the hospital's
name, city, and state:						
An organization operated for section 170(b)(1)(A)(iv). (Co	r the benefit of a colle omplete Part II.)	ege or university owned	or oper	ated by	a governmental unit de	escribed in
A federal, state, or local gov	ernment or governme	ental unit described in s	ection 1	70(b) (1)	(A)(v).	
7 An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial ¡ (Complete Part II.)	part of its support from a	governm	ental uni	it or from the general pu	blic described
8 A community trust described	d in section 170(b)(1)	(A)(vi). (Complete Part I	l.)			
9 An agricultural research organ				oniunctio	on with a land-grant colle	ege
or university or a non-land-gra						
An organization that normally from activities related to its investment income and unreduced June 30, 1975. See section	exempt functions—su elated business taxab	bject to certain exception le income (less section	ns, and	(2) no r	more than 33-1/3% of i	ts support from gross
11 An organization organized a	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).	
An organization organized a or more publicly supported or lines 12a through 12d that d	organizations describe	ed in section 509(a)(1) d	r sectio	n 509(a`)(2). See section 509(a	ut the purposes of one)(3). Check the box in
a Type I. A supporting organizate organization(s) the power to recomplete Part IV, Sections 2	ion operated, supervise	ed, or controlled by its sur	ported o	organizati	ion(s), typically by givino	the supported on. You must
b Type II. A supporting organizemanagement of the supporting must complete Part IV, Section 1981	ı organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). You
c Type III functionally integrated organization(s) (see instruct	I. A supporting organiza	tion operated in connection	n with, a	nd functio	onally integrated with, its	supported
d Type III non-functionally integrated. The instructions). You must com	rated. A supporting orderally	ganization operated in cor v must satisfy a distribu	nnection	with its s	supported organization(s t and an attentiveness) that is not requirement (see
e Check this box if the organize integrated, or Type III non-fu	zation received a writt	ten determination from	the IRS	that it is	a Type I, Type II, Typ	e III functionally
f Enter the number of supported						
g Provide the following information	-					
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	s the tion listed poverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
``						
(C)						
(D)						
(E)						
Total						

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

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

Sec	tion A. Public Support				,		
Cale	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			_			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	nird, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	olic Support P	ercentage				
	Public support percentage for 20						%
15	Public support percentage from 2	2018 Schedule A,	Part II, line 14				%
16a	33-1/3% support test—2019. If the and stop here. The organization	ne organization di qualifies as a pul	id not check the bolicly supported o	oox on line 13, and organization	d line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test—2018. If th and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, ch	neck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-ad-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as	box and stop her a publicly support	re. Explain in Part ed organization.	VI how the▶
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	tructions ►

93-6034321

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.)

Sec	Section A. Public Support								
Calend	lar year (or fiscal year beginning in) >	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include								
	received. (Do not include						10 710 100		
2	any 'unusual grants.') Gross receipts from admissions,	533,687.	4,260,808.	2,869,564.	2,206,952.	2,841,151.	12,712,162.		
2	merchandise sold or services								
	performed, or facilities								
	furnished in any activity that is related to the organization's								
	tax-exempt purpose	522,372.	1,756,685.	1,295,898.	1,563,058.	544,587.	5,682,600.		
3	Gross receipts from activities	•							
	that are not an unrelated trade or business under section 513.						0.		
4	Tax revenues levied for the						<u> </u>		
	organization's benefit and either paid to or expended on								
	its behalf						0.		
5	The value of services or						<u> </u>		
	facilities furnished by a governmental unit to the								
	organization without charge						0.		
	Total. Add lines 1 through 5	1,056,059.	6,017,493.	4,165,462.	3,770,010.	3,385,738.	18,394,762.		
7a	Amounts included on lines 1, 2, and 3 received from								
	disqualified persons	868,896.	115,507.	340,950.	185,852.	115,200.	1,626,405.		
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	159,609.	0.	0.	0.	0.	159,609.		
c	Add lines 7a and 7b	1,028,505.	115,507.	340,950.	185,852.	115,200.	1,786,014.		
	Public support. (Subtract line	1,020,303.	113,307.	340, 330.	103,032.	113,200.	1,700,014.		
	7c from line 6.)						16,608,748.		
Sec	tion B. Total Support								
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
9	Amounts from line 6	1,056,059.	6,017,493.	4,165,462.	3,770,010.	3,385,738.	18,394,762.		
10a	Gross income from interest, dividends, payments received on securities loans,								
	rents, royalties, and income from								
L-	similar sources	39,727.	199,694.	188,882.	408,868.	950,473.	1,787,644.		
D	Unrelated business taxable income (less section 511								
	taxes) from businesses						•		
•	acquired after June 30, 1975 Add lines 10a and 10b	39,727.	199,694.	188,882.	408,868.	950,473.	1,787,644.		
-	Net income from unrelated business	39,727.	199,694.	100,002.	408,868.	950,473.	1,787,644.		
••	activities not included in line 10b,								
	whether or not the business is regularly carried on						0.		
12	Other income. Do not include						.		
	gain or loss from the sale of								
	capital assets (Explain in Part VI.) See Part VI	40,994.	59,582.	48,519.	73,408.	302,768.	525,271.		
13	Total support. (Add lines 9, 10c, 11, and 12.)	1 126 700	6 276 760	4 402 962	1 252 206	4 629 070	20 707 677		
14	First five years. If the Form 990						20,707,677.		
	organization, check this box and	stop here	· · · · · · · · · · · · · · · · · · ·			` , ,	· '		
	tion C. Computation of Pu								
	Public support percentage for 20	•			•		80.21 %		
	Public support percentage from					16	83.52 %		
Sec	tion D. Computation of Inv								
17	Investment income percentage f	•		-	***		8.63 %		
	Investment income percentage f						5.32 %		
19a	33-1/3% support tests—2019. If is not more than 33-1/3%, check	tne organization d this box and sto i	lid not check the l p here. The ordar	box on line 14, ar nization qualifies a	nd line 15 is more as a publicly supp	than 33-1/3%, ar orted organization	nd line 17 n ► X		
b	33-1/3% support tests-2018. If t	the organization d	id not check a bo	x on line 14 or lin	ne 19a, and line 1	6 is more than 33	-1/3%, and		
	line 18 is not more than 33-1/3%	, check this box a	and stop here. Th	e organization qu	alifies as a public	ly supported orga	nization ►		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part	t IV	Supporting Organizations (continued)			
	المماا	be exemination accorded a cift or contribution from any of the following mayons 2		Yes	No
		he organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
-	gover	rning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations			
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
'	or ele Part I If the direct	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
•		ed to such powers during the tax year.	1		
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	organ	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how rganization maintained a close and continuous working relationship with the supported organization(s).	2		
	trie oi	rganization maintained a close and continuous working relationship with the supported organization(s).			
3	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
		s regard.	3		
Sect	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	Т	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	ารtruc	tions).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
а	suppo organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported **nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities.	2a		
b	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
	organ	nization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b		be organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

I a	1 V 1 Type in Non-1 unctionally integrated 303(a)(3) Supporting organization	IIIZat	10113	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on No	ov. 20, 1970 (explain in st complete Sections A	Part VI). See through E.
Sec	tion 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		
Sec	tion 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):			
ā	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
(e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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 inte (see instructions).	grated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2019

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			
DAA		Schodulo A (Fo	rm 990 or 990 E7) 2019

BAA

Schedule A (Form 990 or 990-EZ) 2019

(Form 990 or 990-EZ) 2019 Portland Opera Association, Inc. 93-6034321 Page 8

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.)

Part III, Line 12 - Other Income

Nature and Source		2019	 2018	 2017	 2016	 2015
Other income Tot	\$	302,768.	\$ 73,408.	\$ 48,519.	\$ 59,582.	\$ 40,994.
	al \$	302,768.	\$ 73,408.	\$ 48,519.	\$ 59,582.	\$ 40,994.

Additional Supplemental Information

The prior fiscal year in the 2015 column of Part III was a short period from July 1, 2016 through September 30, 2016.

Schedule B

(Form 990, 990-EZ, 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.

Employer identification number

2019

OMB No. 1545-0047

Portl	and Opera Asso	ciation, Inc.	93-6034321
	ation type (check one)		
Filers of	:	Section:	
Form 990 or 990-EZ		\overline{X} 501(c)(3) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	nc
Form 99	0-PF	527 political organization	
		501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
-		red by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	pecial Rule. See instructions.
General	Rule		
		ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contribu	
Special I	Rules		
X	under sections 509(a)(received from any or	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line contributor, during the year, total contributions of the greater of (1) \$5,000; ine 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that
	during the year, total	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece contributions of more than \$1,000 exclusively for religious, charitable, scient prevention of cruelty to children or animals. Complete Parts I, II, and III.	
	during the year, cont \$1,000. If this box is charitable, etc., purp	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received the section of the section	ributions totaled more than r for an <i>exclusively</i> religious, organization because
Caution:	An organization that i	sn't covered by the General Rule and/or the Special Rules doesn't file Sched	ule 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).

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Portland Opera Association, Inc. 93-6034321 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... Aggregate value of contributions to (during year). Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?... No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements. 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X.....

Part III Organizations Maintai	ning Collection	s of Art, Histo	rical Treasures, o	r Other Similar Ass	ets (c	ontinu	ıed)				
3 Using the organization's acquisition, items (check all that apply):	accession, and other	er records, check ar	ny of the following that m	nake significant use of its	collection	on					
a Public exhibition		d ☐ Loan o	r exchange program								
b Scholarly research		e Other	. exeriarige pregram								
c Preservation for future generations											
4 Provide a description of the organization		d explain how they	further the organization'	s exempt purpose in							
Part XIII.	ion colinit or rosaiv	a danations of ort	historical traccuras	or other cimilar acceta							
5 During the year, did the organizat to be sold to raise funds rather th	an to be maintaine	d as part of the or	ganization's collection	?	Yes		No				
Part IV Escrow and Custodial line 9, or reported an a	amount on Form	. Complete if the 1990, Part X, I	ne organization an ine 21.	swered Yes on Fo	rm 99	u, Par	τιν,				
1 a Is the organization an agent, trust on Form 990, Part X?	tee, custodian or ot	ther intermediary	for contributions or oth	er assets not included	Yes	. г	No				
b If 'Yes,' explain the arrangement					163	' L					
bit res, explain the arrangement	in r are xiii ana coi	inplete the following	ig table.		Amoun						
c Beginning balance					7 1110 011						
d Additions during the year											
e Distributions during the year											
f Ending balance											
2a Did the organization include an ar	mount on Form 990	, Part X, line 21,	for escrow or custodial	account liability?	Yes	, [No				
b If 'Yes,' explain the arrangement				- 1	- 		7				
, ,		·				_	_				
Part V Endowment Funds. Co	omplete if the o	rganization ans	swered 'Yes' on Fo	orm 990, Part IV, Iir	ne 10.						
	(a) Current year	(b) Prior year	(c) Two years bacl	k (d) Three years back	(e)	Four year	s back				
1 a Beginning of year balance	7,830,861	. 9,232,3	78. 8,941,70	6. 7,984,925.	. 8	,144,	,917.				
b Contributions	207,000						038.				
c Net investment earnings, gains,											
and losses	729,576	. 625,6	74. 647,86	3. 886,536.		296,	,970.				
d Grants or scholarships											
e Other expenditures for facilities and programs	1,572,657	. 1,735,5	06. 615,18	3. 510,419.		463,	,000.				
f Administrative expenses											
g End of year balance	7,194,780	. 8,130,8	61. 9,232,37	8. 8,941,705.	. 7	,984,	925.				
2 Provide the estimated percentage	of the current year	r end balance (line	e 1g, column (a)) held	as:							
a Board designated or quasi-endowme	ent ► 4	5.00 %									
b Permanent endowment ►	55.00 %										
c Term endowment ►	%										
The percentages on lines 2a, 2b, an	d 2c should equal 10	00%.									
3a Are there endowment funds not in the	ne possession of the	organization that a	re held and administered	d for the	1	Yes	No				
organization by: (i) Unrelated organizations					. 3a(i)	162	X				
(ii) Related organizations					3a(ii)		X				
b If 'Yes' on line 3a(ii), are the relations					3b		Λ				
4 Describe in Part XIII the intended	-	•			. 30						
Part VI Land, Buildings, and E		Editori 5 Cridowine	nt runus.								
Complete if the organization		d 'Yes' on Forn	n 990, Part IV, line	e 11a. See Form 99	0, Par	rt X, Iii	ne 10.				
Description of property		st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value						
1 a Land											
b Buildings											
c Leasehold improvements											
d Equipment			2,625,388.	2,204,509.		420	,879.				
e Other			, ,	,							
Total. Add lines 1a through 1e. (Column	n (d) must equal Fo	orm 990, Part X, c	olumn (B), line 10c.)			420	,879.				
DΛΛ			*	Calaad	ula D /F	Orm 000					

(a) Description of security or category (including name of security)	(b) Book value	0, Part IV, line 11b. See Form 9 (c) Method of valuation: Cost or end-c	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(B)			
(C)			
(A) (B) (C) (D) (E)			
(E)			
(F)			
(G)			
(H)			
<u>(l)</u>			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •			
Part VIII Investments — Program Related.	L'Vool on Form 00	N/A	000 Dort V line 13
Complete if the organization answered (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	
	(b) Book value	(c) Method of Valdation. Cost of end	-or-year market value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
VIVI			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered	l 'Yes' on Form 99	0, Part IV, line 11d. See Form 9	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De		0, Part IV, line 11d. See Form 9	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) Beneficial interest in trusts	l 'Yes' on Form 99	0, Part IV, line 11d. See Form 9	(b) Book value 2,201,446
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) Beneficial interest in trusts (2) Investment in endowment	l 'Yes' on Form 99	0, Part IV, line 11d. See Form 9	(b) Book value 2,201,446 7,194,780
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) Beneficial interest in trusts (2) Investment in endowment (3) Investment in real estate	l 'Yes' on Form 99	0, Part IV, line 11d. See Form 9	(b) Book value 2,201,446 7,194,780
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) Beneficial interest in trusts (2) Investment in endowment	l 'Yes' on Form 99	0, Part IV, line 11d. See Form 9	(b) Book value 2,201,446 7,194,780
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) Beneficial interest in trusts (2) Investment in endowment (3) Investment in real estate (4)	l 'Yes' on Form 99	0, Part IV, line 11d. See Form 9	(b) Book value 2,201,446 7,194,780
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) Beneficial interest in trusts (2) Investment in endowment (3) Investment in real estate (4) (5) (6) (7)	l 'Yes' on Form 99	0, Part IV, line 11d. See Form 9	(b) Book value 2,201,446 7,194,780
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) Beneficial interest in trusts (2) Investment in endowment (3) Investment in real estate (4) (5) (6) (7) (8)	l 'Yes' on Form 99	0, Part IV, line 11d. See Form 9	(b) Book value 2,201,446 7,194,780
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) Beneficial interest in trusts (2) Investment in endowment (3) Investment in real estate (4) (5) (6) (7) (8) (9)	l 'Yes' on Form 99	0, Part IV, line 11d. See Form 9	(b) Book value 2,201,446 7,194,780
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) Beneficial interest in trusts (2) Investment in endowment (3) Investment in real estate (4) (5) (6) (7) (8) (9) (10)	l 'Yes' on Form 99 scription		(b) Book value 2,201,446 7,194,780 17,500,000
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) Beneficial interest in trusts (2) Investment in endowment (3) Investment in real estate (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b)	l 'Yes' on Form 99 scription		(b) Book value 2,201,446 7,194,780 17,500,000
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) Beneficial interest in trusts (2) Investment in endowment (3) Investment in real estate (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities.	l 'Yes' on Form 99 scription		(b) Book value 2,201,446 7,194,780 17,500,000
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) Beneficial interest in trusts (2) Investment in endowment (3) Investment in real estate (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Form 1990, Part X and Complete if the organization answered 'Yes' on Form 1990, Part X and Complete if the organization answered 'Yes' on Form 1990, Part X and Complete if the organization answered 'Yes' on Form 1990, Part X and Complete if the organization answered 'Yes' on Form 1990, Part X and Complete if the organization answered 'Yes' on Form 1990, Part X and Complete if the organization answered 'Yes' on Form 1990, Part X and Complete if the organization answered 'Yes' on Form 1990, Part X and Complete if the organization answered 'Yes' on Form 1990, Part X and Complete if the organization answered 'Yes' on Form 1990, Part X and Complete if the organization answered 'Yes' on Form 1990, Part X and Complete if the organization answered 'Yes' on Form 1990, Part X and Complete if the organization answered 'Yes' on Form 1990, Part X and Complete if the organization answered 'Yes' on Form 1990, Part X and Complete if the organization answered 'Yes' on Form 1990, Part X and Complete if the organization answered 'Yes' on Form 1990, Part X and Complete if the organization answered 'Yes' on Form 1990, Part X and Complete if the Organization answered 'Yes' on Form 1990, Part X and Complete if the Organization answered 'Yes' on Form 1990, Part X and Complete if the Organization answered 'Yes' on Form 1990, Part X and Complete if the Organization answered 'Yes' on Form 1990, Part X and Complete if the Organization answered 'Yes' on Form 1990, Part X and Complete if the Organization answered 'Yes' on Form 1990, Part X and Complete if the Organization answered 'Yes' on Form 1990, Part X and Complete if the Organization answered 'Yes' on Form 1990, Part X and Complete if the Organization answe	I 'Yes' on Form 99 scription B) line 15.)		(b) Book value 2,201,446, 7,194,780, 17,500,000
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) Beneficial interest in trusts (2) Investment in endowment (3) Investment in real estate (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Face 1. (a) Description of the column (B) line 13.) Part IX (a) Description of the III in the II in the III in the II in the III in the III in the III in the III in the II in the III in the III in the III in the III in the II in the II in the II in the III in the III in the II in the II in the II i	l 'Yes' on Form 99 scription		(b) Book value 2,201,446 7,194,780 17,500,000
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) Beneficial interest in trusts (2) Investment in endowment (3) Investment in real estate (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fig. (a) Description (B) (b) Federal income taxes	I 'Yes' on Form 99 scription B) line 15.)		(b) Book value 2,201,446 7,194,780 17,500,000 26,896,226 (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) Beneficial interest in trusts (2) Investment in endowment (3) Investment in real estate (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Face 1. (a) Description of the column (B) line 13.) Part IX (a) Description of the III in the II in the III in the II in the III in the III in the III in the III in the II in the III in the III in the III in the III in the II in the II in the II in the III in the III in the II in the II in the II i	I 'Yes' on Form 99 scription B) line 15.)		(b) Book value 2,201,446 7,194,780 17,500,000 26,896,226 (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) Beneficial interest in trusts (2) Investment in endowment (3) Investment in real estate (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Factorial income taxes (2) Deposit (3) Due to Theater Subsidiary (4)	I 'Yes' on Form 99 scription B) line 15.)		(b) Book value 2,201,446 7,194,780 17,500,000 26,896,226 (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) Beneficial interest in trusts (2) Investment in endowment (3) Investment in real estate (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Financial income taxes (2) Deposit (3) Due to Theater Subsidiary (4) (5)	I 'Yes' on Form 99 scription B) line 15.)		(b) Book value 2,201,446 7,194,780 17,500,000 26,896,226 (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) Beneficial interest in trusts (2) Investment in endowment (3) Investment in real estate (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Factorial income taxes (2) Deposit (3) Due to Theater Subsidiary (4) (5) (6)	I 'Yes' on Form 99 scription B) line 15.)		(b) Book value 2,201,446 7,194,780 17,500,000 26,896,226 (b) Book value 27,741
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) Beneficial interest in trusts (2) Investment in endowment (3) Investment in real estate (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Financial income taxes (2) Deposit (3) Due to Theater Subsidiary (4) (5) (6) (7)	I 'Yes' on Form 99 scription B) line 15.)		(b) Book value 2,201,446 7,194,780 17,500,000 26,896,226 (b) Book value 27,741
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) Beneficial interest in trusts (2) Investment in endowment (3) Investment in real estate (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Factor of the complete if the organization answered 'Yes' on Factor of the complete if the organization of the complete if th	I 'Yes' on Form 99 scription B) line 15.)		(b) Book value 2,201,446 7,194,780 17,500,000 26,896,226 (b) Book value 27,741
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) Beneficial interest in trusts (2) Investment in endowment (3) Investment in real estate (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Facility of the second of	I 'Yes' on Form 99 scription B) line 15.)		(b) Book value 2,201,446 7,194,780 17,500,000 26,896,226 (b) Book value 27,741
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) Beneficial interest in trusts (2) Investment in endowment (3) Investment in real estate (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Factorial income taxes (2) Deposit (3) Due to Theater Subsidiary (4) (5) (6) (7) (8) (9) (10)	I 'Yes' on Form 99 scription B) line 15.)		(b) Book value 2,201,446 7,194,780 17,500,000 26,896,226 (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) Beneficial interest in trusts (2) Investment in endowment (3) Investment in real estate (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Factor of the following of the complete if the organization answered (Ca) Deposit (3) Due to Theater Subsidiary (4) (5) (6) (7) (8)	B) line 15.)		(b) Book value 2,201,446. 7,194,780. 17,500,000. 26,896,226. (b) Book value

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	5,154,334.
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.	2 e	-148,662.
3 Subtract line 2e from line 1	3	5,302,996.
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.) 4b		
c Add lines 4a and 4b.	4 c	20,210.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,323,206.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Datin	rn .
reconciliation of Expenses per Addited I maneral Statements With Expenses per	netui	111.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Netui	111-
	1	5,513,480.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1	
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:	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1	
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. 2 18,000.	1	
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. 2 Is, 000.	1	5,513,480.
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.)	1	5,513,480. 18,000.
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.	1 2 e	5,513,480.
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 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b.	1 2 e	5,513,480. 18,000.
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 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) 4 b Other (Describe in Part XIII.)	2 e 3	5,513,480. 18,000.
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 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2 e 3	5,513,480. 18,000. 5,495,480.
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 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) 4 Ab	2 e 3	5,513,480. 18,000.

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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2019

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service **Compensation Information**

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Portland Opera Association, Inc.

Employer identification number 93-6034321

Par	t I Questions Regarding Compensation				
•				Yes	No
1 a	a Check the appropriate box(es) if the organization provided any of VII, Section A, line 1a. Complete Part III to provide any relev	the following to or for a person listed on Form 990, Part vant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
k	If any of the boxes on line 1a are checked, did the organization for reimbursement or provision of all of the expenses described		1 b		
2	Did the organization require substantiation prior to reimbursin trustees, and officers, including the CEO/Executive Director,	ng or allowing expenses incurred by all directors, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to es Executive Director. Check all that apply. Do not check any be establish compensation of the CEO/Executive Director, but e	stablish the compensation of the organization's CEO/ oxes for methods used by a related organization to explain in Part III.			
	X Compensation committee	X Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, organization or a related organization:				
	a Receive a severance payment or change-of-control payment	l de la companya de	4 a		X
	p Participate in, or receive payment from, a supplemental nonce	· ·	4 b		X
C	Participate in, or receive payment from, an equity-based con If 'Yes' to any of lines 4a-c, list the persons and provide the	· -	4 c		X
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	ns must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did t contingent on the revenues of:	the organization pay or accrue any compensation			
a	The organization?		5 a		Χ
b	Any related organization?		5 b		Х
	If 'Yes' on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did t contingent on the net earnings of:	the organization pay or accrue any compensation			
a	The organization?		6 a		Х
Ł	Any related organization?		6 b		Χ
	If 'Yes' on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, payments not described on lines 5 and 6? If 'Yes,' describe i	did the organization provide any nonfixed in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or at to the initial contract exception described in Regulations sect	tion 53.4958-4(a)(3)?	•		
	If 'Yes,' describe in Part III		8		X
9	If 'Yes' on line 8, did the organization also follow the rebuttable presction 53.4958-6(c)?	resumption procedure described in Regulations	9		

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

Schedule J (Form 990) 2019

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 O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Portland Opera Association, Inc.

93-6034321

Employer identification number

Form 990, Part III, Line 4a - Program Service Accomplishments

Portland Opera exists to inspire, challenge and uplift our audiences by creating productions of high artistic quality that celebrate the beauty and breadth of opera. On and beyond the stage, we share opera with more than 400,000 people annually through free concerts, previews, lectures, broadcasts and other community programs, including education efforts that reach more than 25,000 young people. The Company is also a leader in the development of new opera talent, with Portland Opera Resident Artists program, considered one of the finest professional residencies for early-career opera singers in the nation. The Company works closely with schools to provide educational and outreach opportunities for certain shows, including backstage tours, "chat backs" with cast members, master classes, and related activities in addition to student group and rush ticket discounts. Our group sales department works closely with a number of not-for-profit organizations on gala and benefit events. Operas during this year included Traviata, As One, Big Night, Barbiere di Siviglia, La Finta Giardiniera, In the Penal Colony and Vino E Voce Al Fresco.

Form 990, Part VI, Line 11b - Form 990 Review Process

The Organization's finance and management team meet with the CPA firm and the Finance Committee to review the 990. The Board Finance Committee presents the 990 to the Board Executive Committee for approval. Once approved, the entire Board of Directors receive a copy of the 990 prior to the return being filed with the IRS.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Each director, officer and member of a committee with board delegated powers shall annually sign a statement which affirms that such person:

Name of the organization	Employer identification number
Portland Opera Association, Inc.	93-6034321

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)

- 2) Has read and understands the conflict of interest policy
- 3) Has agreed to comply with the policy; and
- 4) Understands that the organization is charitable, and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The General Director is hired by the Board of Directors. The General Director hires all other employees.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Governing documents and financial information are available on our website and upon request

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

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

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Portland Opera Association, Inc.

Employer identification number 93-6034321

(a) Name, address, and EIN (if applicable) of disregarded er	ntity	(b) Primary activ		vity Legal domicile (state or foreign country)		(d) Total income		(e) End-of-year assets		ets Direct contro entity		olling
<u>(1)</u>												
<u>(2)</u>												
<u>(3)</u>												
Part II Identification of Related Tax-Exempt Or	rganizations	Complete	if the ora	lanization	answered	d 'Yes	on Form 99) Part	IV line 34	hecau	se it	
Part II Identification of Related Tax-Exempt Or had one or more related tax-exempt organized to the control of	anizations du	ring the ta	x year.	jai ii Zatioi i	answere	a 100	0111 01111 33	o, i ai (booda	30 10	
(a) Name, address, and EIN of related organization	(b) Primary a	ctivity	Legal dom or foreign	icile (state country)	(d) Exempt (section	Code on	(e) Public charity (if section 501	status (c)(3))	Direct contro entity	olling	Sec 512 controlled	(b)(13) d entity?
(1) Portland Theater Productions 211 SE Caruthers Portland, OR 97214 93-1158243	Theat product		C)R	5010	c 3	11b		N/A		Yes	No X
<u>(2)</u>												
<u>(3)</u>												
<u>(4)</u>												

Part III	Identification of Related Organizations Taxable as a Partnership	b. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, orthography the tax year.
	because it had one of more related organizations treated as a pa	irtilership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	tion	h) ropor- nate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) ral or aging ner?	(k) Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
<u>(1)</u>	_											
	-											
	-											
(2)												
(2)	-											
	-											
	-											
(3)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512 controlled	(i) 512(b)(13) rolled entity?	
		country)	entity	or trust)				Yes	No	
(1)										
	Ī									
	Ī									
(2)										
	Ī									
	Ī									
(3)										
	Ī									
	İ									
	†								1	
	1			I		1				

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Χ

Yes No

1 a

Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.....

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

b Gift, grant, or capital contribution to related organization(s)			1b		X
c Gift, grant, or capital contribution from related organization(s)			1 с		X
d Loans or loan guarantees to or for related organization(s)			1 d		Χ
e Loans or loan guarantees by related organization(s)			1е		Χ
f Dividends from related organization(s)			1f		Х
g Sale of assets to related organization(s)			1g		Χ
h Purchase of assets from related organization(s)			1h		Χ
i Exchange of assets with related organization(s)			1i		
j Lease of facilities, equipment, or other assets to related organization(s)			1j		
k Lease of facilities, equipment, or other assets from related organization(s)			1k		Х
I Performance of services or membership or fundraising solicitations for related organization(s)			11		
m Performance of services or membership or fundraising solicitations by related organization(s)			1 m		
o Sharing of paid employees with related organization(s)			10		
p Reimbursement paid to related organization(s) for expenses			1p		Х
•				Х	
r Other transfer of cash or property to related organization(s).			1r		Х
· · · · · · · · · · · · · · · · · · ·					
			+	<u> </u>	
(a)	(b)	(c)	(d)	
Name of related organization	al contribution from related organization(s) antees to or for related organization(s). 1c				
so roloan guarantees by related organization(s). ends from related organization(s). of assets to related organization(s). flag asset to related organization(s). ange of assets from related organization(s). of afficilities, equipment, or other assets to related organization(s). of facilities, equipment, or other assets from related organization(s). of facilities, equipment, or other assets from related organization(s). of facilities, equipment, or other assets from related organization(s). of facilities, equipment, or other assets from related organization(s). It remance of services or membership or fundraising solicitations for related organization(s). In ong of facilities, equipment, mailing lists, or other assets with related organization(s). In ong of paid employees with related organization(s) for expenses. bursement paid to related organization(s) for expenses. bursement paid to related organization(s) for expenses. bursement paid by related organization(s) for expenses. 1p transfer of cash or property from related organization(s). 1r transfer of cash or property from related organization(s). Name of related organization				/eu	
1) Doubland Mhackey Duadwatiana		160 650 5	77.45		
n) Portland Theater Productions	<u>q</u>	168,652.	IMA		
2)					
3)					
4)					
5)					
•					
6)					
		Schedu	le R (For	n 990°	2019
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			from tax under sections 512-514)	Yes	No	•		Yes	No	, ,	Yes	No	
<u>(1)</u>													
	-												
	-												
(2)													
<u> </u>	1												
	1												
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(8)													
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													l

BAA TEEA5004L 06/27/19 Schedule **R** (Form 990) 2019

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.