#### \*\* PUBLIC DISCLOSURE COPY \*\*

Form **991** 

Use Only

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

OMB No. 1545-0047

	_								
		of the Treasury	▶ Do not enter socia	-			-	-	Open to Public
		nue Service	► Go to www.irs.g						Inspection
_			ar year, or tax year beginning	JUL 1,	2020	and ending		0, 2021	
3	Check if applicab	le: C Name o	f organization				D Em	ployer identifica	tion number
_	Addre	ess ODEC	ON CYMPHONY ACCO	T 7 M T ( ) 1					
F	chang Name		ON SYMPHONY ASSOC	TATION			-	2 044652	7
늗	chang Initial		usiness as			I <sub>D</sub> ,		3-044652	<u> </u>
닏	return Final		and street (or P.O. box if mail is not SW WASHINGTON ST.	delivered to st	reet address)	Room/s 200		ephone number 503) 228	_1201
L	return termir	<u> </u>	own, state or province, country, a					s receipts \$	13,916,604.
Г	ated Amen	ded DODM	LAND, OR $97205-2$		eigri postai code	<del>2</del>			
L	return		nd address of principal officer: SC		OWALTER			this a group retu	Yes X No
_	Ition pendi		AS C ABOVE	2011 511	OWNER			re all subordinates inclu	
<u> </u>	Tay.ev	empt status:		)◀ (insert	no ) 4947/	(a)(1) or			st. See instructions
			ORSYMPHONY.ORG	) 🖣 (1113611	110.)	(4)(1) 01		Froup exemption	
			X Corporation Trust	Association	Other >				State of legal domicile: OR
P	art I	Summary					our or formula		otato or rogar dominono, e = -
	1	Briefly describ	pe the organization's mission or m	ost significant	t activities: TF	HE OREG	ON SYM	PHONY INS	SPIRES
9	3		ES AND BUILDS COM						
Governance	2	Check this bo	x large if the organization dis	continued its	operations or o	disposed of n	ore than 25	% of its net asset	ts.
ğ	3		ting members of the governing bo					_	41
		Number of inc	dependent voting members of the	governing bo					36
ď	g 5		of individuals employed in calenda						380
,itic	6	Total number	of volunteers (estimate if necessa	ry)				6	85
Activities &	7 a		d business revenue from Part VIII,						0.
_	<u> </u>	Net unrelated	business taxable income from Fo	rm 990-T, Par	t I, line 11			7b	0.
								or Year	Current Year
٥	8 0	Contributions	and grants (Part VIII, line 1h)					46,767.	13,053,221.
2	9	•						38,477.	0.
Revenue	10		come (Part VIII, column (A), lines 3					91,843.	656,437.
_	11		e (Part VIII, column (A), lines 5, 6d,					43,792.	63,739.
	12		- add lines 8 through 11 (must eq					20,879.	13,773,397.
	1		milar amounts paid (Part IX, colum		3)		1,0	00,000.	2,010,000.
	14		to or for members (Part IX, column				11 7	0.	7 116 722
ď	g   15		r compensation, employee benefit				11,/	31,529.	7,116,733.
Ynancac	2   16a		undraising fees (Part IX, column (A	A), line 11e)	1,082	110		0.	0.
Ž	ا ا		ing expenses (Part IX, column (D),				7 5	88,466.	2,347,527.
_			es (Part IX, column (A), lines 11a-1					19,995.	11,474,260.
	18		es. Add lines 13-17 (must equal Pa expenses. Subtract line 18 from li		(A), IIIIe 25)			99,116.	2,299,137.
_		neveriue iess	expenses. Subtract line 18 from i	116 12			-	of Current Year	End of Year
t Assets or	20 20	Total assets (F	Part X line 16)					20,375.	27,740,551.
Asse	er H 21	•	(D 1)( I' 00)					46,143.	6,635,404.
Net	_		fund balances. Subtract line 21 fr					74,232.	21,105,147.
P	art II	Signature						, -	, ,
Jn	der pena	alties of perjury,	I declare that I have examined this reti	ırn, including a	ccompanying sch	nedules and sta	tements, and	to the best of my k	nowledge and belief, it is
			. Declaration of preparer (other than o						· ·
	-			,					
Siç	gn	Signature	e of officer					Date	
	re	JANI	CE ROMANO, VP-FIN	ANCE &	ADMINIS	TRATION	<u> </u>		
		Type or p	orint name and title						
		Print/Type pre	parer's name	Preparer's	signature		Date	Check if	PTIN
Pai	id	SANG AH						self-employed	P00540880
re	parer	Firm's name	▶ MCDONALD JACOBS	P.C.				Firm's EIN ▶ 9	3-0900579

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address 520 SW YAMHILL ST., STE 500

PORTLAND, OR 97204

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

Form **990** (2020)

X Yes No

Phone no. (503) 227-0581

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE OREGON SYMPHONY IS DEDICATED TO MOVING MUSIC FORWARD. OUR VISION
	IS BOLD AND ADVENTUROUS: TO INSPIRE AUDIENCES WITH EXHILARATING
	PERFORMANCES, PRESENT THE BEST MUSICIANS IN A WIDE RANGE OF STYLES,
	EXPLORE NEW ART FORMS, SHINE LIGHT ON CONTEMPORARY ISSUES AND BUILD A
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? X Yes No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$9,037,286. including grants of \$2,010,000. ) (Revenue \$102,579.
	THROUGHOUT FY21, THE OREGON SYMPHONY FOUND INNOVATIVE WAYS TO MEET OUR
	MISSION, EVEN IN THE FACE OF AN ONGOING GLOBAL PANDEMIC, CHALLENGES
	FROM EXTREME HEAT AND WILDFIRES, AND REDUCED STAFF CAPACITY. WHILE OUR
	CONCERT HALL WAS CLOSED FOR AN ENTIRE YEAR DUE TO COVID-19
	RESTRICTIONS, STAFF AND MUSICIANS ALIKE LEARNED NEW SKILLS, FOUND NEW
	WAYS TO CONNECT AND SHARE MUSIC DIGITALLY, AND EXPANDED OUR ONLINE
	PRESENCE TO BRING MUSIC TO MORE PEOPLE IN EVERY CORNER OF OREGON AND
	AROUND THE WORLD. THANKS TO THE SUPPORT OF MANY DEDICATED PARTNERS, WE
	WERE ABLE TO CREATE IMPORTANT ARTISTIC AND COMMUNITY IMPACT, AS WE
	PRESERVED ORGANIZATIONAL RESOURCES AND PREPARED FOR OUR UPCOMING RETURN
	TO LIVE PERFORMANCE.
41:	CONTINUED ON SCHEDULE O
4b	(Code:) (Expenses \$
	INNOVALING AKTIOTICADDI
	THIS YEAR, WE MET OUR MISSION BY SHARING EXCELLENT ART THAT INSPIRED,
	EDUCATED, UNITED, AND HEALED OUR COMMUNITY WHILE THE CORONAVIRUS KEPT
	US PHYSICALLY SEPARATED. BOTH OUR STAFF AND MUSICIANS DEMONSTRATED
	FLEXIBILITY, INGENUITY, AND COMMITMENT TO RESPOND TO CONSTANTLY
	CHANGING SCENARIOS AND NEW WAYS OF OPERATING. WITH THE CONCERT HALL
	STILL CLOSED, OUR OPERATIONS TEAM HAD THE CHALLENGING TASK OF
	TRANSFORMING A BLANK WAREHOUSE SPACE INTO A USABLE CONCERT HALL/FILM
	SET, INCLUDING THE APPROPRIATE SOUND ENGINEERING, SET DESIGN, AND
	LIGHTING, AND ENGAGING CREATIVE DIRECTORS WHO WOULD HELP CRAFT EACH
	SERIES THOUGHTFULLY. (CONTINUED ON SCHEDULE O)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	INVESTING IN OUR COMMUNITY
	THE DIGITAL ARTISTIC WORK DESCRIBED ABOVE AND MADE AVAILABLE FOR FREE
	TO THE ENTIRETY OF OREGON AND BEYOND WAS ONE IMPORTANT WAY WE INVESTED
	IN OUR COMMUNITY. BRINGING THE JOY OF INSPIRING PERFORMANCES INTO
	PEOPLE'S HOMES WAS PARTICULARLY MEANINGFUL AS A WAY TO CONNECT EMOTIONALLY WHILE WE WERE PHYSICALLY SEPARATED. ADDITIONALLY, WE WORKED
	CLOSELY WITH OUR MANY SCHOOL-BASED AND COMMUNITY-BASED PARTNERS TO IDENTIFY TARGETED, SPECIFIC COMMUNITY NEEDS THAT WE COULD MEET THROUGH
	MUSIC.
	MODIC.
	CONTINUED ON SCHEDULE O
4d	Other program services (Describe on Schedule O.)
-ru	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 9,037,286.
	Form <b>990</b> (2020

# Form 990 (2020) OREGON SYMPHONY ASSOCIATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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,	۰		<del></del>
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
h	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		Х
14a		14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<del>  17</del> a		<del></del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		4.5		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		<sub>v</sub>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> X</u>
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

032003 12-23-20

Form 990 (2020) OREGON SYMPHONY ASSOCIATION
Part IV Checklist of Required Schedules (continued)

	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?  f	28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	1
Par	Note: All Form 990 filers are required to complete Schedule O  **T V   Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
ı aı				
	Check if Schedule O contains a response or note to any line in this Part V		V	<b></b> _
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 55  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
C	(gambling) winnings to prize winners?	1c		
00000	1 12 22 20		990	(2020)

Form 990 (2020) OREGON SYMPHONY ASSOCIATION

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

22 Enter the number of employees reported on Form W.3. Transmittation I Wage and Tax Statements. 2a 380  380 If the contender year ending with or within the year convent by this return  381 If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  382 If the contender year ending with or within the year? If Year Tay Note: If the sum of files it and 2a is greater than 250, you may be required to a-file (see instructions)  383 If the commission have unrelated business gross income of \$1,000 or more during the year?  384 If Year, I has it filed a Form 980-1 for this year? If Year 1 and 3b, provide an explanation on Schedule O  385 If Year, I would not under the calculation and year and the organization have an Interest in, or a significant or other authority over, a financial account in a foreign country be under the name of the foreign country by See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  585 Was the organization party to a prohibited tax shelter transaction?  586 Was the organization to have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any confributions that were not tax tax deductibles a charitable contributions?  587 If Year, I did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions?  588 If Year, I did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductibles a charitable contributions?  589 If Year, I did the organization neity the donor of the value of the goods or services provided?  580 If Year, I required the contribution of the value of the goods or services provided to the payor?  580 If Year, I required the contribution of the value of the goods or services provided?  580 If Year, I required the contribution of the value of the goods or services provided?						Yes	No
b If all least one is reported on line 2a, did the organization file all required federal employment fax returns?  Note: if the xmm of lines it and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes, 1 has it filed a Form 990°T for this year? /f Yes 1 to 10 years of the required to e-file (see instructions)  3b If Yes, 2 has it filed a Form 990°T for this year? /f Yes 1 to 10 years of the required to e-file (see instructions)  3c If Yes, 2 has it filed a Form 990°T for this year? /f Yes 1 to 10 years of yea	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to \$_{ii}(s (see instructions)\$  3a		filed for the calendar year ending with or within the year covered by this return	2a	380			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b If Yes, 's has it filed a Form 990-T for this year? If "No' to fine 3b, provide an explanation on Schedule O  4b All any time during the caleridary year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (auch as a bank account, securities account, or other financial accounts (FBAF).  5c If "Yes,' to fine for the name of the foreign country, but and a bank account, securities account, or other financial accounts (FBAF).  5c If "Yes' to line 5a or 5b, did the organization the fine 5a or 5b, did the organization the fine 888-17 can be sufficient at any time during the tax year?  5c If "Yes' to line 5a or 5b, did the organization the fine 888-17 can be sufficient to the organization solicit any contributions 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?  6c If "Yes' of did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8b If "Yes," did the organization mostly the donor of the value of the goods or services provided?  7c If Yes, 'Indicate the number of Forms 8282 filed during the year  8 bif the organization solic, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  8c Did the organization received a contribution of qualified intellectual property, did the organization file Form 8290 as required?  7c If Yes,' Indicate the number of Forms 8282 filed during the year  9 bif the organization received a contribution of qualified intellectual property, did the organization file Form 8290 as required?  9 Forms of the organization received a contribution of care, boots, air planes, or other vehicles, did the orga	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		<b>2</b> b	Х	
b If Ves, "has it filled a Form 990.7 for this year? If 'No' to fine 3b, provide an explanation on Schedule O  4a Al 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 in a foreign country (such as a bank account, securities account, or other financial accounts of the program of the foreign country (such as a bank account, securities account, or other financial accounts (FBAF).  5a Was the organization a party to a prohibited tax shelter transaction?  5b IV 'Yes' to line 5a or 5b, did the organization file Form 8898-17  6b Did any taxable party notify the organization file Form 8898-17  6c 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?  6c Did the organization shart may receive deductible contributions under section 170(c).  8d Did the organization shart may receive deductible contributions under section 170(c).  8d Did the organization shart may receive deductible contributions under section 170(c).  8d Did the organization shart may receive deductible contributions under section 170(c).  8d Did the organization shart may receive deductible contribution and early the groups and services provided to the payor?  7a X  7b X  7c Organizations that may receive deductible contribution and early the groups and services provided to the payor?  7a IV Yes, "indicate the number of Forms 8282? filed during the year  8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the forem 8282?  7c Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0?  7b Did the organization received a contribution of a did to the sponsoring organization make any taxabilitied intele		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
4a At any time during the calendary 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 bark account, securities account, or other financial accounts?  b if "Yes," enter the name of the foreign country ▶  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization ap any to a prohibited tax shefter transaction at any time during the tax year?  6b I any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?  6c I may be a file to the organization to the organization that it was or is a party to a prohibited tax shefter transaction?  6c I may contribution share annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles of scharitable contributions?  6c I were not tax deductibles of a charitable contributions?  7 Organizations that may receive deductible contributions under section 170(c).  a bid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of the value of the goods or services provided?  7 Organizations that may receive deductible contributions under section 170(c).  a bid the organization include with every solicitation and express statement that such contributions or gifts were not tax may be a such as	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
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b if "Yes," enter the name of the foreign country. ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization party to a prohibited tax shelter transaction?  5b X  b Did any taxable party notify the organization that it was or is a parry to a prohibited tax shelter transaction?  5b X  c If "Yes" in lies Sar of Sb, did the organization filing Form 8886-77  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8a bil the organization state any receive deductible contributions under section 170(c).  8b If "Yes," did the organization notify the donor of the value of the opecads or services provided?  9b If "Yes," did the organization notify the donor of the value of the opecads or services provided?  10b If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8262?  10b If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  10b If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7  11b If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7  11b If the organization have excess business holdings at any time during the year?  11c Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advi							
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a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A 9b  Did the sponsoring organizations make a distribution to a donor, donor advisor, or related person?  N/A 10a  b Gross receipts, included on Form 990, Part VIII, line 12 N/A 10b  Carcian 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  B 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.)  12a 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 N/A 12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  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  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.		sponsoring organization have excess business holdings at any time during the year?		N/A	8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12	9						
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12	а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a 11b 11b 11b 11b 11b 11b 11b 11b 11b	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$		N/A	9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	10	· · · · · •					
11 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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	а						
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.)  12a 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  N/A  13a Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  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  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.			10b				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a 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			11				
amounts due or received from them.)  12a 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			11a				
12a 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	b		446				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	100				120		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  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?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.		•	I I		120		
a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  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  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  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?  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?  If "Yes," complete Form 4720, Schedule O.			_120				
Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  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?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.				N/A	13a		
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  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  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?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.	_						
c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  16 "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  17 If "Yes," complete Form 4720, Schedule O.	b	·					
c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  16 "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  17 If "Yes," complete Form 4720, Schedule O.			13b				
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O14b15Is 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?15XIf "Yes," see instructions and file Form 4720, Schedule N.16X16Is the organization an educational institution subject to the section 4968 excise tax on net investment income?16XIf "Yes," complete Form 4720, Schedule O.	С		13c				
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?  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?  If "Yes," complete Form 4720, Schedule O.					14a		X
excess parachute payment(s) during the year?  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?  If "Yes," complete Form 4720, Schedule O.	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b		
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?  If "Yes," complete Form 4720, Schedule O.	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or				
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?			15		X
If "Yes," complete Form 4720, Schedule O.							
	16		income	?	16		X
		If "Yes," complete Form 4720, Schedule O.			-	000	(0.5.5.5

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 41			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶OR			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JANICE ROMANO - 503-416-6319			
	921 SW WASHINGTON, SUITE 200, PORTLAND, OR 97205-2819			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	an	compensation from	Reportable compensation from related	(F) Estimated amount of other	
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		trom the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) SCOTT SHOWALTER PRESIDENT/CEO	58.00			х				270 000	0	21 426	
· · · · · · · · · · · · · · · · · · ·	2.00			Λ				279,988.	0.	21,426.	
(2) JANET PLUMMER CFOO	10.00	1		х				152,016.	0.	23,406.	
(3) RUSSELL KELBAN	55.00			Δ				132,010.	0.	23,400.	
VP MARKETING	33.00	1				x		129,555.	0.	11,048.	
(4) SARAH KWAK	35.00					1		125,555.	0.	11,040.	
CONCERTMASTER	33.00	1				x		123,649.	0.	13,429.	
(5) HILARY BLAKEMORE	45.00					123		123,043.	•	13,423.	
VP DEVELOPMENT	13.00	1				x		123,224.	0.	13,210.	
(6) STEVE WENIG	55.00									20,220	
VP & GM	5.00	1				x		101,697.	0.	23,992.	
(7) CHARLES CALMER	45.00							,	-	_ ,	
VP ARTISTIC PLANNING						X		107,356.	0.	14,458.	
(8) JAMES SHIELDS	35.00							·		•	
BOARD MEMBER/MUSICIAN		Х						62,522.	0.	13,866.	
(9) CARRENO, SERGIO	35.00										
BOARD MEMBER/MUSICIAN		Х						54,891.	0.	20,088.	
(10) BRAIZAHN JONES	35.00										
BOARD MEMBER/MUSICIAN		X						55,085.	0.	10,885.	
(11) COLE, EMILY	35.00										
BOARD MEMBER/MUSICIAN		Х						47,546.	0.	14,095.	
(12) RICK HINKES	20.00										
<u>CO-CHAIR</u>		Х		X				0.	0.	0.	
(13) TIGE HARRIS	20.00										
<u>CO-CHAIR</u>		Х		Х				0.	0.	0.	
(14) DAN DRINKWARD	20.00	1									
VICE CHAIR		Х		Х		_		0.	0.	0.	
(15) EVE CALLAHAN	20.00									_	
SECRETARY		Х		Х				0.	0.	0.	
(16) JACK WILBORN	20.00			<u></u>						_	
TREASURER		Х	_	Х		_		0.	0.	0.	
(17) AMANDA TUCKER	5.00	<b>.</b> .							_	_	
BOARD MEMBER		Х						0.	0.	0 • Form <b>990</b> (2020)	

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

93-0446527

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)	(B) (C)						(D)	(E)	(F)	
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o s both	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(18) BILL EARLY	5.00										
BOARD MEMBER		Х						0.	0.	0.	
(19) CHABRE VICKERS	5.00								_		
BOARD MEMBER		Х						0.	0.	0.	
(20) CHRISTOPHER BROOKS	5.00							_	_	_	
BOARD MEMBER		Х						0.	0.	0.	
(21) CLIFF DEVENEY	5.00										
BOARD MEMBER		Х						0.	0.	0.	
(22) COURTNEY ANGELI	5.00							_	_	_	
BOARD MEMBER		Х						0.	0.	0.	
(23) DAN RASAY	5.00										
BOARD MEMBER		Х						0.	0.	0.	
(24) DERALD WALKER	5.00										
BOARD MEMBER		Х						0.	0.	0.	
(25) GERALD HULSMAN	5.00										
BOARD MEMBER		Х						0.	0.	0.	
(26) GERRI KARETSKY	5.00										
BOARD MEMBER		Х						0.	0.	0.	
1b Subtotal   1							1,237,529.	0.	179,903.		
c Total from continuation sheets to Part VII, Section A							<b>&gt;</b>	0.	0.	0.	
d Total (add lines 1b and 1c) 1,237,529.									0.	179,903.	
2 Total number of individuals (including but n	at limited to th	റടേ	licta	d ah	OVA	) wh	o re	ceived more than \$100	000 of reportable		

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PORTLAND' 5, MERC UNIT 14, PO BOX 5000,	ARLENE SCHNITZER	
PORTLAND, OR 97208	CONCERT HALL	845,866.
1547 CSR - PITTOCK BLOCK LLC, 921 SW		
WASHINGTON STE 100, PORTLAND, OR 97205	OFFICE LEASE	270,534.
SELDY CRAMER INC		
200 LAKESIDE DR #802, OAKLAND, CA 94610	ARTIST AGENT	173,346.
DOCUMART COPIES & PRINTING		
3310 NW YEON, PORTLAND, OR 97210	PRINTING COMPANY	159,912.
WILLIAM MORRIS ENDEAVOR ENTERTAINMENT LLC,		
9601 WILSHIRE BLVD 3RD FLR, BEVERLY HILLS	ARTIST AGENT	104,000.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2020)

8

(A) Name and title  Average hours per week (list any hours for related organizations below line)  (27) GRADY JURRENS  5.00  BOARD MEMBER  (28) IDA RAE CAHANA  BOARD MEMBER  (29) J. CLAYTON HERING  BOARD MEMBER  (29) J. CLAYTON HERING  BOARD MEMBER  (30) JANET BLOUNT  BOARD MEMBER  (31) JEFF HEATHERINGTON  BOARD MEMBER  (32) JOANN YOUNG  BOARD MEMBER  (33) JUDY HUMMELT  5.00  BOARD MEMBER  (34) KRIS KERN  BOARD MEMBER  (35) LANE SHETTERLY  BOARD MEMBER  (36) LAUREN FOX  BOARD MEMBER  (37) MATT ECLEN  BOARD MEMBER  (38) NANCY HALES  BOARD MEMBER  (39) PEGGY MILLER  BOARD MEMBER  (40) PRISCILLA LONGFIELD  BOARD MEMBER  (41) RENEE HOLZMAN  BOARD MEMBER  (42) ROBERT HARRISON  BOARD MEMBER  (43) ROBYN GASTINEAU  BOARD MEMBER  (44) ROBERT HARRISON  BOARD MEMBER  (55.00  X  K  K  K  K  K  K  K  K  K  K  K  K			6527							
Name and title	Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									
hours   check all that apply)   compet   week (list any hours for related organizations)   for organi (w.2/109   for organizations)   for organizations   for organi	D)	(E)	(F)							
Per   Week (list any hours for related organizations below line)   2   2   2   2   2   2   2   2   2	ortable	Reportable	Estimated							
Week (list any hours for related organizations below line)	ensation	compensation	amount of							
(list any hours for related organizations below line)   3	om	from related	other							
(27) GRADY JURRENS	· · · · · · · · · · · · · · · · · · ·	organizations (W-2/1099-MISC)	compensation from the							
(27) GRADY JURRENS	I .	(***2/1099-101100)	organization							
(27) GRADY JURRENS			and related							
(27) GRADY JURRENS			organizations							
(27) GRADY JURRENS										
BOARD MEMBER   X										
10										
BOARD MEMBER	0.	0.	0.							
C29			_							
BOARD MEMBER	0.	0.	0.							
30   Janet Blount	_									
BOARD MEMBER	0.	0.	0.							
31   JEFF HEATHERINGTON   5.00	_		_							
BOARD MEMBER	0.	0.	0.							
32   JOANN YOUNG	_	_	_							
BOARD MEMBER	0.	0.	0.							
333   JUDY HUMMELT		0	0							
BOARD MEMBER	0.	0.	0.							
Sample   S	_	0	0							
BOARD MEMBER	0.	0.	0.							
S.00   BOARD MEMBER	0.	0.	0.							
BOARD MEMBER	<del></del>	0.	0.							
S.00	0.	0.	0.							
BOARD MEMBER		0.	0.							
S.00	0.	0.	0.							
BOARD MEMBER	<del></del>	<u> </u>	<u>.</u>							
San Nancy Hales	0.	0.	0.							
BOARD MEMBER			•							
(39) PEGGY MILLER       5.00         BOARD MEMBER       X         (40) PRISCILLA LONGFIELD       5.00         BOARD MEMBER       X         (41) RENEE HOLZMAN       5.00         BOARD MEMBER       X         (42) ROBERT HARRISON       5.00         BOARD MEMBER       X         (43) ROBYN GASTINEAU       5.00         BOARD MEMBER       X         (44) ROSCOE NELSON       5.00         BOARD MEMBER       X	0.	0.	0.							
BOARD MEMBER         X           (40) PRISCILLA LONGFIELD         5.00           BOARD MEMBER         X           (41) RENEE HOLZMAN         5.00           BOARD MEMBER         X           (42) ROBERT HARRISON         5.00           BOARD MEMBER         X           (43) ROBYN GASTINEAU         5.00           BOARD MEMBER         X           (44) ROSCOE NELSON         5.00           BOARD MEMBER         X										
(40) PRISCILLA LONGFIELD       5.00         BOARD MEMBER       X         (41) RENEE HOLZMAN       5.00         BOARD MEMBER       X         (42) ROBERT HARRISON       5.00         BOARD MEMBER       X         (43) ROBYN GASTINEAU       5.00         BOARD MEMBER       X         (44) ROSCOE NELSON       5.00         BOARD MEMBER       X	0.	0.	0.							
BOARD MEMBER			-							
BOARD MEMBER         X           (42) ROBERT HARRISON         5.00           BOARD MEMBER         X           (43) ROBYN GASTINEAU         5.00           BOARD MEMBER         X           (44) ROSCOE NELSON         5.00           BOARD MEMBER         X	0.	0.	0.							
(42) ROBERT HARRISON       5.00         BOARD MEMBER       X         (43) ROBYN GASTINEAU       5.00         BOARD MEMBER       X         (44) ROSCOE NELSON       5.00         BOARD MEMBER       X										
BOARD MEMBER  (43) ROBYN GASTINEAU  BOARD MEMBER  X  (44) ROSCOE NELSON  BOARD MEMBER  X  X  X	0.	0.	0.							
(43) ROBYN GASTINEAU  BOARD MEMBER  (44) ROSCOE NELSON  BOARD MEMBER  X										
BOARD MEMBER X (44) ROSCOE NELSON 5.00 X BOARD MEMBER X	0.	0.	0.							
(44) ROSCOE NELSON 5.00 X										
BOARD MEMBER X	0.	0.	0.							
1 - 00	0.	0.	0.							
(45) SUE HORN-CASKEY 5.00										
BOARD MEMBER X	0.	0.	0.							
(46) THOMAS LAUDERDALE 5.00										
BOARD MEMBER X X	0.	0.	0.							

Form 990 OREGON SY Part VII Section A. Officers, Directors, Tru	MPHONY	AS	SO	CT	AT.	.TO	N		93-044	6527
Part VII Section A. Officers, Directors, Tru	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employ	ees (continued)		
(A) Name and title	(B) Average hours	Average Posi						<b>(D)</b> Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
47) WALT WEYLER	5.00									_
SOARD MEMBER		Х						0.	0.	0

Form 990 (2020) OREGON
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		<b>-</b>	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns 1a					
ant	 h	Membership dues 1b					
Ģ G	~		379,842.				
fts,		Related organizations 1d	<del>5,5,6120</del>				
igi.		Government grants (contributions) 1e 3,	988,001.				
Sin		All other contributions, gifts, grants, and	300,001				
utic Je	'		685,378.				
er Ott		Noncash contributions included in lines 1a-1f	13,691.				
Contributions, Gifts, Grants and Other Similar Amounts	<u>د</u> م	Total. Add lines 1a-1f		13053221.			
<u> </u>		Total. Add lines 1a-11	Business Code	13033221			
•	0.0		Buomedo Gode				
/ice	2 a						
er ue	b						
m S	C						
gra Re	C						
Program Service Revenue	6						
-		All other program service revenue					
-		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interestable as similar are supply)		64,778.			64,778.
		other similar amounts)		04,770.			04,770.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties(i) Real	(ii) Personal				
		· · · · · · · · · · · · · · · · · · ·	(ii) i ersoriai				
		Gross rents 6a Less: rental expenses 6b					
		Net rental income or (loss)  Gross amount from sales of  (i) Securities	(ii) Other				
	1 a	505 005	(ii) Other				
		assets other than inventory Less: cost or other basis					
ø.	L	and sales expenses					
ň	_	Gain or (loss) 7c 591,659.					
her Revenue				591,659.			591,659.
Æ		Net gain or (loss)		331,033.			331,033.
Othe	0 0	including \$1,379,842. of					
٥		contributions reported on line 1c). See					
		Part IV, line 188a	0.				
	h	Less: direct expenses 8b	38,840.				
		Net income or (loss) from fundraising events		-38,840.			-38,840.
		Gross income from gaming activities. See		30,040.			23,040.
	9 0	Part IV, line 19 9a					
	<b>L</b>						
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	10 6	and allowances 10a					
	h	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
sno	11 a	OTHER INCOME	900099	102,649.	102,649.		
Miscellaneous Revenue	b		900099	-70.	-70.		
ella	0		<del></del>				
isce	,	All other revenue					
Σ	-	Total. Add lines 11a-11d	<b>&gt;</b>	102,579.			
	12	Total revenue. See instructions		13773397.	102,579.	0.	617,597.

032009 12-23-20

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

	Check if Schedule O contains a respon	se or note to any line in t (A)	his Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	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	2,010,000.	2,010,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	633,696.	515,408.	54,479.	63,809
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,285,963.	3,547,202.	196,476.	542,285
8	Pension plan accruals and contributions (include	044	400 5:-		44 = 4 =
	section 401(k) and 403(b) employer contributions)	211,757.	128,245.	68,996.	14,516
9	Other employee benefits	1,513,242.	1,307,895.	151,269.	54,078
10	Payroll taxes	472,075.	289,553.	140,604.	41,918
11	Fees for services (nonemployees):				
а	Management				
b	Legal	44.062	22 722	7 (42	2 507
С	Accounting	44,963.	33,723.	7,643.	3,597
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	75 000		75 000	
f	Investment management fees	75,088.		75,088.	
g	Other. (If line 11g amount exceeds 10% of line 25,	204 620	384,048.	2 042	6 720
	column (A) amount, list line 11g expenses on Sch O.)	394,629. 164,695.	164,695.	3,842.	6,739
12	Advertising and promotion	485,680.	228,505.	132,044.	125,131
13	Office expenses	403,000.	220,303.	132,044.	145,151
14	Information technology				
15	Royalties	273,397.	54,629.	160,476.	58,292
16	Occupancy	12,630.	1,624.	1,664.	9,342
17	Travel	12,030.	1,024.	1,004.	9,542
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20					
21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	127,674.	30,131.	97,543.	
23	Insurance	23,386.		23,386.	
24	Other expenses. Itemize expenses not covered	=3,0031		=3,000	
T	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	272 140	170 060	117 050	76 014
a	CONTRACT LABOR	373,142.	179,069.	117,259.	76,814
b	OTHER PRODUCTION EXPENSE	90,180.	90,180.		60 604
C	DONOR CAMPAIGN EXPENSE	60,624. 19,205.	19,205.		60,624
d	GUEST ARTISTS	202,234.	53,174.	123,756.	25,304
e oe	All other expenses Add lines 1 through 24s	11,474,260.	9,037,286.	1,354,525.	1,082,449
<u>25</u>	Total functional expenses. Add lines 1 through 24e	11,4/4,400.	3,031,400.	1,334,343.	1,004,449
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  fifollowing SOP 98-2 (ASC 958-720)				
	17 Tollowing SOP 98-2 (ASC 958-720)				Form <b>990</b> (202

Form 990 (2020)

Part X | Balance Sheet

Par	<u>t X</u>	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	5,054,128.	1	6,231,149.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	2,704,699.	3	1,144,324.
	4	Accounts receivable, net	516,829.	4	203,028.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
t2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
₹	9	Prepaid expenses and deferred charges	539,456.	9	458,726.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D  Less: accumulated depreciation  10a 1,909,330.  1,190,280.			
	b		814,679.		719,050
	11	Investments - publicly traded securities	10,950,549.	11	17,989,741.
	12	Investments - other securities. See Part IV, line 11	940,035.	12	994,533
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	04 500 055	15	00 040 554
	16	Total assets. Add lines 1 through 15 (must equal line 33)	21,520,375.	16	27,740,551.
	17	Accounts payable and accrued expenses	308,445.	17	625,776.
	18	Grants payable	2 004 640	18	4 000 200
	19	Deferred revenue	3,804,648.	19	4,000,398.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		22	
Ei	22	controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties		23	
	23 24		2,015,900.	24	1,996,798.
	25	Other liabilities (including federal income tax, payables to related third	2,013,500	24	1,550,750
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		1.2.1.1.2	17,150.	25	12,432.
	26	of Schedule D  Total liabilities. Add lines 17 through 25	6,146,143.	26	6,635,404.
		Organizations that follow FASB ASC 958, check here ▶ X	7,==,,==,		3,333,232
es		and complete lines 27, 28, 32, and 33.			
auc	27	Net assets without donor restrictions	1,761,634.	27	5,399,972.
Net Assets or Fund Balances	28	Net assets with donor restrictions	13,612,598.	28	15,705,175.
nd		Organizations that do not follow FASB ASC 958, check here			
ᆲ		and complete lines 29 through 33.			
ğ	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net 	32	Total net assets or fund balances	15,374,232.	32	21,105,147.
_	33	Total liabilities and net assets/fund balances	21,520,375.	33	27,740,551.

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	13	,77	<u>3,3</u>	<u>97.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	,47	4,2	<u>60.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	2	,29	9,1	37 <b>.</b>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15	,37	4,2	32.
5	Net unrealized gains (losses) on investments	5	3	,43	1,7	78.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	21	,10	5,1	47.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit			
	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 require	ed audi	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Name of the organization

Inspection Employer identification number

				Y ASSOCIATION					3-0446527	
Pa	rt I	Reason for Public (	Charity Status.(	(All organizations must c	omplete th	nis part.) S	ee instructions	i.		
The <b>1</b>	organ	ization is not a private found A church, convention of ch					I)(A)(i).			
2	一	A school described in <b>sect</b> i					76-76-7			
3	Ħ	A hospital or a cooperative		•			i).			
4	Ħ	A medical research organization					-	iii). Enter	the hospital's name	<u>.</u>
7	ш	city, and state:	ation operated in cor	ijanotion with a noopital	accombca	000110	(5)	iii)i Lincon	the hoopital o hame	,
5		An organization operated for	or the benefit of a col	lege or university owner	l or operat	ed by a go	vernmental un	it describe	ad in	
5	ш	section 170(b)(1)(A)(iv). (C		lege of difficersity owner	or operat	ed by a go	verimental un	it describe	5 <b>u</b> III	
_			•			70/1-1/41/41	(. A			
6		A federal, state, or local gov	-							
′	X	An organization that norma	•	ntial part of its support fi	om a gove	ernmentai	unit or from the	e generai p	oublic described in	
_		section 170(b)(1)(A)(vi). (C								
8	$\mathbb{H}$	A community trust describe			-					
9	Ш	An agricultural research org				_		-	-	
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of t	he college	or	
		university:								
10		An organization that norma								
		activities related to its exem		•	٠,				•	nt
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the orga	anization a	Ifter June 30, 1975.	
		See <b>section 509(a)(2).</b> (Cor	•							
11	$\square$	An organization organized a	·		•					
12		An organization organized a	· ·	· ·	-			•	•	
		more publicly supported or	•						Check the box in	
		lines 12a through 12d that	* *			-		-		
а			anization operated, su	upervised, or controlled	by its supp	oorted org	anization(s), ty	oically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	s of the su	pporting	
	_	organization. You must o	complete Part IV, Se	ctions A and B.						
b		■ Type II. A supporting org.	anization supervised	or controlled in connect	tion with its	s supporte	d organization	(s), by hav	ring	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	oorted	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С			grated. A supporting	g organization operated	in connect	tion with, a	and functionally	/ integrate	ed with,	
	_	its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ections A,	D, and E.			
d			integrated. A supp	orting organization oper	ated in co	nnection w	ith its support	ed organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness	
	_	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		□ Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II	, Type III		
		functionally integrated, or	* *	nally integrated supporting	ng organiz	ation.				
		er the number of supported o	•							
g		vide the following information  i) Name of supported		d organization(s). (iii) Type of organization	(iv) Is the ora	anization listed	( )		() A man	
	(	organization	(ii) EIN	(described on lines 1-10	in your governi	ing document?	(v) Amount of support (see ins	-	(vi) Amount of othe support (see instruction	
		organization		above (see instructions))	Yes	No	Support (See Inc	- Control (S)	Support (See matruction	

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

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

Sec	ction A. Public Support	71		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,		
	membership fees received. (Do not							
	include any "unusual grants.")	9694376.	14683486.	11488429.	6446767.	13053221.	55366279.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	9694376.	14683486.	11488429.	6446767.	13053221.	55366279.	
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)						8120289.	
6	Public support. Subtract line 5 from line 4.						47245990.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 4	9694376.	14683486.	11488429.	6446767.	13053221.	55366279.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	88,119.	101,607.	189,131.	148,804.	64,778.	592,439.	
9	Net income from unrelated business	,	,	,	,	,	<u> </u>	
	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.)	203,098.	288,045.	302,694.	73,579.	102,579.	969,995.	
11	<b>Total support.</b> Add lines 7 through 10	,	,	,	,		56928713.	
	Gross receipts from related activities,	etc. (see instruction	ons)				,548,109.	
	First 5 years. If the Form 990 is for th						· · · · · ·	
	organization, check this box and <b>stop</b>			,				
Sec	ction C. Computation of Publi						,	
14	Public support percentage for 2020 (li	ine 6, column (f), d	ivided by line 11, o	column (f))		14	82.99 %	
	Public support percentage from 2019					15	82.54 %	
						ore, check this bo		
	16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qualifies as a publicly supported organization							
17a	17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances test	· ·	•					
	more, and if the organization meets th	ū				•		
	organization meets the facts-and-circu				-			
18	Private foundation. If the organizatio				•		s	
	<u>,</u>		,	, , ,			or 990-EZ) 2020	

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					<del> </del>	
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
198	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	tion	▶□
k	33 1/3% support tests - 2019. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
- CE		
3с		
4a		
4b		
12		
4c		
70		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a	$\vdash$	
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44.		
Sec	<u>detail in</u> Part VI. rtion B. Type I Supporting Organizations	11c		
	usi 21 Type i cupper unig Ci guininau usi c		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		<u> </u>
300	tion b. All Type III Supporting Organizations		Vaa	Na
1	Did the evapoiration provide to each of its supported evapoirations, by the last day of the fifth month of the		Yes	No
•	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	)-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
<b>L</b>	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	ZU		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b		Ju		
_	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	Section A - Adjusted Net Income  (A) Prior Year (B) Current Year (optional)						
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
_4	Add lines 1 through 3.	4					
_5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
_7_	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
_3_	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
_6_	Multiply line 5 by 0.035.	6					
_7_	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount	_		Current Year			
_1_	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
_3_	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
_4	Enter greater of line 2 or line 3.	4					
_5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting organ	nization (see			
	instructions)						

Schedule A (Form 990 or 990-EZ) 2020

Fai	t v Type in Non-Functionally integrated 509	aj(s) supporting orga	illizations (contint	<u> ,ed) </u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
d	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2020

OMB No. 1545-0047

Name of the organization

OREGON SYMPHONY ASSOCIATION

**Employer identification number** 

93-0446527

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization Employer identification number

### OREGON SYMPHONY ASSOCIATION

93-0446527

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* \$ 2 , 015 , 900 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 1,750,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Name, address, and ZIF + +	\$ 1,064,617.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4_	Name, address, and ZIP + 4	Total contributions  \$ 1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### OREGON SYMPHONY ASSOCIATION

93-0446527

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

Name of organization **Employer identification number** 93-0446527 OREGON SYMPHONY ASSOCIATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

OREGON SYMPHONY ASSOCIATION

**Employer identification number** 93-0446527

Pai	rt I Organizations Maintaining Donor A	Advised Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Pa	art IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi	isors in writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization	zation's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and	donor advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the	donor or donor advisor, or for any other purpose con	nferring
Pai	rt II Conservation Easements. Complete i	if the organization answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the org	ganization (check all that apply).	
	Preservation of land for public use (for example		nistorically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held	I a qualified conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
a			4.
b	,		***
C			2c
d			
•	listed in the National Register		
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminated by the org	ganization during the tax
	year	ation accomment in Investor	
4	Number of states where property subject to conserva		
5	Does the organization have a written policy regarding violations, and enforcement of the conservation ease		Yes No
6	Staff and volunteer hours devoted to monitoring, insp		
Ü	L	seeting, nanding of violations, and emoreing conserv	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting	ng handling of violations, and enforcing conservation	easements during the year
•	<b>▶</b> \$	ig, manding of violations, and officially conservation	rodochiento daring the year
8	Does each conservation easement reported on line 20	(d) above satisfy the requirements of section 170(h)(4)	1)(B)(i)
		(-)	
9	In Part XIII, describe how the organization reports cor		
	balance sheet, and include, if applicable, the text of the	•	
	organization's accounting for conservation easement		
Pai	rt III Organizations Maintaining Collection	ons of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" of	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	d for public exhibition, education, or research in furth	erance 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 bala	ance sheet works of
	art, historical treasures, or other similar assets held for	or public exhibition, education, or research in furthera	ance 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		<b>&gt;</b> \$
2	If the organization received or held works of art, histo	orical treasures, or other similar assets for financial ga	in, provide
	the following amounts required to be reported under	-	
	, , , , , , , , , , , , , , , , , , , ,		_
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instr	ructions for Form 990.	Schedule D (Form 990) 2020

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

Par	rt III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Othe	r Simila	ar Assets	(continue	ed)		
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	significant	use of its	,			
	collection items (check all that apply):									
а	Public exhibition d Loan or exchange program									
b	Scholarly research e Other									
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organization	n answered "Yes" or	n Form 99	0, Part IV,	ine 9, or			
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermedi	iary for contributions	or other assets not	included		_			
	on Form 990, Part X?						Yes	O No		
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:							
							Amount			
С	Beginning balance				1c					
d	Additions during the year				1d					
е	Distributions during the year				1e					
f	Ending balance				1f					
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	stodial account liabi	lity?		Yes	No		
	If "Yes," explain the arrangement in Part XIII.									
Par	rt V Endowment Funds. Complete in	f the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10.					
		(a) Current year	(b) Prior year	(c) Two years back		years back				
1a	Beginning of year balance	10,858,263.	11,527,523.	11,472,533.		119,898.		97,652.		
b	Contributions	3,695,895.	4,315.	2,981.		005,864.		47,244.		
С	Net investment earnings, gains, and losses	4,012,340.	-326.	721,263.		990,031.	1,1	98,625.		
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	680,868.	673,249.	669,254.		643,260.	6:	23,623.		
f	Administrative expenses									
g	End of year balance	17,885,630.	10,858,263.	11,527,523.	11,	472,533.	10,13	L9,898.		
2	Provide the estimated percentage of the curr	•	e (line 1g, column (a)	) held as:						
	Board designated or quasi-endowment	20.6580	_%							
	Permanent endowment ► 53.8050	%								
С	Term endowment ► 25.5370	%								
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	ition that are held an	d administered for t	he organi:	zation				
	by:							es No		
	(i) Unrelated organizations						3a(i) 2	Κ		
	(ii) Related organizations						3a(ii)	X		
b	If "Yes" on line 3a(ii), are the related organization						3b			
4 Do:	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered					.				
	Description of property	(a) Cost or o	, ,	' '	Accumula	<b>I</b>	(d) Book v	alue		
		basis (investr	nent) basis	otner) de	epreciatio	T1				
	Land									
	Buildings									
	Leasehold improvements			C 11C	124 2		1 4 1	750		
	1 1				434,3			750.		
_	Other			3,214.	755,9	714.		300.		
Total	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	gual Form 990, Part	X, column (B), line 10	Oc.)				050.		
						Schodule	D (Form 9	いい クロクロ		

	O (Form 990) 2020 OREGON SYMP Investments - Other Securities.	HONY ASSOCIAT	ION	93-0446527 Page
Part VII	Complete if the organization answered "Yes"	on Form 990 Part IV line	11b See Form 990 Part X line 1	2
(a) Descri	ption of security or category (including name of security)	(b) Book value		st or end-of-year market value
	ial derivatives	. ,		,
	y held equity interests			
<b>2)</b> Other	y ricia equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX				
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 1	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Colt	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	e 15.)		▶
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X	. line 25.
l.	(a) Description of liability		,	(b) Book value
	deral income taxes			.,
, , , , , , ,	HARITABLE GIFT ANNUITY			12,432
	TENTINDED GILL ENMOTIT			
(2) CI	HARTIABLE GIFT ANNOTTI			12,432
	MARTIABLE GIFT ANNOTIT			12,432

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

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

Schedule D (Form 990) 2020

(6) (7) (8)

FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE ORGANIZATIONS' TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY

Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the	e organization			Employer identification numbe
	OREGON SYMPHONY A	ASSO	CIATION	93-0446527
Part I	Fundraising Activities. Complete if the org	ganizat	ion answered "Yes" on Form 990, Part IV, line 1	7. Form 990-EZ filers are not
	required to complete this part.			
1 Indicat	e whether the organization raised funds through a	iny of th	e following activities. Check all that apply.	
а 🗌	Mail solicitations	е 🗌	Solicitation of non-government grants	
b	Internet and email solicitations	f	Solicitation of government grants	
	DI CONTRACTOR OF THE CONTRACTO		Ta	

 □ Phone solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No

Tot	al			<b>&gt;</b>			
3	List all states in which the orgor licensing.	ganization is registered	or licensed to solic	it contributions	or has been notified	d it is exempt from re	gistration

032081 11-25-20

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

Schedule G (Form 990 or 990-EZ) 2020

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr				
		or lundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events  NONE	(d) Total events (add col. (a) through
			SPRING GALA (event type)	(event type)	(total number)	col. <b>(c)</b> )
an e			(CVOITE type)	(CVGITE LYPO)	(total flamber)	
Revenue	1	Gross receipts	1,379,842.			1,379,842.
۳						
	2	Less: Contributions	1,379,842.			1,379,842.
$\perp$	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s	5	Noncash prizes				
ense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	35,305.			35,305.
비	8	Entertainment				
	9	Other direct expenses				3,534.
	10	Direct expense summary. Add lines 4 through				38,839.
	11					-38,839.
Pa	rτι		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
$\neg$		\$15,000 on Form 990-EZ, line 6a.	T	(L.) Dull tobe (instant	T	(1) Tatal manaina (andal
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ses	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		<b>&gt;</b>	
			, , , , , , ,			
а	ls t	ter the state(s) in which the organization conduthe organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
	_					
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·	-	•	Yes No
	_					
03208	2 11	1-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

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Sch	edule G (Form 990 or 990-EZ) 2020 OREGON SYMPHONY ASSOCIATION 9:	3-0446527	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12	Indicate the percentage of gaming activity conducted in:		
		40-	07
	The organization's facility		<u>%</u>
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party  \$\bigs\\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	· · · · · · · · · · · · · · · · · · ·	5	
Da	organization's own exempt activities during the tax year  \$\bigsim \text{\$\text{V}\$}  \text{Supplemental Information.} Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Doubli lines O. C	)h 10h
ıa	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ı Part III, IInes 9, 9	D, IUD,
	100, 100, 10, and 170, as applicable. Also provide any additional information. Gee instructions.		
_			

Schedule 6	G (Form 990 or 990-EZ)	OREGON SYMPHONY	Z ASSOCIATION	93-0446527	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Infor	mation (continued)			
		(continued)			

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

2020 Open to Public

Inspection

OMB No. 1545-0047

**Employer identification number** Name of the organization 93-0446527 OREGON SYMPHONY ASSOCIATION Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X No criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) SUPPORT THE ACQUISITION PORTLAND 5 CENTER FOR THE ARTS AND INSTALLATION OF THE MEYER CONSTELLATION PO BOX 2746 36-4589390 501(C)(3) 0 ACOUSTICAL SYSTEM IN THE PORTLAND, OR 97208 2,000,000. PSU FOUNDATION - PSU CHOIR ACTIVITY - PO BOX 243 - PORTLAND 93-0619733 501(C)(3) 2021 WONDER AWARD OR 97207 10,000. 0. 2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2020

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
art IV Supplemental Information. Provide the information	tion required in Part I, line	e 2; Part III, columr	n (b); and any other ad	ditional information.	
RT II, LINE 1, COLUMN (H):					
ME OF ORGANIZATION OR GOVERNM	IENT: PORTLAN	D 5 CENTE	R FOR THE A	RTS	
I) PURPOSE OF GRANT OR ASSISTA	NCE: SUPPORT	THE ACQU	ISITION AND		
STALLATION OF THE MEYER CONST	ELLATION ACO	USTICAL S	YSTEM IN TH	E ARLENE	
CHNITZER CONCERT HALL.					

# SCHEDULE J (Form 990)

**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.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

OREGON SYMPHONY ASSOCIATION

Employer identification number 93-0446527

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			l
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			l
a	Receive a severance payment or change-of-control payment?	4a		х
h	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		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 the organization pay or accrue any compensation			l
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		37
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	perients	(B)(I)-(U)	reported as deferred on prior Form 990
(1) SCOTT SHOWALTER	(i)	228,746.	51,242.	0.	12,500.	8,926.	301,414.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JANET PLUMMER	(i)	150,889.	1,127.	0.	8,021.	15,385.	175,422.	0.
CFOO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							_
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						<u> </u>	

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 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

OREGON SYMPHONY ASSOCIATION

**Employer identification number** 93-0446527

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EXPERIENCES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
STRONGER COMMUNITY.
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:
DURING THE GLOBAL PANDEMIC WE WERE UNABLE TO PERFORM ON STAGE AND THERE
WERE NO LIVE CONCERTS IN THE FY21 SEASON. THIS CHANGE WAS TEMPORARY. WE
RESUMED LIVE SHOWS IN FISCAL YEAR 2022.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
WHILE WE END THE FISCAL YEAR IN A STRONG CASH POSITION, WE CONTINUE
BUDGETING CAUTIOUSLY WITH THE UNDERSTANDING THAT POST-PANDEMIC RECOVERY
IS LIKELY TO TAKE SEVERAL YEARS.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
OUTFITTING THIS SPACE ENTAILED SIGNIFICANT EXPENSE FOR THE ORGANIZATION
IN EQUIPMENT AND PERSONNEL, AND WAS CRUCIAL TO OUR ABILITY TO DELIVER
ON OUR MISSION.
DURING THE WINTER, WHEN GATHERINGS OF ALL KINDS WERE PROHIBITED, OUR
MUSICIANS CONTINUED PRODUCING AND SHARING FREE MINUTE FOR MUSIC
PERFORMANCES FROM THEIR HOMES; THERE ARE NOW 83 VIDEOS IN THIS SERIES
AVAILABLE ON OUR WEBSITE, A FIGURE THAT CONTINUES TO INCREASE EACH
MONTH. AS VACCINATION RATES ROSE AND HEALTH RESTRICTIONS RELAXED, WE  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020 Page 2 **Employer identification number** Name of the organization OREGON SYMPHONY ASSOCIATION 93-0446527 WERE ABLE TO GATHER SMALL GROUPS OF MUSICIANS TO PRODUCE INTIMATE, MOVING PERFORMANCES TO SHARE FOR FREE WITH OUR COMMUNITY. THIS WORK RESULTED IN THREE NEW SIGNATURE DIGITAL SERIES DURING THE FIRST HALF OF 2021, THAT COLLECTIVELY GARNERED MORE THAN 375,000 VIEWS ON OREGON SYMPHONY SOCIAL MEDIA CHANNELS. THESE SERIES INCLUDED: ESSENTIAL SOUNDS RELEASED IN JULY AND AUGUST OF 2020, THIS SIX-PART SERIES PROVIDED AN ARTISTIC RESPONSE TO THE PANDEMIC THAT USED MUSIC, STORYTELLING, AND IMAGERY TO HONOR ESSENTIAL WORKERS IN FIELDS LIKE HEALTH CARE, FOOD SERVICE, EDUCATION, AND SOCIAL SERVICES. THESE HALF-HOUR EPISODES FEATURED DIVERSE OREGON SYMPHONY MUSICIANS, GUEST ARTISTS, AND COMPOSERS SHARING THEIR EXPERIENCES AND THEIR ART DURING QUARANTINE. EACH EPISODE ALSO FEATURED A LOCAL NONPROFIT WORKING IN EACH SECTOR, GIVING VISIBILITY TO IMPORTANT WORK AND DRIVING DONATIONS TO COMMUNITY PARTNERS. LATER IN THE FALL, WE CREATIVELY RE-PACKAGED THE MUSICAL PERFORMANCES FROM THIS SERIES INTO "ESSENTIAL SOUND BITES," SHARING THEM WITH FRESH MESSAGING ON OUR SOCIAL MEDIA CHANNELS AND IN OUR E-NEWSLETTER TO FURTHER ENGAGE WITH OUR CORE AUDIENCE. CLASSICAL SESSIONS: CARLOS@18 THIS 12-EPISODE SERIES, DEBUTED IN APRIL 2021, FEATURES MUSIC DIRECTOR CARLOS KALMAR AT THE PODIUM, LEADING OREGON SYMPHONY MUSICIANS IN A PERSONALLY CURATED SERIES OF CHAMBER AND SMALL ENSEMBLE WORKS. CELEBRATING CARLOS' 18-YEAR TENURE AS MUSIC DIRECTOR, THE SERIES ALLOWS FOR AN UP CLOSE, INTIMATE LOOK AT THE WAY CARLOS LEADS HIS MUSICIANS. CARLOS PERSONALLY INTRODUCES EACH PIECE,

VIEWER INTO THE REHEARSAL SPACE TO SEE HOW OUR ARTISTS WORK TOGETHER TO

SHARING HIS INSIGHTS ABOUT THE PIECE AND THE COMPOSER TO PROVIDE

CONTEXT FOR THE LISTENER. BEHIND-THE-SCENES FEATURES ALSO TAKE THE

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization **Employer identification number** 93-0446527 OREGON SYMPHONY ASSOCIATION PRODUCE THE TRANSCENDENT MUSICAL MOMENTS AUDIENCES ENJOY ON THE STAGE AND THE SCREEN. BUILDING ON THE SUCCESS OF ESSENTIAL SOUNDS, OUR NEW NOTATIONS NOTATIONS SERIES EXPLORES THE WAYS THAT PERSONAL HISTORIES INSPIRE CREATIVE WORK. THROUGH THE LENS OF FIVE LOCAL MUSICIANS ALL OF WHOM ARE PEOPLE OF COLOR VIEWERS EXPERIENCE THE DEEP CONNECTION BETWEEN MUSICAL EXPRESSION, CULTURE, PERSONAL HERITAGE, AND THE INDIVIDUAL ARTIST'S LIFE JOURNEY. EACH EPISODE FEATURES AN ARTIST SHARING THEIR PERSONAL STORY THROUGH A COMBINATION OF STORYTELLING, MUSIC, AND IMAGES. THIS SERIES CELEBRATES THE RICH AND COMPLEX CULTURAL LANDSCAPE OF AMERICA, AND THE MANY WAYS THAT MUSIC, CULTURE, AND LIFE ARE INTERCONNECTED. THE FIRST EPISODE PREMIERED IN JULY 2021 AND NEW EPISODES ARE BEING RELEASED THROUGHOUT THE SUMMER. AS OUR DIGITAL ASSETS GREW, WE NEEDED TO INVEST IN AN IMPROVED ONLINE HOME TO MAKE OUR DIGITAL ARTWORK EASILY ACCESSIBLE TO THE COMMUNITY, NOW AND INTO THE FUTURE. STUDIO 125, WHICH WENT LIVE IN APRIL, IS THE NEW "DIGITAL DESTINATION" FOR ALL OREGON SYMPHONY DIGITAL PERFORMANCES. GROWING OUR DIGITAL REACH IS AN IMPORTANT PIECE OF ENVISIONING THE FUTURE OF OUR ORCHESTRA. EVEN ONCE WE RETURN TO THE CONCERT HALL, WE WILL CONTINUE INVESTING IN DIGITAL CONTENT CREATION THANKS IN PART TO A GRANT FROM THE MURDOCK TRUST THAT HAS ALLOWED US TO CREATE STAFF POSITIONS FOCUSED ON OUR DIGITAL ARTISTIC PRODUCTS. WE WERE HONORED THAT THE SYMPHONY'S ARTISTIC EXCELLENCE CONTINUES TO BE

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RECOGNIZED ON A NATIONAL SCALE, THIS YEAR ON TWO NOTABLE OCCASIONS. THE

SYMPHONY GARNERED ITS THIRD GRAMMY NOMINATION IN THE CATEGORY OF BEST

PARTICULARLY WOMEN AND PEOPLE OF COLOR.

Name of the organization

**Employer identification number** 

OREGON SYMPHONY ASSOCIATION 93-0446527

ORCHESTRAL PERFORMANCE, FOR OUR RECENT ALBUM ASPECTS OF AMERICA:

PULITZER EDITION. THE ALBUM, RELEASED ON THE PENTATONE LABEL, FEATURED

PERFORMANCES OF MODERN AMERICAN SYMPHONIC WORKS THAT WON THE PULITZER

PRIZE FOR MUSIC DURING THE 20TH CENTURY. ADDITIONALLY, CUBAN-AMERICAN

COMPOSER TANIA LEN WON THE 2021 PULITZER PRIZE FOR MUSIC FOR HER PIECE

STRIDE, A WORK CO-COMMISSIONED BY THE OREGON SYMPHONY AND THE NEW YORK

PHILHARMONIC. WE LOOK FORWARD TO PERFORMING THE WEST COAST PREMIERE OF

THIS WORK FOR OUR LOCAL AUDIENCES, AND CONTINUING OUR RICH TRADITION OF

COMMISSIONING SIGNIFICANT WORKS THAT PUSH THE BOUNDARIES OF OUR ART

FORM IN NEW DIRECTIONS, AND THAT INCREASE REPRESENTATION FOR

HISTORICALLY UNDERREPRESENTED VOICES IN THE CLASSICAL MUSIC REPERTORY,

FINALLY, WE ANNOUNCED A MAJOR ARTISTIC TRANSITION WITH THE SELECTION OF

DAVID DANZMAYR AS OUR NEXT MUSIC DIRECTOR. A UNANIMOUS PICK BY THE

SEARCH COMMITTEE FOLLOWING A FIVE-YEAR PROCESS, DANZMAYR WILL TAKE OVER

AS OUR NEXT ARTISTIC LEADER AT THE START OF THE 21/22 SEASON. DANZMAYR

IS WIDELY REGARDED AS ONE OF THE MOST TALENTED AND EXCITING CONDUCTORS

OF HIS GENERATION. HE IS A PRIZE-WINNING CONDUCTOR WHO HAS APPEARED

WITH ORCHESTRAS AT SOME OF THE MOST PROMINENT CONCERT HALLS ACROSS

EUROPE, NORTH AMERICA, AUSTRALIA, AND THE UK. DANZMAYR HAS WON PRIZES

AT SOME OF THE WORLD'S MOST PRESTIGIOUS CONDUCTING COMPETITIONS,

INCLUDING AT THE INTERNATIONAL GUSTAV MAHLER CONDUCTING COMPETITION AND

THE INTERNATIONAL MALKO CONDUCTING COMPETITION. HE HOLDS A STRONG

BELIEF THAT EACH COMPOSER'S MUSICAL EXPRESSION IS SHAPED BY THEIR

PERSONAL ENVIRONMENT, FAMILY HERITAGE, AND CULTURE. THIS BELIEF WILL

GUIDE HIS WORK AT THE OREGON SYMPHONY, INCLUDING THE FORMATION OF A NEW

CREATIVE ALLIANCE OF CULTURALLY DIVERSE THOUGHT-LEADERS AND MUSICAL

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Name of the organization OREGON SYMPHONY ASSOCIATION	Employer identification number 93-0446527
INNOVATORS PARTICULARLY WOMEN AND PEOPLE OF COLOR WHO BR	ING THEIR
PERSONAL HERITAGE AND LIVED EXPERIENCE TO THE ART THEY SHA	RE ON OUR
STAGE.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN	TS:
DESPITE CHALLENGES RELATED TO THE PANDEMIC, AND WEATHER EV	ENTS LIKE
WILDFIRES AND EXTREME HEAT THAT LIMITED OUTDOOR PERFORMANC	E
OPPORTUNITIES, OUR MUSICIANS NEVERTHELESS FOUND WAYS TO EN	RICH THE
LIVES OF TENS OF THOUSANDS OF OREGONIANS.	
BUILDING ON THE SUCCESS OF OUR FIRST SEASON, WE LAUNCHED A	SECOND
DIGITAL SEASON OF SYMPHONY STORYTIME. THESE SIXTEEN VIDEOS	IN ENGLISH
AND SPANISH HAVE BEEN VERY POPULAR WITH EDUCATORS AND FAMI	LIES WITH
YOUNG CHILDREN. WHEN DEVISING THE SECOND SEASON, WE INCORP	ORATED
FEEDBACK FROM AN EXTENSIVE VIEWER SURVEY THAT INDICATED ST	RONG
COMMUNITY SUPPORT FOR DIVERSE ON-SCREEN HOSTS, AND STORIES	THAT
HIGHLIGHTED DIVERSE CULTURES. WE ALSO PARTNERED WITH REACH	OUT AND READ
OREGON TO SHARE OUR VIDEOS IN PEDIATRICIANS' OFFICES TO HE	LP FOSTER
CHILDREN'S LITERACY. MORE THAN 315,000 VIEWERS WATCHED A S	YMPHONY
STORYTIME VIDEO DURING FY21, FROM ALL CORNERS OF OREGON, A	CROSS THE
COUNTRY, AND EVEN AROUND THE WORLD.	
OUR MUSICIANS HAVE BEEN ACTIVE IN SUPPORTING STUDENTS THRO	UGHOUT THE
SCHOOL YEAR. THROUGH OUR PARTNERSHIPS WITH DISTRICTS AND M	USIC
TEACHERS, 30 OREGON SYMPHONY MUSICIANS HAVE PROVIDED FREE	PRIVATE
ONLINE LESSONS FOR APPROXIMATELY 60 HIGH-NEED STUDENTS IN	PORTLAND
METRO AND SALEM AREA MIDDLE SCHOOL- AND HIGH SCHOOL-LEVEL	ORCHESTRAS
AND BANDS. WORKING DIRECTLY WITH OUR MUSICIANS HAS HELPED	KEEP STUDENTS

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Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization **Employer identification number** OREGON SYMPHONY ASSOCIATION 93-0446527 ENGAGED DURING A DIFFICULT SCHOOL YEAR, AND SUPPORTED THEM IN THEIR GROWTH AS MUSICIANS. WE UTILIZED OUR PARTNERSHIP WITH THE CARNEGIE HALL WEILL MUSIC INSTITUTE TO SHARE ONLINE MUSIC EDUCATION MODULES WITH DOZENS OF SCHOOL PARTNERS AROUND THE STATE FOR USE IN THEIR CLASSROOMS. WE ALSO LISTENED TO THE UNIQUE NEEDS OF COMMUNITY MEMBERS AND WORKED WITH THEM TO DEVISE SPECIALIZED OPPORTUNITIES TO MEET THOSE NEEDS. ASSOCIATE CONDUCTOR NORMAN HUYNH, FOR INSTANCE, FIELDED A REQUEST BY A HIGH SCHOOL SPECIAL ED TEACHER IN CAMAS, WA WHOSE STUDENT WAS ESPECIALLY INTERESTED IN CONDUCTING. NORMAN SET UP A VIRTUAL VISIT WITH THE CLASSROOM, TALKED TO ALL THE STUDENTS ABOUT WHAT A CONDUCTOR DOES, AND LED THEM IN PRACTICING SOME CONDUCTING TECHNIQUES TOGETHER. ON ANOTHER OCCASION, OUR STRING QUARTET MADE TWO VIRTUAL CLASSROOM VISITS TO 4TH GRADE MUSIC CLASSES IN THE WARM SPRINGS SCHOOL DISTRICT. THEY DEMONSTRATED THEIR INSTRUMENTS AND ANSWERED QUESTIONS FROM THE STUDENTS IN AN INTERACTIVE SETTING. STAGE MANAGER LORI TREPHIBIO FOLLOWED UP WITH AN IN-PERSON VISIT TO TALK WITH STUDENT GROUPS FROM THE CONFEDERATED TRIBES OF WARM SPRINGS. AS A PERSON WITH NATIVE AMERICAN HERITAGE WORKING IN THE ARTS, SHE SHARED HER EXPERIENCES WORKING IN THE ARTS AND ENCOURAGED THE STUDENTS TO CONSIDER THE WIDE VARIETY OF OPPORTUNITIES AND ROLES AVAILABLE FOR CAREERS IN THE ARTS SECTOR. AS PART OF OUR GALA 2021 FUNDRAISER, WE PRODUCED A FREE, LIVE CONCERT EVENT AVAILABLE TO ALL ON OUR WEBSITE. REACHING OUT TO OUR NETWORK OF WORLD-CLASS SOLOISTS, COMPOSERS, AND OUR OWN OREGON SYMPHONY MUSICIANS, WE PUT TOGETHER MORE THAN AN HOUR OF PERFORMANCES SPECIALLY PRODUCED TO CELEBRATE THE OREGON SYMPHONY AND CARLOS KALMAR. HOSTED LIVE IN STUDIO

BY SCOTT SHOWALTER AND FIVE OF OUR MUSICIANS, VIEWERS ENJOYED

Name of the organization

OREGON SYMPHONY ASSOCIATION

PERFORMANCES FROM THE LIKES OF JOSHUA BELL, WYNTON MARSALIS, CHRIS

THILE, EMMANUEL AX, AGUSTIN HADELICH, AND OREGON SYMPHONY BRASS,

PERCUSSION, AND STRING ENSEMBLES. MORE THAN 6,800 VIEWERS ENJOYED THIS

FREE PERFORMANCE.

INDIVIDUAL AND SMALL GROUPS OF MUSICIANS HAVE BEEN SPREADING JOY AND THE HEALING POWERS OF MUSIC WITH FREE, SPONTANEOUS POP-UP OUTDOOR PERFORMANCES AROUND PORTLAND. CONCERTS IN PIONEER SQUARE, WATERFRONT PARK, AND OTHER NEIGHBORHOODS AROUND PORTLAND HAVE SURPRISED AND DELIGHTED HUNDREDS OF COMMUNITY MEMBERS WITH MUSIC AS THEY GO ABOUT THEIR DAY. AS PART OF NATIONAL TEACHER APPRECIATION WEEK, NINE OREGON SYMPHONY MUSICIANS PERFORMED SMALL ENSEMBLE OUTDOOR RECITALS AT EIGHT PORTLAND PUBLIC SCHOOL LOCATIONS AND ONE PAROCHIAL SCHOOL. THESE "SYMPHONY SERENADES" WERE SHARED AS A THANK YOU TO TEACHERS AND PARENTS, AND BY PERFORMING AT DROP-OFF AND PICK-UP TIMES, TEACHERS, PARENTS, AND STUDENTS COULD ALL ENJOY THE MUSIC TOGETHER. MUSICIANS VISITED THE OREGON CONVENTION CENTER TO PLAY A POP-UP 'THANK YOU' PERFORMANCE FOR HEALTH CARE WORKERS ADMINISTERING THE COVID-19 VACCINE AND ALL THE COMMUNITY MEMBERS IN LINE FOR THE VACCINATION. MUCH OF THIS COMMUNITY-BASED WORK WAS POSSIBLE THANKS TO PPP LOANS, WHICH HELPED TO KEEP OUR MUSICIANS ON PAYROLL. WE ENCOURAGED THEM TO SHARE CREATIVE PERFORMANCES WITH THEIR COMMUNITY, FOLLOWING THEIR OWN INSPIRATION TO MAKE AN IMPACT BY BRINGING MUSIC INTO UNEXPECTED VENUES AND SPACES.

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

THE EXECUTIVE COMMITTEE IS AUTHORIZED TO ACT ON BEHALF OF THE BOARD DURING

THE INTERVALS BETWEEN FULL BOARD MEETINGS. THE EXECUTIVE COMMITTEE

POSSESSES THE FULL POWER OF THE BOARD.

Name of the organization CREGON SYMPHONY ASSOCIATION Employer identification number 93-0446527

FORM 990, PART VI, SECTION A, LINE 2:

THOMAS LAUDERDALE, BOARD MEMBER, IS FOUNDER/OWNER OF PINK MARTINI, A
PERFORMING GROUP THAT WORKS OFTEN WITH THE OREGON SYMPHONY.

FORM 990, PART VI, SECTION A, LINE 3:

THE EXECUTIVE COMMITTEE IS AUTHORIZED TO ACT ON BEHALF OF THE BOARD DURING

THE INTERVALS BETWEEN FULL BOARD MEETINGS. THE EXECUTIVE COMMITTEE

POSSESSES THE FULL POWER OF THE BOARD.

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

FORM 990 WILL BE REVIEWED BY THE FINANCE COMMITTEES PRIOR TO SUBMISSION TO
THE IRS. THE FULL BOARD WILL RECEIVE AN ELECTRONIC COPY OF THE FULL FORM
PRIOR TO SUBMISSION.

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

THE BOARD OF DIRECTORS CONSISTENTLY MONITORS ANY POSSIBILITY OF A CONFLICT
OF INTEREST. BOARD MEMBERS HAVE RECUSED THEMSELVES FROM VOTING ON POLICIES
THAT MIGHT AFFECT THEM: FOR EXAMPLE, IF THE BOARD IS VOTING ON A MOTION
THAT WILL INCREASE MUSICIAN COMPENSATION, DIRECTORS WHO ARE ALSO EMPLOYED
BY THE SYMPHONY AS MUSICIANS IN THE ORCHESTRA HAVE CITED A CONFLICT OF
INTEREST AND RECUSED THEMSELVES FROM VOTING ON THE MOTION.

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

FOR SENIOR MANAGEMENT POSITIONS, NATIONAL SEARCH FIRMS ARE ENGAGED TO

RECRUIT AND ADVISE ON COMPARABLE/COMPETITIVE COMPENSATION PACKAGES.

PUBLISHED COMPARABLES ARE ALSO CONSULTED FOR ALL POSITIONS.

Name of the organization OREGON SYMPHONY ASSOCIATION	Employer identification number 93-0446527
FORM 990, PART VI, SECTION C, LINE 18:	
FORM 990 IS AVAILABLE ON THE WEBSITE ORSYMPHONY.ORG AND IS	UPLOADED TO
GUIDESTAR. COPIES ARE ALSO AVAILABLE UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST.
FINANCIAL STATEMENTS ARE ALSO PUBLISHED ON THE ORGANIZATIO	N'S WEBSITE.
FORM 990, PART XII, LINE 2C:	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

## **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OREGON SYMPHONY ASSOCIATION

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

93-0446527

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	me End-of-yea	I .	Direct c	<b>(f)</b> ontrolling ntity	9
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34, k	pecause it had one	or more re	elated tax-exer	npt	
(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) t controlling entity	conti	g) 512(b)(13) rolled ity?
				501(c)(3))			Yes	No
REGON SYMPHONY FOUNDATION - 93-1225609								
21 SW WASHINGTON, SUITE 200	SUPPORT OF THE OREGON					SYMPHONY		
PORTLAND, OR 97205	SYMPHONY ASSOCIATION	OREGON	501(C)(3)	LINE 12A, I	ASSOCIA	TION	X	
DREGON SYMPHONY ASSOCIATION IN SALEM -	BRING SYMPHONIC MUSIC AND							
93-6031819, 921 SW WASHINGTON, SUITE 200,	THE OREGON SYMPHONY TO					SYMPHONY		
PORTLAND, OR 97205	SALEM	OREGON	501(C)(3)	LINE 10	ASSOCIA	TION	X	
	_							
	$\dashv$							
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Schedule R (Form 990) 2020

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

		,	ı	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
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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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Schedule R (Form 990) 2020

Page 3

Yes No

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

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

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a con	ntrolled entity			1a		X	
				1b		Х	
c Gift, grant, or capital contribution from related organization(s)				1c		X	
				1d		Х	
				1e		Х	
f Dividends from related organization(s)				1f		X	
				1g		X	
h Purchase of assets from related organization(s)				1h		X	
i Exchange of assets with related organization(s)				1i		X	
a Receipt of (f) interest, (ii) annuties, (iii) royatites, or (iv) rent from a controlled entity b Gift, grant, or capital contribution for related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s)  f Dividends from related organization(s)  g Sale of assets to related organization(s)  f Exchange of assets through the development of the sale of assets through the sale of assets through the sale of assets through the sale organization(s)  k Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets from related organization(s)  Performance of services or membership or fundrising solicitations for related organization(s)  Performance of services or membership or fundrising solicitations by related organization(s)  Sharing of facilities, equipment, maining lists, or other assets with related organization(s)  Sharing of paid employees with related organization(s)  Reimbursement paid to related organization(s) for expenses  Reimbursement paid by related organization(s) for expenses  Reimbursement paid by related organization(s) for expenses  (a)  Other transfer of cash or property to related organization(s)  Other transfer of cash or property to related organization(s)  Transaction  Transaction  Type (a:s)  Amount involved  Method of determining an  OREGON SYMPHONY ASSOCIATION IN SALEM  L 55,300. CASH			1j		X		
				1k		X	
I Performance of services or membership or fundraising solicitations for	related organization(s)			11	Х		
m Performance of services or membership or fundraising solicitations by	related organization(s)			1m		X	
n Sharing of facilities, equipment, mailing lists, or other assets with relate	ed organization(s)			1n		X	
p Reimbursement paid to related organization(s) for expenses				1p		X	
				1q		Х	
r Other transfer of cash or property to related organization(s)				1r		X	
				1s		X	
2 If the answer to any of the above is "Yes," see the instructions for infor	mation on who must complete the	nis line, including covered r	elationships and transaction thresholds.				
<b>(a)</b> Name of related organization	Transaction		(d) Method of determining amount in	volved			
1) OREGON SYMPHONY ASSOCIATION IN SALEM	L	55,300.	CASH				
_							
2)							
•							
3)	+						
4)							
<del>4</del> )							
E)							
J)							
6)							
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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, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Al or Percentage ging ownership
									000) 0000