			** PUBLIC DISCLOSURE COPY	* *	
	0	00	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047
For	mУ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		s) 2019
•		uary 2020)	Do not enter social security numbers on this form as it m	ay be made public.	Open to Public
Depa Inter	artment nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the la	test information.	Inspection
Α	For th	e 2019 calend	ar year, or tax year beginning $ { m JUL}1,2019$ and ending	JUN 30, 2020	
	Check if	C Name o	forganization	D Employer identific	ation number
	applicab				
	Addre	ge OREG	ON SYMPHONY ASSOCIATION		
	Name chang	ge Doing b	usiness as	93-044652	27
	returr	n Number	and street (or P.O. box if mail is not delivered to street address)		
	Final returr termi	-	SW WASHINGTON ST. 200	(503) 228	
_	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	14,183,328.
Ļ	return	PORI	LAND, OR 97205-2819	H(a) Is this a group ret	
	tion pend		nd address of principal officer: SCOTT SHOWALTER	for subordinates?	
	-	SAME	AS C ABOVE	H(b) Are all subordinates inc	
		empt status:			ist. (see instructions)
			ORSYMPHONY.ORG X Corporation Trust Association Other ► L	H(c) Group exemption	
	art I	Summary		Year of formation: 1896 M	State of legal domicile: OK
	1			ON CVMDUONV TN	CDTDEC
e	1		e the organization's mission or most significant activities: <u>THE OREC</u> ES AND BUILDS COMMUNITY BY CREATING O	TTETANT	
ano			$x \models \square$ if the organization discontinued its operations or disposed of r		
Governance	2			1.1	39
ğ	4		ting members of the governing body (Part VI, line 1a) lependent voting members of the governing body (Part VI, line 1b)		36
			of individuals employed in calendar year 2019 (Part V, line 2a)		369
ties	6		of volunteers (estimate if necessary)		187
Activities &	0 7a		d business revenue from Part VIII, column (C), line 12		0.
Ă	b		business taxable income from Form 990-T, line 39		0.
	<u> </u>			Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	11,488,429.	6,446,767.
nue	9		ce revenue (Part VIII, line 2g)	9,825,388.	6,838,477.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	250,409.	191,843.
č	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	303,452.	43,792.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,867,678.	13,520,879.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	30,554.	1,000,000.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	11,596,874.	11,731,529.
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) \blacktriangleright <u>1,010,458</u> .	0.	0.
Expenses	. b	Total fundrais	ing expenses (Part IX, column (D), line 25) \blacktriangleright <u>1,010,458.</u>		
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	8,227,943.	7,588,466.
	18	Total expense	19,855,371.	20,319,995.	
	19	Revenue less	expenses. Subtract line 18 from line 12	2,012,307.	-6,799,116.
Net Assets or				Beginning of Current Year	End of Year
sset	g 20	Total assets (F		26,725,331.	21,520,375.
etA	21		(Part X, line 26)	4,493,887.	6,146,143.
Ż	<u>22</u> art II	Net assets or Signature	fund balances. Subtract line 21 from line 20	22,231,444.	15,374,232.
				tomonto and to the bast of mu	knowledge and helief it in
			I declare that I have examined this return, including accompanying schedules and sta		knowledge and beller, it IS
uue	, corre	t, and complete	Declaration of preparer (other than officer) is based on all information of which pre	Jarei Has ally KHOWIEUye.	

Sign	Signature of officer			Date				
Here	JANET PLUMMER, CFO & O							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	SANG AHN			rt self-employed P00540880				
Preparer	Firm's name MCDONALD JACOBS ,	P.C.		Firm's EIN 🕨 93-0900579				
Use Only	Firm's address 520 SW YAMHILL S	T., STE 500						
PORTLAND, OR 97204 Phone no. (503) 22								
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No				
932001 01-2	20-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2019)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2019) OREGON SYMPHONY ASSOCIATION 93-0446527 Int III Statement of Program Service Accomplishments	Page
Pa		X
1	Check if Schedule O contains a response or note to any line in this Part III	[A
'	Briefly describe the organization's mission: THE OREGON SYMPHONY IS DEDICATED TO MOVING MUSIC FORWARD. OUR VISIO	N
	IS BOLD AND ADVENTUROUS: TO INSPIRE AUDIENCES WITH EXHILARATING	11
	PERFORMANCES, PRESENT THE BEST MUSICIANS IN A WIDE RANGE OF STYLES,	7
	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	77
		es X No
	If "Yes," describe these new services on Schedule O.	
3		es X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	
	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		,477.
	THE 19/20 SEASON PRESENTED THE OREGON SYMPHONY, AND INDEED OUR	
	COMMUNITY AS A WHOLE, WITH UNEXPECTED AND UNPRECEDENTED CHALLENGES.	
	THROUGHOUT THE ENTIRETY OF THIS SEASON, THE SYMPHONY HAS REMAINED	
	DEDICATED TO OUR MISSION TO BRING MUSIC TO MORE PEOPLE IN NEW WAYS.	А
	GLOBAL PANDEMIC MAY HAVE PUT ON HOLD OUR NORMAL WAYS OF FULFILLING	THAT
	MISSION, BUT THE ORGANIZATION REMAINS COMMITTED TO EXPLORING NEW WA	YS
	AND METHODS OF INSPIRING HOPE, SUPPORTING YOUTH EDUCATION, AND CREA	TING
	CONNECTION THROUGH THE SHARED EXPERIENCE OF MUSIC. IN THIS REPORT,	WE
	ARE PROUD TO SHARE THE WAYS WE CONTINUE TO LIVE OUT THIS MISSION IN	THE
	FACE OF OUR CHANGED REALITY, AS WELL AS THE WAYS WE ARE PRESERVING	
	ORGANIZATIONAL RESOURCES TO MITIGATE THE DEVASTATING FINANCIAL IMPA	СТ
	OF THE CORONAVIRUS PANDEMIC.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	INNOVATING ONSTAGE AND ON THE SCREEN	
	THE OREGON SYMPHONY'S 19/20 SEASON BROUGHT EXHILARATING ART AND	
	INNOVATIVE PERFORMANCES TO THE STAGE IN PORTLAND AND SALEM. DURING	THE
	FIRST TWO-THIRDS OF OUR SEASON, WE WELCOMED AN EXCITING LINEUP OF M	USIC
	TO OUR STAGE, REPRESENTING A RICH DIVERSITY OF GENRES AND STYLES. W	E
	PREMIERED FOUR NEW ORCHESTRAL COMMISSIONS FROM INNOVATIVE COMPOSERS	
	GABRIELLA SMITH, ANDY AKIHO, OSCAR BETTISON AND GABRIEL KAHANE. WE	
	CELEBRATED MUSICAL TRADITIONS FROM MARIACHI, JAZZ, GOSPEL, MOTOWN,	FILM
	SCORES, AND MORE. WE COLLABORATED ACROSS DIFFERENT ARTISTIC MEDIA	
	OREGON BALLET THEATER DANCERS JOINED US FOR OUR NEW YEAR'S EVE CONC	ERT
	FEATURING VIENNESE WALTZES; THE ACROBATIC ARTISTS OF TROUPE VERTIGO	
4c		
-0	INVESTING IN OUR COMMUNITY	
	OVER THE COURSE OF THE SEASON, OUR MUSICIANS AND COMMUNITY PARTNERS	
	PARTICIPATED IN 275 COMMUNITY EVENTS, BOTH DIGITAL AND IN-PERSON. O	
	PROGRAMMING IMPACTED THE LIVES OF MORE THAN 27,000 COMMUNITY MEMBER	
	IN-PERSON, INCLUDING 24,000 CHILDREN IN K-12 SCHOOLS. DIGITAL	0
	PROGRAMMING DURING THE PANDEMIC INCREASED OUR REACH TO AN ADDITIONA	т
	35,000 VIEWERS ABOVE AND BEYOND THE VIEWERS REFERENCED IN THE PREVI	
	SECTION.	005
	SECITOR.	
	TN EARLY MARCH WE DESCENDED EIVE VOING DEODLE'S CONCERDS OF 0 400	
	IN EARLY MARCH, WE PRESENTED FIVE YOUNG PEOPLE'S CONCERTS TO 9,400 STUDENTS IN GRADES 3-8: TWO AT ARLENE SCHNITZER CONCERT HALL IN	
<u>.</u>		
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 15,399,888.	
4e		000 /
		1 990 (201
3200	2 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S) 2	
. ^ -	-	
/U 3	321 781409 7121 2019.05080 OREGON SYMPHONY ASSOCIATI	. /⊥⊿⊥

Form 990 (ASSOCIATIO		
Part IV	Checkli	ist of Required Sc	hedules			

			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	X	
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		<u>X</u>
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		<u>X</u>
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		<u> </u>
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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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		<u>X</u>
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		<u>X</u>
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		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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			37
_	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		v
40	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
16		10		v
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		v
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	x	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u>^</u>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	40		v
20-	complete Schedule G, Part III	<u>19</u>		X X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		- 23
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	x	
	domosto government on ratent, column (-y, me r: II res, complete Schedule I, Parts I and II	1 2 1	~~	

932003 01-20-20

Form	990	(2019)	۱
FUIII	330	12013	,

 Form 990 (2019)
 OREGON SYMPHONY ASSOCIATION
 93-0446527
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Vac
 Na

22 Did the organization regort more than 55.000 of grants or other assistance to or for domestic individuals on Part K, counted, K, conception (Exception I), Part K, and M, M, Part K, Part K, South M, Marcel Y, Marcel K, South M, South				Yes	No
23 Dot the organization arswer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization is current and former officers, directors, trustees, key employees, and highwat compensated employee? // Yes, "complete Schedule K, M" No, "go to line 256 23 X 24 Dot the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the lists dig of the year, that was assued after December 31, 2002? // Yes, "answer line 324 through 244 and complete Schedule K, M" No, "go to line 256 24a X 24 Did the organization investary proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 25 Did the organization area tar tar lengaged in an excess base to the schedule L, Part I 24a X 26 Did the organization area tar tar lengaged in an excess benefit transaction with a discullation area tar tar lengaged in an excess benefit transaction has not been reported on any of the organization go the spatial and regime in an excess benefit transaction has not been reported on any of the organization perior tary amount on Part X, line 5 or 22, for noceivables from or parybles to a 35% controlled end on of any of these periods. Just I and the the transaction has not been reported on any of the organization or any tark endployee, creator or founder, substantial contributor or anybles to a solice. Just I and the temperiod area of the schedule L, Part I 25b X 27 Did the organization approve to a business transaction with a did the following parties deschedule L, Part I W 26c X	22				
and forme offices, directors, trustees, key employees, and highest compensated employees? # 'Yes, ' compate Scheade' j j 24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the veganization have a tax exempt bonds by expend a temporary paired exception? j 24 Did the organization maintain an escrow account offier than a refunding escrow at any time during the year to defease any tax-exempt bonds? j 25 Section 50 (LQS), 50 (He) 23 j j 26 Zdd j 27 Zdd j 28 Section 50 (LQS), 50 (He) 23 j 29 Section 50 (LQS), 50 (He) 23 j <t< td=""><td></td><td></td><td>22</td><td></td><td><u> </u></td></t<>			22		<u> </u>
Schedule J 23 X 24a Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the Schedule K if No,* go to line 25a. 24a 24b Dd the organization mustain an escrow account of the them a refunding eccrow at any time during the year to defease any tax-serupt bonds? 24b 24b Dd the organization mustain an escrow account of ther than a refunding eccrow at any time during the year to defease any tax-serupt bonds? 24d 25 Section 507(c)(3), 501(c)(4), and 501(c)(2) organizations. Du the organization age in an excess burefit transaction with a disqualified person during the year? 24d 25 Section 507(c)(3), 501(c)(4), and 501(c)(2) organizations. Du the organization age in an excess burefit transaction with a disqualified person during the year? 24d 25 Section 507(c)(3), 501(c)(4), and 501(c)(2) organizations. Du the organization point organization age in an excess burefit transaction with a disqualified person during the year? 24d 26 Dut the organization aver of the targade in an excess benefit transaction in a priory year, and that the transaction happed transport any anount on Part X, line 5 or 22, for receivables from or payables to any current or form or four, direct, rutuse, lew panylove, creator or founder, cleactor, rutuse, lew panylove, creator or founder, substantial contributor or employee thareod, a grant selection committee member, or to a 58% controlled entity (including an employee thereod, a family member of any of these persons? If 'Yes,' complete Schedule L, Part I 26b 27 Dut the organization match as a selection foundin, creatostase a	23				
24a Det the organization have a tax-exempt bond issue with an outstanding principal enount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? (if "Yes," answer lines 24b through 24d and complete Schedule K (if No." go to line 25a 24a X 25 Debted we ganization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 25 Debted we ganization invest any proceeds of tax-exempt bonds? 24d 24d 25 Section 501c(36), 501c(36), and 501c(28) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization in point from \$900 990 E27; if "Yes," complete Schedule L, Part I 25a X 26 Dot the organization provide a grant or other assistance to any current or former officer, director, fustee, key employee, creator or founder, obstantial contributor, or 33% controlled entity including, an employee thered 0 rainity member of any of these spersons? If "Yes," complete Schedule L, Part II 26a X 28 Was the organization provide a grant or other assistance ta any current or former officer, director, fustee, key employee, creator or founder, obstantial contributor, or 33% controlled entity including, an employee thered 0 rainity member of any of these spersons? If "Yes," complete Schedule L, Part II 27 X 29 Was the organization provide assistance tary current or former officer, director, fustee, key employee, creator or founder, or substantial contributor? If "Yes," co		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
Is at day of the year, that was issued after Desember 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a X Is both the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b 24b Is both the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d 24d Is both the organization anartain an escrow account other than a refunding scrow at any time during the year? 24d 24d Is both organization anartain an escrow account other than a refunding scrow at any time during the year? 24d 24d Is both organization expects that the transaction has not been reported on any of the organization engage in an excess tenefit transaction with a disqualified person during the year? 25b X Is both organization report any amount on Part X, line S or 22, for receivables from or payables to any current or former officer, director, tustee, key employee, creator or founder, substantial contributor or major bar parts of the comparization any of the organization expective list, and the following parties bees Schedule L, Part I 26b X 27 Did the organization provide a grant or charily instructions, for applicable filling thresholds, conditions, and exceptions? If Yes, "complete Schedule L, Part IV 28a X 28 Aument or former officer, director, tustee, key employee, creator or founder, or substantial contributor or major and exceptions? If Yes, "complete Schedule L, Part IV 28a X 29 Did the organization exerve for formally member of any of t			23	X	
Schedule K. If 'Ne,' go to fire 25a 24a X b Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24d 24d 25a Section 501(q)(3), 501(q)(4), and 501(q)(20) organizations. Did the organization area is an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 24d 25a Section 501(q)(3), 501(q)(4), and 501(q)(20) organizations. Did the organization area is an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 24d 25a Section 501(q)(3), 501(q)(4), and 501(q)(20) organizations. Did the organization area is an 'on behalf of' issuer for bonds outstanding at any time during the year? 25d X 25a Section 501(q)(3), 501(q)(4), and 501(q)(20) organizations. Did the organization area more than a secose benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If ''res,' complete Schedule L, Part I' 26 X 28 Was the organization neevoe more individual disactroringanization secose contributons on 'the secos	24a				
b Ded the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding scrow at any time during the year 0 24c d Did the organization and at as an 'on behaff of "issuer for bonds outstanding at any time during the year 0 24d d Did the organization are taken to maintain an escrow account other than a refunding scrow at any time during the year 0 24d d Did the organization area that it engaged in an excess benefit tarsasction with a dispublic dip period wing the year 0 24d d Did the organization area that it engaged in an excess benefit tarsasction with a dispublic dip period in any of the organization's prior Forms 990 or 990-E27 #**Yes,* complete Schedule L, Part 1 25a d Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creato					
c Did the organization maintain an encow account other than a refunding escrow at any time during the year to defease any tax-requipt bonds? 24d 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)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a pior year, and that the transaction has not been reported on any of the organization's pior Forms 900 or 990-E27. // */%a, * complete Schedule L, Part I 25a X 25b Did the organization report any amount on Part X. line 5 or 22, for receivables from or payables to any current or former officer, director, tustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or former officer, director, tustee, key employee, creator or founder, agrant selection committee member, or ta a 35% controlled entity for charging amployee, break and thereap of a mini member of any individual described on fibe- generacity? // *%a, * complete Schedule L, Part II 28a X 27 Was the organization provide agrant or ther assistance to any current or form officer, director, tustee, key employee, creator or founder, agrant selection committee member, or ta a 35% controlled entity of a business transaction with one of the following parties (see Schedule L, Part II 28a X 28 Mas the organization provide memory family member of any individual described in line 28a' If * Yes, * complete Schedule I, Part IV 28a X 28 Mas the organizati					<u> </u>
any tax-exempt bonds? 24c Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 25a Section 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 980 or 990-E27. If 'Yes,' complete Schedule L, Part I 25a 25b Did the organization except that the engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 980 or 990-E27. If 'Yes,' complete Schedule L, Part I 25b 26b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or forme officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, and the part I and the organization a party to a business transaction with one of the following parties (see Schedule L, Part II 28 27 Did the organization acputy to a busines transaction with one of the following parties (see Schedule L, Part II 28 27 28 A anily member of any of through a start or complete Schedule L, Part II 28 28 2 28 A anily member of any of through a start or complete Schedule L, Part II 28 28 2 29 Did the organization receive orthoris of a nine 328.1 (P*Yes, "complete Schedule M 29 20 </td <td></td> <td></td> <td>24b</td> <td></td> <td></td>			24b		
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)(20) organizations. Did the organization an excess benefit transaction with a disqualified person in a pior year, and that the transaction has not been reported on any of the organization's pior Forms 900 or 990-527.11 "Yes," complete Schedule L, Part 1 25a 25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, a grant selection committee member, or ta 35% controlled entity (including an employee) thereof, a grant selection committee member, or ta 35% controlled entity (including an employee) thereof or any informember of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28 X 28 Was the organization receive more than 255, 000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than 325, 000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28a X 30 Did the organization receive more than 325, 000 in non-cash contributions? If "Yes," complete Schedule M, Part I 30 X	с		• •		
25a Section 501(c)(3), 501(c)(42) or ganizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior 500 f22? If 'Yes,' complete Schedule L, Part I 25a X 26b Did the organization export any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 26a X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 28 Was the organization approximation approximation on part to a barse scheduwith one of the following parties (see Schedule L, Part III) 27a X 28 A armity member of any individual described in line 28a' If 'Yes,' complete Schedule L, Part IV 28a X 29 Did the organization neceive more individual described in line 28a' If 'Yes,' complete Schedule L, Part IV 28a X 29 Did the organization neceive contributions of art, historical treasures, or other similar assets, or witho assistance and the approximation approximation approximation approximation approximation approximation approximation approx		• •			
transaction with a disqualified person during the year? # "Yes," complete Schedule L, Part I 25a X b is the organization a porty eaver that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 // * "Yes," complete Schedule L, Part I 25a X controlled entity or family member of any of these persons? // * Yes," complete Schedule L, Part II 26a X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If * Yes, " complete Schedule L, Part II 27 X 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If * Yes, " complete Schedule L, Part IV 28a X 29 M assistance for any filt base form on the 28a // * Yes, " complete Schedule L, Part IV 28a X 20 Did the organization receive contributions of at, historical treasures, or other similar assets, or qualified conservation contributions? If * Yes, " complete Schedule L, Part IV 28a X 20 Did the organization receive contributions of at, historical treasures, or other similar assets, or qualified conservation contributions? If * Yes, " complete Schedule N, Part I			24d		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spior Forms 900 or 900-E27 If "Yes," complete Schedule L, Part I 266 27 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled entity or induring and analyto be a grant or other assistance to any out rent or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled entity or induring an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 28 Was the organization a park to a business transaction with one of the following parties (see Schedule L, Part II) 28 X 29 A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV 29 Did the organization negative more than 225,000 in non cash contributions? If "Yes," complete Schedule L, Part I 28 X 29 X Did the organization ingulate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 30 X 20 Did the organization ingulate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X <td>25a</td> <td></td> <td>05-</td> <td></td> <td>v</td>	25a		05-		v
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 25 X 28 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, furector, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of nating member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or a 33% controlled entity (including an employee) thereol of a granty of these persons? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 28a X 29 D a family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28a X 29 D a family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28a X 29 D d the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV 28a X 29 D d the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule R, Part I			25a		
Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or folder, director, truste, key employee, creator or founder, substantial contributor, or 33% controlled entity or family member of any of these persons? II ''yes,' complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? II ''yes,' complete Schedule L, Part IV 27 X 28 Was the organization provide L, Part IV to a business transaction with one of the following parties (see Schedule L, Part IV 28a X 29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If ''yes,' complete Schedule L, Part IV 28b X 20 A tamily member of any individual described in line 28a? If 'yes,' complete Schedule M 20 X 20 Did the organization receive contributions of art, historical treasures, or cultaristic ancesservation contributions? If 'yes,' complete Schedule M 20 X 30 Did the organization receive contributions of art, historical treasures, or cultaristic ancesservation contributions? If 'yes,' complete Schedule M, Part II 31 X 31 Did the organization receive anore than 255% of the net sasets? If 'yes,'	a				
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If Vrsg.' complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or a 35% controlled entity (including an employee three/or, any of these persons? If Vrsg.' complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 X 29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes, 'complete Schedule L, Part IV 28 X 29 D A family member or any individual described in line 28/d? If Yes, 'complete Schedule L, Part IV 28 X 20 Did the organization receive more than 352,000 in non-cash contributions? If 'Yes, 'complete Schedule N, Part I 20 X 30 X Did the organization relative, terminate, terminator, or dissolve and cease operations? If 'Yes, 'complete Schedule N, Part I 30 X 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes, 'complete Schedule N, Part I 31			25h		x
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 X 20 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>II'</i> 'Yes, 'complete Schedule L, Part III 27 X 28 Was the organization provide different organization and controlled entity (including an employee thereof) or family member or founder, or substantial contributor? <i>II</i> 28a X 29 A current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>II</i> 28a X 29 A family member of any individual described in lines 28a? <i>II'</i> 'Yes,' complete Schedule L, Part IV 28a X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>II'</i> 'Yes,' complete Schedule N, Part I 20 X 30 Did the organization receive ontributions of art, historical treasures, or other similar assets? <i>II'</i> 'Yes,' complete Schedule N, Part I 30 X 31 X X 33 X 33 X 32 Did the organization receive any taxeseremore than 25% of its net assets? <i>II'</i> 'Yes,	26		250		
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV) 28a X 29 A targiny member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28a X 29 D A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28a X 29 D A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28a X 29 D d the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 30 X 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of ts net assets? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization nearbid within the meaning of section 512(b)(13)? 33a X 32 X 33a X<	20				
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, or family member of any of these persons? II "Yes," complete Schedule L, Part III 27 X 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 28a X 29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 30 X 31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization receive contributions of art, historical treasures, or other assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II 30 X 33 Did the organization asol 30.77013.			26		x
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization are or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28b 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 more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net asset? If "Yes," complete Schedule N, Part II 31 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net asset? If "Yes," complete Schedule N, Part II 33 X 34 Was the organization sell, exchange, dispose of, or transfer more than 25% of i	27		20		
entity (including an employee thereof) or family member of any of these persons? // *Yes,* complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 X 29 X a current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // **********************************	21				
28 Was the organization a party to a business transaction with or of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X b A tamily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c 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 at, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 310.17701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 33 X 335a Did the organization neated to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part V, line 2 36a X 34 Wa			27		х
instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // ''es, "complete Schedule L, Part IV'	28				
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # 28a X b A family member of any individual described in line 28a? # "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? # 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? # "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # "Yes," complete Schedule M, Part I 31 X 31 Did the organization sele, exchange, dispose of, or transfer more than 25% of its net assets? # "Yes," complete Schedule N, Part I 31 X 32 Did the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 X 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a Did the organization conclus entrolled entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a X 34 Was the organization receive any payment from or enage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 35 <t< td=""><td>20</td><td></td><td></td><td></td><td></td></t<>	20				
"Yes," complete Schedule L, Part IV 28a X b A family member of any individual described in line 28a? /// "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? /// 28b X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // "Yes," complete Schedule M 29 X 30 Did the organization incividate, terminate, or dissolve and cease operations? // "Yes," complete Schedule N, Part I 30 X 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? // "Yes," complete Schedule R, Part I 31 X 33 Did the organization nelated to any tax-exempt or taxable entity? // "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 X 34 Was the organization and a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35a X 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 35a X 36 Section 501(c)(3) organizations. Did t	а				
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sel, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 33 X X 22 X 34 U due organization with 00% of an entity disregarded as separate from the organization under Regulations sections \$01.7701-3? If "Yes," complete Schedule R, Part I 33 X 35a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Ine 2 35a 36 Did the organization. Conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V 36 X 37 <td></td> <td></td> <td>28a</td> <td></td> <td>х</td>			28a		х
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? // ff 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? // f "Yes," complete Schedule M 29 X 29 Did the organization receive more than \$25,000 in non-cash contributions? // f "Yes," complete Schedule M 30 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // f "Yes," complete Schedule N, Part I 30 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // ff "Yes," complete Schedule N, Part I 31 X 33 Did the organization with 00% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? // ff "Yes," complete Schedule R, Part I 33 X 34 Was the organization nelated to any tax-exempt or taxable entity? // f "yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 35a X 35a Did the organization. Did the organization make any transfers to an exempt non-charitable related organization? // ff "Yes," complete Schedule R, Part V, line 2 36a X 36 Section 501(C)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 X 37<	b				
"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 30 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 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 X 33 Did the organization realted to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a Did the organization on 100% of an entity disregarded as up transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 34 Was the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35b X 35a Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 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 at, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization neated to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization complete Schedule Q and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule Q and provide explanatio			28c		х
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization nearing of section 512(b)(13)? 35a X b 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? 36 X 37 Did the organization complete Schedule R, Part V, line 2 36 X 38 X X 35b X 39 Did the organization conduct more than 5% of its activities through an entity that is not a related organiz	29		29	Х	
contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization nave a controlled entity within the meaning of section 512(b)(13)? 35a X b f "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 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 X 37 Did the organization complete Schedule Q and provide explanations in Sch	30				
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 34 Was the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 35a Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization neave a controlled entity within the meaning of section 512(b)(13)? 35a X 0 b If "Yes," complete Schedule R, Part V, line 2 35b X 0 37 Did the organization. Conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and pro			30		Х
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b 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 37 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, lines 11b and 19? 38 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 39 Did the organization complete Schedule O. 38 X 39 Did the organization complete Schedule O. 38 X 30 Ha	31		31		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes," complete Schedule R, Part V, line 2 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 9 Note: All Form 990 filers are required to complete Schedule O 1a 1211 1a 1211 14 1221 0 0 1a 1221 1a 1221 16 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a	32				
sections 301.7701-2 and 301.7701-3? // ff "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? // ff "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 36 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 1a 1211 b Enter the number reported in Box 3 of Form 1096. Enter -0· if not applicable 1a 1221 1b 0 b Enter the number of Forms W-2G included in line 1a. Enter -0· if not applicable 1a 1221 1b 0 1c		Schedule N, Part II	32		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O Or Part V 38 X Ia 1221 Ia 121 Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1221 Yes No 1a Enter the number of Forms W-2G included in l	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O 38 X X 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 121 Yes No 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 1c V		sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 9 Note: All Form 990 filers are required to complete Schedule O 38 X 9 Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X 1a I221 Yes No 1a I221 1b 0 0 1a Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Yes	34				
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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? 38 X 8 Did the organization complete Schedule O 28 X 27 90 Filers are required to complete Schedule O 38 X 28 91 Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X 92 Check if Schedule O contains a response or note to any line in this Part V 1a 1221 Yes No 1a Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable 1a 1a 1221 1b 0 0 1c		Part V, line 1	34		
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? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 36 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 121 Yes No 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 121 1b 0 1c b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c 1c	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 36 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 9at W Statements Regarding Other IRS Filings and Tax Compliance 38 X Check if Schedule O contains a response or note to any line in this Part V 1a 121 V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 121 V b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 V c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c V	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 9aft V Statements Regarding Other IRS Filings and Tax Compliance 38 X Check if Schedule O contains a response or note to any line in this Part V			35b		<u> </u>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 98 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 98 Note: All Form 990 filers are required to complete Schedule O 38 X 990 filers are required to complete Schedule O 38 X 9art V Statements Regarding Other IRS Filings and Tax Compliance 38 X 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 121 Yes No b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 0 1c 1c b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c 1c 1c	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>			36		<u> </u>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O 98 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Inter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Inter the number of Forms W-2G included in line 1a. Enter -0- if not applicable b Inter the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	37				
Note: All Form 990 filers are required to complete Schedule 0 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No Check if Schedule O contains a response or note to any line in this Part V			37		<u> </u>
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 121 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	38			37	
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a 121 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 121 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	Dar		38	X	
Yes No 1a 121 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 121 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	rai				
1a 1a 121 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 121 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c		Uneck it Schedule U contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	4 -	Enter the number reported in Roy 2 of Form 1006. Enter 0, if not applicable 101		tes	NO
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?					
(gambling) winnings to prize winners?					
	С		10		
	932004			990	(2019)

Form	990 (2019) OREGON SYMPHONY ASSOCIATION 93-0446 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) (continued) (continued)	527	Р	_{age} 5
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	
	filed for the calendar year ending with or within the year covered by this return 2a 369			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
-	Note: If the sum of lines 1a 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?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	/	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u>N/</u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A			
a b	Gross income from members or shareholders N/A 11a Gross income from other sources (Do not net amounts due or paid to other sources against Image: Comparison of the sources against Image: Comparison of the sources against			
b	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?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	lou		
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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 ^{~~}	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
			000	

932005 01-20-20

Form 990	(2019)
----------	--------

OREGON SYMPHONY ASSOCIATION

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

93-0446527 Page 6

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. X

		1 1			Yes	N			
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a		39					
	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	1b		36					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship								
	officer, director, trustee, or key employee?			. 2	X				
3	Did the organization delegate control over management duties customarily performed by or under the								
	of officers, directors, trustees, or key employees to a management company or other person?				X	+ -			
4	Did the organization make any significant changes to its governing documents since the prior Form 9				_				
5	Did the organization become aware during the year of a significant diversion of the organization's ass				_	X			
6	Did the organization have members or stockholders?			. 6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?			. 7a		x			
b	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		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?			. 8a	X				
	Each committee with authority to act on behalf of the governing body?				Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read								
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X			
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Co	de.)						
					Yes	N			
0a	Did the organization have local chapters, branches, or affiliates?			. 10a	1	X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, af	filiates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10k	1				
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before fi	ling the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			. 12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflict	s?	121	X				
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? /f "}	′es," desc	ribe						
	in Schedule O how this was done			120					
3	Did the organization have a written whistleblower policy?			. 13					
4	Did the organization have a written document retention and destruction policy?			. 14	X				
15	Did the process for determining compensation of the following persons include a review and approva	l by indep	endent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			. 15a					
b	Other officers or key employees of the organization			. 151	X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with	a						
	taxable entity during the year?			. 16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its parti	cipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ								
	exempt status with respect to such arrangements?			. 16t)				
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright OR								
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (Section 501(c)(3)s only) availa	able			
	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)	n on Sche	dule O)						
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			and fina	ncial				
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and re	cords						
	JANET PLUMMER - 503-416-6319								
	921 SW WASHINGTON, SUITE 200, PORTLAND, OR 97205-2	1013		-	m 990	100			
	§ 01-20-20				m MM U	1(201			

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compens	sated
	Employees, and Independent Contractors	

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

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

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

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

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

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

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

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

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

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

(A)	(B)				<u>)</u>			(D)	(E)	(F)
Name and title	Average	(do		Pos	itior	۱ than d	200	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	is both	n an	compensation	compensation	amount of
	week		Cer ar		recio	or/trus	lee)	from	from related	other
	(list any	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation
	hours for related	e or d	tee			sated		(W-2/1099-MISC)	(00-2/1099-00150)	from the organization
	organizations	ruste	ll trus		/ee	mpen		(00-2/1033-10130)		and related
	below	dual t	Institutional trustee	-	Key employee	Highest compensated employee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			5
(1) ROBERT HARRISON	20.00									
CHAIRMAN		х		x				0.	0.	0.
(2) DAN DRINKWARD	20.00									
VICE CHAIR		х		x				0.	0.	0.
(3) NANCY HALES	10.00									
SECRETARY		х		x				0.	0.	0.
(4) TIGE HARRIS	20.00									
TREASURER		х		x				0.	0.	0.
(5) RICK HINKES	10.00									
VICE CHAIR		Х		X				0.	0.	0.
(6) COURTNEY ANGELI	5.00									
BOARD MEMBER		Х						0.	0.	0.
(7) RICH BAEK	5.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JANET BLOUNT	5.00									
BOARD MEMBER		Х						0.	0.	0.
(9) CHRISTOPHER BROOKS	5.00									
BOARD MEMBER		Х						0.	0.	0.
(10) IDA RAE CAHANA	5.00									
BOARD MEMBER		Х						0.	0.	0.
(11) EVE CALLAHAN	5.00									
BOARD MEMBER		Х						0.	0.	0.
(12) CLIFF DEVENEY	5.00									
BOARD MEMBER		Х						0.	0.	0.
(13) BILL EARLY	5.00									
BOARD MEMBER		Х						0.	0.	0.
(14) LAUREN FOX	5.00									
BOARD MEMBER		Х						0.	0.	0.
(15) ROBYN GASTINEAU	5.00									
BOARD MEMBER		Х						0.	0.	0.
(16) JEFF HEATHERINGTON	5.00	1								
BOARD MEMBER		Х						0.	0.	0.
(17) J. CLAYTON HERING	5.00									
BOARD MEMBER		Х						0.	0.	0.
932007 01-20-20										Form 990 (2019)

09400321 781409 7121

Form 990 (2019) OREGON S									93-044	6527	Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			_ (0				(D)	(E)		(F)	
Name and title	Average	(do		Pos heck i		l than o	ne	Reportable	Reportable		stimate	
	hours per					s both r/trust		compensation	compensation	ar	mount	
	week (list any						,	- from the	from related		other	
	hours for	direct				_		organization	organizations (W-2/1099-MISC)		pensa rom th	
	related	se or	stee			nsate		(W-2/1099-MISC)	(11 2) 1000 11100)		ganizat	
	organizations	trust	al tru		yee	om pe				× ا	, id relat	
	below	In dividual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former			org	anizati	ions
(18) RENEE HOLZMAN	line)	Ind	lns	Offi	Key	em Hig	For			<u> </u>		
BOARD MEMBER		х						0.	0			0.
(19) SUE HORN-CASKEY	5.00											
BOARD MEMBER		x						0.	0			0.
(20) GERALD HULSMAN	5.00											
BOARD MEMBER		х						0.	0			0.
(21) JUDY HUMMELT	5.00									1		
BOARD MEMBER		х						0.	0	•		Ο.
(22) BRAIZAHN JONES	35.00											
BOARD MEMBER/MUSICIAN		Х						68,579.	0	•	3,7	07.
(23) GRADY JURRENS	5.00											
BOARD MEMBER		Х						0.	0	•		0.
(24) GERRI KARETSKY	5.00											_
BOARD MEMBER		Х						0.	0	•		0.
(25) KRIS KERN	5.00											
BOARD MEMBER		Х						0.	0	•		0.
(26) THOMAS LAUDERDALE	5.00								0			~
BOARD MEMBER		Х						0.	0		2 7	0.
1b Subtotal								68,579.	0		$\frac{3,7}{1,0}$	
c Total from continuation sheets to Part V								1,375,430.	0		<u>1,9</u> 5,6	
d Total (add lines 1b and 1c)										• 14	5,0	12.
2 Total number of individuals (including but r compensation from the organization		lose	iiste	u au	ove) 10110	Jie	eceived more than \$100,				10
											Yes	No
3 Did the organization list any former officer	director trust	ee k	ev e	emol	ove	e or	hia	hest compensated empl	ovee on			
line 1a? If "Yes," complete Schedule J for s	-		•	•	•			• • •		3		x
4 For any individual listed on line 1a, is the su										-		
and related organizations greater than \$15										4	Х	
5 Did any person listed on line 1a receive or a	,											
rendered to the organization? If "Yes." con										5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of compens	sation fr	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wit	hin	the organization's tax y	ear.			
(A)								(B)			C)	
Name and business				1 -			_	Description of s	ervices	Compe	nsatio	'n
SELDY CRAMER INC, 601 VAN	NESS A	VE	Ŧ	12	'					20	<u>ر</u> م	70
SAN FRANCISCO, CA 94102							-	ARTIST MANAG	EMENT.		6,0	78.
PITTOCK BLOCK LLC, 921 SV	WASHIN	GT	ON	5	ΤĒ					26	Б 1	10
100, PORTLAND, OR 97205 DOCUMART COPIES & PRINTIN	IC						_	OFFICE LEASE		20	5,1	44.
3310 NW YEON, PORTLAND, C								PRINTING COM	PANY	19	2.2	15.
COLUMBIA ARTISTS MANAGEME							-					<u>+</u> J•
1790 BROADWAY, NEW YORK,	-							ARTIST MANAG	EMENT	17	8,9	66.
WILLIAM MORRIS ENDEAVOR H			EN	т,								

LLC, 9601 WILSHIRE BLVD 3RD FLR, BEVERLY ARTIST MANAGEMENT Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization
5 2

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2019)

161,500.

932008 01-20-20

8

Part VII Section A. Officers, Directo	ors, Trustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	, , , , , , , , , , , , , , , , , , ,			Reportable	Reportable	Estimated			
	hours	(Cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per week					e		from the	from related organizations	other compensation
	(list any	tor				plo ye		organization	(W-2/1099-MISC)	from the
	hours for	direc				ed em		(W-2/1099-MISC)	(112/1000 11100)	organization
	related	tee or	ustee			ensate				and related
	organizations	I trus	nal tri		loyee	ompe				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
	line)	Ind	Ins	Offi	Key	Hig	For			
(27) MARTHA LONG	35.00							= 4		10 100
BOARD MEMBER/MUSICIAN		Х						74,300.	0.	13,492
(28) PRISCILLA LONGFIELD	5.00								0	
BOARD MEMBER	F 00	Х						0.	0.	0
(29) PEGGY MILLER	5.00	37							•	_
BOARD MEMBER	E 00	Х						0.	0.	0
(30) ROSCOE NELSON BOARD MEMBER	5.00	x						0.	0.	_
(31) DAN RASAY	5.00	Δ						0.	υ.	0
BOARD MEMBER	5.00	x						0.	0.	0
(32) LANE SHETTERLY	5.00	Δ						0.	0.	0
BOARD MEMBER	5.00	x						0.	0.	0
(33) JAMES SHIELDS	35.00	Δ						0.	0.	0
BOARD MEMBER/MUSICIAN	55.00	х						78,712.	0.	13,451
(34) AMANDA TUCKER	5.00							10,112.	0.	
BOARD MEMBER	5.00	x						0.	0.	0
(35) CHABRE VICKERS	5.00									•
BOARD MEMBER		x						0.	0.	0
(36) DERALD WALKER	5.00									
BOARD MEMBER	10.00	х						0.	0.	0
(37) WALT WEYLER	5.00									
BOARD MEMBER	5.00	х						0.	0.	0
(38) JACK WILBORN	5.00									
BOARD MEMBER	10.00	х						0.	0.	0
(39) SCOTT SHOWALTER	60.00									
PRESIDENT/CEO				х				369,432.	0.	20,966
(40) JANET PLUMMER	60.00									-
CFOO				х				160,478.	0.	22,863
(41) SARAH KWAK	35.00									-
CONCERTMASTER						x		188,661.	Ο.	11,949
(42) ELLEN BUSSING	55.00									
VP DEVELOPMENT						х		166,550.	0.	14,627
(43) STEVE WENIG	55.00									
VP & GM	5.00					х		113,712.	0.	23,439
(44) HILARY BLAKEMORE	40.00									
VP DEVELOPMENT						Х		118,358.	0.	8,466
(45) JEFFERY WORK	35.00									
PRINCIPAL TRUMPET/MUSICIAN						х		105,227.	0.	12,712
	I	L								
Fotal to Part VII, Section A, line 1c								1,375,430.		141,965

932201 04-01-19

	n 990 (DNY ASSOC	IATION		93-0446	527 Page 9
Pa	rt VII						
		Check if Schedule O contains a response	or note to any lin		(P)	(0)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
, D D D	с		,108,302.]			
ar A	d	Related organizations 1d					
is, 0	е	Government grants (contributions) 1e	490,013.				
rtion S	f	All other contributions, gifts, grants, and					
Dthe			<u>,848,452.</u>	-			
onti	g	Noncash contributions included in lines 1a-1f	74,871.	6 446 767			
<u>0</u>	h	Total. Add lines 1a-1f	Business Code	6,446,767.			
		CONCERT TICKET & FEES		6,838,477.	6 838 477		
Program Service Revenue	z a b		/11100	0,000,4770	0,000,4770		
Ser	c						
	d						
ogra	е						
Ţ	f	All other program service revenue					
	g	Total. Add lines 2a-2f		6,838,477.			
	3	Investment income (including dividends, inter		140 261			1 4 0 0 0 1
	_	other similar amounts)		148,361.			148,361.
	4	Income from investment of tax-exempt bond		443.			443.
	5	Royalties(i) Real	(ii) Personal	445.			443.
	6 9			1			
		Gross rents 6a Less: rental expenses 6b		1			
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities					
		assets other than inventory 7a 675,701.	•	4			
	b	Less: cost or other basis					
venue		and sales expenses		4			
		Gain or (loss) 7c 43,482.		43,482.			13 192
يد ت		Net gain or (loss) Gross income from fundraising events (not	▶	45,402.			43,482.
Other Re	oa	including \$1,108,302. of					
Ŭ		contributions reported on line 1c). See					
			a 38,500.				
	b	Less: direct expenses					
	с	Net income or (loss) from fundraising events	▶	8,270.			8,270.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19		-			
		Less: direct expenses	<u>)</u>				
		Net income or (loss) from gaming activities	▶				
	iu a	Gross sales of inventory, less returns and allowances 10	a				
	h	Less: cost of goods sold 10					
		Net income or (loss) from sales of inventory	►				
		· · · · · · · · · · · · · · · · ·	Business Code				
Miscellaneous Revenue	11 a		900099	36,049.			
ane	b	TRANSFER TO OSF	900099	-970.	-970.	ļ	
Sevell Seve	с						
Mis	d	All other revenue					
	е	Total. Add lines 11a-11d		35,079.	6,873,556.	0.	200,556.
02000	12	Total revenue. See instructions	····· P	1 13320073.	• • • • • • • • • • • • • • • • •		Form 990 (2019)
3 3200	01-20	-20					10111 (2019)

OREGON SYMPHONY ASSOCIATION Part IX Statement of Functional Expenses

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

0000	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
			expenses	general expenses	
•	and domestic governments. See Part IV, line 21	1,000,000.	1,000,000.		
2	Grants and other assistance to domestic				
2					
2					
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,	001 001	c10 00c	1 1 1 1 0 0	47 010
	trustees, and key employees	831,231.	612,826.	171,192.	47,213.
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	7,910,896.	5,740,607.	1,704,078.	466,211.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	390,892.	316,580.	58,909.	<u>15,403.</u> 63,595.
9	Other employee benefits	1,743,579.	1,499,300.	180,684.	63,595.
10	Payroll taxes	854,931.	651,786.	159,355.	43,790.
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	78,775.		78,775.	
	Lobbying	,			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	66,254.		66,254.	
	Other. (If line 11g amount exceeds 10% of line 25,	00,2010			
y	column (A) amount, list line 11g expenses on Sch 0.)	278,153.	150,116.	120,765.	7,272.
40		911,263.	662,336.	248,927.	1,212•
12	Advertising and promotion	916,101.	409,313.	415,102.	91,686.
13	Office expenses	910,101.	409,513.	415,102.	91,000.
14	Information technology				
15	Royalties	010 500	E00 400	161 070	E0 140
16	Occupancy	818,502.	598,482.	161,872.	58,148.
17	Travel	15,862.	15,862.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		16.074	45 544	
19	Conferences, conventions, and meetings	105,514.	16,074.	45,741.	43,699.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	146,852.	34,657.	112,195.	
23	Insurance	21,267.		21,267.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	GUEST ARTISTS	2,395,066.	2,395,066.		
b	OTHER PRODUCTION EXPENS	842,332.	842,332.		
с	CONTRACT LABOR	603,475.	397,497.	151,407.	54,571.
d	DONOR CAMPAIGN EXPENSE	106,530.	-	-	106,530.
	All other expenses	282,520.	57,054.	213,126.	12,340.
25	Total functional expenses. Add lines 1 through 24e	20,319,995.	15,399,888.	3,909,649.	1,010,458.
26	Joint costs. Complete this line only if the organization	.,		· , · · · · , · · · · · ·	, . = . ,
-0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fight following SOP 98-2 (ASC 958-720)				
			I		

932010 01-20-20

Form 990 (2019)

OREGON SYMPHONY ASSOCIATION Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
	4	Cash non interact bearing		6,425,475.	1	5,054,128.
	1	Cash - non-interest-bearing Savings and temporary cash investments		0,425,475.	2	5,054,120.
	2			5,710,760.	2	2,704,699.
	4	Pledges and grants receivable, net		458,356.	4	516,829.
	4 5	Loans and other receivables from any current or	former officer director	430,330.	4	510,025.
	5	trustee, key employee, creator or founder, substa				
		controlled entity or family member of any of thes			5	
	6	Loans and other receivables from other disqualifi				
		under section 4958(f)(1)), and persons described			6	
	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		8		
Ass	9			692,067.	9	539,456.
		Land, buildings, and equipment: cost or other		05270071		
	100	basis. Complete Part VI of Schedule D	10a 1,877,284.			
	ь	Less: accumulated depreciation		926,514.	10c	814,679.
	11	Investments - publicly traded securities		11,610,334.	11	10,950,549.
	12	Investments - other securities. See Part IV, line 1	901,825.	12	940,035.	
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa		26,725,331.	16	21,520,375.
	17	Accounts payable and accrued expenses		419,942.	17	308,445.
	18	Grants payable		18		
	19	Deferred revenue	4,060,875.	19	3,804,648.	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete F			21	
ŝ	22	Loans and other payables to any current or form	er officer, director,			
litie		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e persons		22	
Ē	23	Secured mortgages and notes payable to unrelate	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties	0.	24	2,015,900.
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24). Complete Part X			
				13,070.	25	17,150.
	26	Total liabilities. Add lines 17 through 25		4,493,887.	26	6,146,143.
Ş		Organizations that follow FASB ASC 958, chee	ck here 🕨 🔝			
JCe		and complete lines 27, 28, 32, and 33.		5,617,705.		1 761 624
alaı	27	Net assets without donor restrictions		16,613,739.	27	<u>1,761,634.</u> 13,612,598.
d B	28	Net assets with donor restrictions		10,013,739.	28	13,012,390.
-un		Organizations that do not follow FASB ASC 95	bo, check here 🕨 🛄			
or	20	and complete lines 29 through 33.			20	
ets	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq			29 30	
\SS	30 31	Retained earnings, endowment, accumulated inc			30	
Net Assets or Fund Balances	32	Total net assets or fund balances		22,231,444.	32	15,374,232.
Ż	33	Total liabilities and net assets/fund balances		26,725,331.	33	21,520,375.
	00			,,,	00	Form 990 (2019)
						1 0111 0 0 (2013)

93-0446527 Page 11

Form	OREGON SYMPHONY ASSOCIATION	93-0	446527	Pag	_{ge} 12
	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	13,520),8	79.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,319	9,9	95.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,799	9,1	16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,233	L,4	44.
5	Net unrealized gains (losses) on investments	5	-58	3,0	96.
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	15,374	1,2	32.
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	0.			
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	e basis,			
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

932012 01-20-20

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
2019
Open to Public Inspection

Nan	ame of the organization Employer identification number								
		OREG	ON SYMPHON	Y ASSOCIATIO	N				3-0446527
Pa	rt I	Reason for Public (Charity Status (All organizations must c	omplete th	is part.) Se	e instructions	S.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	d in sectio	n 170(b) (1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	d or operate	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in							
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)	(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
		university:							
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from c	contributio	ns, membersł	nip fees, an	d gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	ıfter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	o perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1)	or section \$	509(a)(2).	See section !	509(a)(3). 🤇	Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	a majority o	of the direc	tors or truste	es of the su	ipporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with its	s supporte	ed organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	integrated. A supp	oorting organization ope	rated in cor	nnection v	vith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	tisfy a distr	ibution rec	quirement and	an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Section	s A and D,	and Part	v .		
е		Check this box if the orga	anization received a v	written determination fro	om the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	51	nally integrated supporti	ng organiz	ation.			
		er the number of supported o	•						
<u> </u>		vide the following information i) Name of supported	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	fmonetan	(vi) Amount of other
	,	organization	(1) 211	(described on lines 1-10	(iv) Is the orga in your governi		support (see ir	,	support (see instructions)
				above (see instructions))	Yes	No		,	
	_								
Tota	al								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 14

Schedule A (Form 990 or 990-EZ) 2019 OREGON SYMPHONY ASSOCIATION Part II Support Schedule for Organizations Described in Sections 17(

93-0446527 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7867815.	9694376.	14683486.	11488429.	6446767.	50180873.
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	7867815.	9694376.	14683486.	11488429.	6446767.	50180873.
	The portion of total contributions						
Ŭ	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)						7413579.
~	···						42767294.
Sec	Public support. Subtract line 5 from line 4.						42707294.
		(-) 0015	(1-) 0010	(-) 0017	(-1) 0010	(-) 0010	
	ndar year (or fiscal year beginning in)	(a)2015 7867815.	(b) 2016	(c)2017 14683486.	(d) 2018	(e) 2019	(f) Total 50180873.
-	Amounts from line 4	/00/013.	9094570.	1400J400.	11400429.	0440707.	50100075.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	124 527	00 110	101 007	100 101	140 004	CC0 100
	and income from similar sources	134,537.	88,119.	101,607.	189,131.	148,804.	662,198.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	105,570.	203,098.	288,045.	302,694.		972,986.
11	Total support. Add lines 7 through 10						51816057.
	Gross receipts from related activities,		,				,508,212.
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ix year as a sectior	501(c)(3)	
<u></u>	organization, check this box and stor	here					
	ction C. Computation of Publi						
	Public support percentage for 2019 (li					14	82.54 %
	Public support percentage from 2018					15	82.97 %
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box o	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			▶∟
17a	10% -facts-and-circumstances test	- 2019. If the orga	anization did not o	check a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	es" test, check th	is box and stop h	iere. Explain in Pa	t VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a j	oublicly supported	organization	-	
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	e
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio		-		• • • •		s >
	<u>_</u>		, • - •				or 990 E7) 2019

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 OREGON SYMPHONY ASSOCIATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include 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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	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 five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here	<u></u>					
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage			,	
17	Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19a	1 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and lin	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 stop here. The	organization qual	ifies as a publicly	supported organiza	ition	
b	33 1/3% support tests - 2018. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
93202	23 09-25-19			_	Sch	edule A (Form 99	0 or 990-EZ) 2019
			16	5			

Schedule A (Form 990 or 990-EZ) 2019 OREGON SYMPHONY ASSOCIATION

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- 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 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.)

932024 09-25-19

Yes No

Schedule A (Form 990 or 990-EZ) 2019

10a

10b

17

Schedule A (Form 990 or 990-EZ) 2019 OREGON SYMPHONY ASSOCIATION Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in 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 (2), 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. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction of the second sec	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
_	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

18

932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

09400321 781409 7121

8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Sect	ion B - Minimum Asset Amount		(A) Prior Y
1	Aggregate fair market value of all non-exempt-use assets (see		
	instructions for short tax year or assets held for part of year):		
а	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
с	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
	D'a complete de la comple		

Sched	ule A	(Form 990 or 990-EZ) 2019 OREGON SYMPHONY ASSOCIATION
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 gualifying trust on Nov. 20, 1970 (exp

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.

Section A - Adjusted N	et Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term cap	ital gain	1		
2 Recoveries of prior	r-year distributions	2		
3 Other gross incom	e (see instructions)	3		
4 Add lines 1 throug	h 3.	4		
5 Depreciation and o	depletion	5		
6 Portion of operatir	ng expenses paid or incurred for production or			
collection of gross	income or for management, conservation, or			
maintenance of pr	operty held for production of income (see instructions)	6		
7 Other expenses (s	ee instructions)	7		
8 Adjusted Net Inco	ome (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum A	sset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair mar	ket value of all non-exempt-use assets (see			
instructions for sh	ort tax year or assets held for part of year):			
a Average monthly w	alue of securities	1a		
b Average monthly c	ash balances	1b		
c Fair market value	of other non-exempt-use assets	1c		
d Total (add lines 1a	ι, 1b, and 1c)	1d		
e Discount claimed	for blockage or other			
factors (explain in	detail in Part VI):			
2 Acquisition indebt	edness applicable to non-exempt-use assets	2		
3 Subtract line 2 from	n line 1d.	3		
4 Cash deemed held	for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).		4		
5 Net value of non-e	xempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .	035.	6		
7 Recoveries of prior	r-year distributions	7		
8 Minimum Asset A	mount (add line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1 Adjusted net incor	ne for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1		2		
3 Minimum asset an	nount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of lin	e 2 or line 3.	4		
5 Income tax impose	ed in prior year	5		
6 Distributable Ame	ount. Subtract line 5 from line 4, unless subject to			
emergency tempo	rary reduction (see instructions).	6		
	· · · · · · · · · · · · · · · · · · ·			

instructions).

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 OREGON SYMPHONY ASSOCIATION

ı a	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	mzations (continued)	
ect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
0	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
ect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A	(Form 990 or 990-EZ) 2019 OREGON SYMPHC	NY ASSOCIATION	93-0446527 Page 8
Part VI	Supplemental Information. Provide the expl Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a line 1; Part IV, Section D, lines 2 and 3; Part IV, Secti Section D, lines 5, 6, and 8; and Part V, Section E, lin	anations required by Part II, line 10; Pa I, 9b, 9c, 11a, 11b, and 11c; Part IV, Se on E, lines 1c, 2a, 2b, 3a, and 3b; Part	rt II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V,
	(See instructions.)	les 2, 5, and 6. Also complete this part	
			.
932028 09-25-1	9	21	Schedule A (Form 990 or 990-EZ) 2019

Schedule B

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

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

93-04465	527
----------	-----

Organization type (check one).			
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		

OREGON SYMPHONY ASSOCIATION

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, 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 for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed.

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

OREGON SYMPHONY ASSOCIATION

93-0446527 Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 464,844. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 414,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 234,534. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 200,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 138,886. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 130,600. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

23

09400321 781409 7121

Page 3

Employer identification number

93-0446527

OREGON SYMPHONY ASSOCIATION

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

24

Page 4

ame of org	ganization	Employer identification num		
REGON	SYMPHONY ASSOCIATION			93-0446527
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	 h) through (e) and the following line en charitable, etc., contributions of \$1,000 or 	ntry. For organizations	hat total more than \$1,000 for the ye
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of git	 ft	
	Transferee's name, address, a			insferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of git	 ft	
	Transferee's name, address, a			insferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	(e) Transfe Transferee's name, address, and ZIP + 4		fer of gift Relationship of transferor to transferee	
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I				
	Transferee's name, address, a	(e) Transfer of gif nd ZIP + 4		Insferor to transferee
	,		····•	
454 11-06- ⁻	19	25	Schedule	B (Form 990, 990-EZ, or 990-PF) (2

09400321 781409 7121

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.



No

No

No

No

Employer identification number 93-0446527

Held at the End of the Tax Year

	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form9	Attach to Form 990. 90 for instructions and the latest in	nformation.	Inspection
Nam	e of the organization			Employe	er identification nun 93-0446527
Pa	rt I Organiza	tions Maintaining Donor Advise	d Funds or Other Similar Fu	nds or Accounts.	Complete if the
	organizatior	n answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	(b) Funds a	ind other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4	Aggregate value at	end of year			
5	Did the organizatio	on inform all donors and donor advisors in	writing that the assets held in donor	advised funds	
	are the organizatio	n's property, subject to the organization's	exclusive legal control?		Yes
6		on inform all grantees, donors, and donor a			
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purp	cose conferring	
	impermissible priva				Yes
Pa	rt II Conserva	ation Easements. Complete if the or	ganization answered "Yes" on Form 9	990, Part IV, line 7.	
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that apply).		
	Preservation	of land for public use (for example, recrea	tion or education) 🛛 🗌 Preservati	ion of a historically impo	ortant land area
	Protection o	f natural habitat	Preservati	ion of a certified historic	c structure
	Preservation	of open space			
2	Complete lines 2a	through 2d if the organization held a qualit	ied conservation contribution in the	form of a conservation	easement on the last
	day of the tax year			Held	d at the End of the Tax
а	Total number of co	onservation easements		2a	
b	Total acreage restr	ricted by conservation easements		2b	
с	Number of conserv	vation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conserv	vation easements included in (c) acquired a	after 7/25/06, and not on a historic st	tructure	
	listed in the Nation	al Register		2d	
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or terminated b	y the organization durir	ng the tax
	year 🕨				
4	Number of states v	where property subject to conservation eas	sement is located		
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, inspection, handlin	g of	
	violations, and enfo	orcement of the conservation easements it	t holds?		Yes
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing	conservation easemen	ts during the year
	►				
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing cons	servation easements du	iring the year
	▶\$				
8	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the requirements of section	170(h)(4)(B)(i)	
	and section 170(h)	(4)(B)(ii)?			Yes
9		be how the organization reports conservation			
	balance sheet, and	l include, if applicable, the text of the footr	note to the organization's financial sta	atements that describes	s the
Dee		ounting for conservation easements.			
Pa		tions Maintaining Collections of		r Other Similar As	sets.
		the organization answered "Yes" on Form			
1a	•	elected, as permitted under FASB ASC 95			
		asures, or other similar assets held for put		•	с
	· •	Part XIII the text of the footnote to its finar			
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement	and balance sheet work	ks of

sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2019
b	Assets included in Form 990, Part X		\$
а	Revenue included on Form 990, Part VIII, line 1		\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	e	
	(ii) Assets included in Form 990, Part X		\$
	(I) Revenue included on Form 990, Part VIII, line 1		\$

09400321 781409 7121

26

Sche		SYMPHONY AS				93-04			age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession							,	
	collection items (check all that apply):	·		C C	0				
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е		0 1 0					
с	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's exe	ering tam	se in Part	XIII.		
5	During the year, did the organization solicit or		-	-					
•	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang						_		
	reported an amount on Form 990, Par		ine in the englishment			,, · u . · · · , ·			
1a	Is the organization an agent, trustee, custodia		ary for contribution	s or other assets not	included				
Ĩ	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII a							L	
D			owing table.				Amount		
с	Beginning balance				1c		Amount		
	Additions during the year								
	Distributions during the year								
f	Ending balance				<u>ic</u> 1f				
22	Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • •	∟			
Par									_
		(a) Current year	(b) Prior year	(c) Two years back		/ears back	(e) Four	vears	hack
1a	Beginning of year balance	11,527,523.	11,472,533.			97,652.		243,	
b	Contributions	4,315.	2,981.			47,244.		185,	
0	Net investment earnings, gains, and losses	-326.	721,263.			98,625.		316,	
d			,,		_,_			,	
	Other expenditures for facilities								
e		673,249.	669,254.	643,260.	6	23,623.		614,	660
	and programs	0,0,215.		010,200.		20,020.		•11,	
	Administrative expenses	10 858 263	11 527 523	11,472,533.	10 1	19,898.	9	497,	652
g	End of year balance [Provide the estimated percentage of the curr		· · · · · ·		10,1	19,090.	5,	197,	
2	Board designated or quasi-endowment	• 00	%	i) heiu as.					
a h	Permanent endowment 88.60	%	70						
	11 10	⁹⁰							
с									
2-	The percentages on lines 2a, 2b, and 2c should be there and summer funds not in the percent	· · · · · ·	tion that are hold a	d administered for t	ha araaniz	ation			
Ja	Are there endowment funds not in the posses	ssion of the organiza	lion that are new a		ne organiza	alion	Г	Yes	Na
	by:							X	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		Λ
D	If "Yes" on line 3a(ii), are the related organization						3b		
Par	t VI Land, Buildings, and Equipm		vment tunas.						
1 41			Dort IV line 11e S	oo Form 000 Dort V	line 10				
	Complete if the organization answered								
	Description of property	(a) Cost or ot basis (investm	.,		Accumulate epreciation		(d) Bool	< value	e
	Land		Dasis		preclation				
	Land								
b	Buildings								
	Leasehold improvements		1 60	0 970	050 4	01	E 1 1	1 /	79
d	Equipment			0,879.	959,4			$\frac{1,4'}{2}$	
	Other			6,405.	103,2	<u>04</u> .		3,20	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 〉	K. column (B), line 1	0c.)				1,6'	
						Schedule	D (Form	ı 990)	2019

Schedule D (Form 990) 2019 OREGON SYMPHONY ASSOCIATIO)N
-------------------------------------------------------	----

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, lin	e 25.
1 (a) Description of liability	(b) Book value

(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITY	17,150.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	17,150.

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

Schedule D (Form 990) 2019

932053 10-02-19

	edule D (Form 990) 2019 OREGON SYMPHONY ASSOCIA	TION	93-0446527 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18		
Pa	rt XIII Supplemental Information.		

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

PART V, LINE 4:

THE ORGANIZATION'S POLICY IS TO REALIZE A 6% DISTRIBUTION FROM THE

ENDOWMENT FUNDS AVERAGE FAIR VALUE OVER THE PRIOR 13 QUARTERS THROUGH THE

YEAR-END PRECEEDING THE FISCAL YEAR IN WHICH THE DISTRIBUTION IS PLANNED.

DISTRIBUTIONS ARE USED TO FUND PROGRAMS IN THE AREAS FOR WHICH THE

ENDOWMENTS WERE ESTABLISHED.

PART X, LINE 2:

THE ORGANIZATIONS FOLLOW THE PROVISIONS OF FASB ASC TOPIC ACCOUNTING 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 WITH PROVISIONS

Schedule D (Form 990) 2019

09400321 781409 7121

932054 10-02-19

29

Schedule D) 2019
	-	

Part XIII Supplemental Information (continued)
OF THIS TOPIC.
Schedule D (Form 990) 2019

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities OMB No. 1545-0047										
(Form 990 or 990-EZ)	Form 990 or 990-EZ) 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.							or if the	2019	
Department of the Treasury Internal Revenue Service								Open to Public Inspection		
							Employer ide	r identification number		
Dent L. Franchasia		SYMPHONY ASSOC						93-0446		
	Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or 										
	highest paid indiv	art VII) or entity in connection viduals or entities (fundraise organization.	•			e e	ne fur	Indraiser is to b		
(i) Name and addres or entity (fund		(ii) Activity		(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
				Yes	No					
		n is registered or licensed t			▶ utions	or has been notified	it is e	exempt from re	egistration	
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions fo	or Form 9	90 or :	990-E	Z. S	Sche	dule G (Form	990 or 990-EZ) 2019	

932081 09-11-19

	Schedule G (Form 990 or 990-EZ) 2019 OREGON SYMPHONY ASSOCIATION 93-0446527 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000							
	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.							
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
			SPRING GALA	FALL GALA	110112	(add col. (a) through		
0			(event type)	(event type)	(total number)	col. (c))		
Revenue	1	Gross receipts	1,113,552.	33,250.		1,146,802.		
	2	Less: Contributions	1,108,302.			1,108,302.		
	3	Gross income (line 1 minus line 2)	5,250.	33,250.		38,500.		
	4	Cash prizes						
(0	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs						
Direct E	7	Food and beverages		30,230.		30,230.		
	8	Entertainment						
	9	Other direct expenses						
	10	Direct expense summary. Add lines 4 through	30,230.					
De	11					8,270.		
FC	art I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or i	reported more than			
				(b) Pull tabs/instant		(d) Total gaming (add		
anu			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
Revenue								
£	1	Gross revenue						
es	2	Cash prizes						
Expenses	3	Noncash prizes						
Direct E		Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes %	└── Yes %	Yes%			
 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 								
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
9	En	ter the state(s) in which the organization condu	icts gaming activities:					
		.,	<u> </u>	states?		Yes No		
	a Is the organization licensed to conduct gaming activities in each of these states? Yes No b If "No," explain:							
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?							
b	b If "Yes," explain:							
9320	932082 09-11-19 Schedule G (Form 990 or 990-EZ) 2019							

Scł	nedule G (Form 990 or 990-EZ) 2019 OREGON SYMPHONY ASSOCIATION	93-04	46527	Page 3
-	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 No
13	Indicate the percentage of gaming activity conducted in:			
á	a The organization's facility		13a	%
	b An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
I	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amou	unt		
	of gaming revenue retained by the third party \blacktriangleright \$			
(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:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	🗌 No
I	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
	organization's own exempt activities during the tax year > \$			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Part	III, lines 9,	9b, 10b,
9320	33 09-11-19 Schedule (G (Form	990 or 990)-EZ) 2019

Part IV	Supplemental Information (continued)	
		 (= 000 000 ==)

Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990) Department of the Treasury		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.						
Internal Revenue Service Go to w				s.gov/Form990 fo	Inspection			
Name of the organization	OREGON SY	MPHONY AS	SOCIATION					Employer identification number $93 - 0446527$
Part I General Info	rmation on Grants a	nd 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 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 G	Other Assistance to I	Domestic Organiz	ations and Domestic	Governments. C	complete if the orga	anization answered	Yes" on Form 990, Parl	t IV, line 21, for any
recipient that	received more than \$	5,000. Part II can	be duplicated if additi	onal space is need	ed.			1
1 (a) Name and addr or gover	v	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PORTLAND 5 CENTER F PO BOX 2746 PORTLAND, OR 97208	OR THE ARTS	36-4589390	501(C)(3)	1,000,000.	0.			SUPPORT THE ACQUISITION AND INSTALLATION OF THE MEYER CONSTELLATION ACOUSTICAL SYSTEM IN THE
2 Enter total number	of section 501(c)(3) a	I advernment ora	anizations listed in the	l e line 1 table	I		1	▶ 1.
	of other organizations							0.
	eduction Act Notice,			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				Schedule I (Form 990) (2019)

932102 10-26-19

Schedule I (Form 990) (2019) Part III Grants and Othe

OREGON SYMPHONY ASSOCIATION

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

 Part III can be duplicated if additional space is needed.

 (a) Type of grant or assistance
 (b) Number of recipients
 (c) Amount of cash assistance
 (d) Amount of non-cash assistance
 (e) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 Image: State Stat

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: PORTLAND 5 CENTER FOR THE ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE ACQUISITION AND

INSTALLATION OF THE MEYER CONSTELLATION ACOUSTICAL SYSTEM IN THE ARLENE

SCHNITZER CONCERT HALL.



93-0446527

SCH	EDULE J Compensation Information	1	OMB No. 1	545-004	47	
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			20	40		
•	Compensated Employees				J	
Denerte	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.				ic	
	Department of the Treasury FAttach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					
Name	e of the organization	Employer i			mber	
	OREGON SYMPHONY ASSOCIATION	93-0	44652	7		
Par	t I Questions Regarding Compensation					
				Yes	No	
1 a (Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form §	990,				
I	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
Ĺ	First-class or charter travel Housing allowance or residence for persor					
ļ	Travel for companions X Payments for business use of personal res	idence				
Ĺ	Tax indemnification and gross-up payments					
L	Discretionary spending account Personal services (such as maid, chauffeu	r, chef)				
	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
			1b	X		
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
1	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		X	
	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 organizatio	on to				
	establish compensation of the CEO/Executive Director, but explain in Part III.					
L	X Compensation committee X Written employment contract					
L	Independent compensation consultant					
L	X Form 990 of other organizations X Approval by the board or compensation co	ommittee				
	During the user did on a grant listed on Four 200. Dout VII. Costing A line to with more ottable the films					
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:		10		x	
	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?				X	
	Participate in, or receive payment from, a supplemental honquained retirement plan?				X	
			40			
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.					
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the revenues of:					
	The organization?		5a		x	
b /	Any related organization?		5u 5b		X	
	If "Yes" on line 5a or 5b, describe in Part III.					
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	า				
	contingent on the net earnings of:	-				
	The organization?		6a		X	
	Any related organization?				X	
	f "Yes" on line 6a or 6b, describe in Part III.					
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
	not described on lines 5 and 6? If "Yes," describe in Part III		7		X	
	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
					Х	
	f "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	<u></u>	9			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		lule J (Forn	n 990)	2019	

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and (D) Nontaxable other deferred benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	reported as deferred on prior Form 990
(1) SCOTT SHOWALTER	(i)	257,432.	112,000.	0.	12,500.	8,466.	390,398.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.		0.
(2) JANET PLUMMER	(i)	160,478.	0.	0.	7,825.	15,038.	183,341.	0.
CFOO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SARAH KWAK	(i)	188,661.	0.	0.	3,980.	7,969.	200,610.	0.
CONCERTMASTER	(ii)	0.	0.	0.	0.	0.		0.
(4) ELLEN BUSSING	(i)	166,550.	0.	0.	7,525.	7,102.	181,177.	0.
VP DEVELOPMENT	(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)							

Schedule J (Form 990) 2019

Part III Supplemental Information

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

PART I, LINE 1A:

SCOTT SHOWALTER, PRESIDENT & CEO. PAYMENT FOR BUSINESS USE OF HIS

RESIDENCE FOR POST CONCERT RECEPTIONS AND DONOR DINNERS. THIS IS PAID

QUARTERLY AS TAXABLE COMPENSATION.

Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

9 **Open to Public** Inspection

Employer identification number

93-0446527

ſ

ZU

Name of the	organization

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

OREGON SYMPHONY ASSOCIATION

Par	rt I Types of Property							
		(a) Chealaif	(b) Number of	(c) Noncash contribution	(d) Mathad of da	townshi	ina	
		Check if applicable	contributions or	amounts reported on	Method of de noncash contribu		•	s
			items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (FOOD/WINE)	Х	37	74,871.	FAIR MARKET	VAI	LUE	
26	Other ► ()							
27	Other ► ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	- 33, Part IV, [Donee Acknowledg	gement 29				
	°						Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?)	,			30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard contribut	ions?	31	х	
	Does the organization hire or use third parties of							
	contributions?		•			32a		х
b	If "Yes," describe in Part II.							
	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	r for which column (a) is cher	ked			

describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

932141 09-27-19

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
VALUE OF DONATED MATERIALS IS PROVIDED BY THE DONOR. IF A DONATION
REPLACES AN EXPENSE THAT THE OREGON SYMPHONY WOULD HAVE INCURRED IN THE
NORMAL COURSE OF OPERATIONS, IT IS RECORDED AS A BOOKED IN-KIND GIFT.
IF A DONATION IS FOR AN ITEM THAT WE WOULD NOT HAVE ACQUIRED IN ORDER
TO CONDUCT OUR BUSINESS, WE WOULD HAVE RECORDED THE GIFT AS IN-KIND NOT
BOOKED.
932142 09-27-19 Schedule M (Form 990) 2019
932142 09-27-19 Schedule M (Form 990) 2019

Schedule M (Form 990) 2019 OREGON SYMPHONY ASSOCIATION

09400321 781409 7121

41 2019.05080 OREGON SYMPHONY ASSOCIATI 7121___1

93-0446527

Page **2**

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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



OREGON SYMPHONY ASSOCIATION

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 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AMAZED AUDIENCES WITH THEIR PERFORMANCES IN CIRQUE NUTCRACKER; AND

HIGHLY ACCLAIMED DIRECTOR MARY BIRNBAUM STAGED AN ORIGINAL PRODUCTION

OF THE TEMPEST THAT INCORPORATED SIBELIUS' BRILLIANT MUSICAL SCORE, THE

FIRST OF OUR SOUNDSIGHTS ANCHOR SERIES PRODUCTIONS.

SPRING 2020 SAW THE RELEASE OF TWO NEW OREGON SYMPHONY ALBUMS. ASPECTS

OF AMERICA: THE PULITZER EDITION FEATURED THREE PULITZER-WINNING

ORCHESTRAL WORKS FROM THE 20TH CENTURY ORCHESTRAL LITERATURE.

GRAMOPHONE REMARKED, "THE OREGON SYMPHONY REALLY SHOW THEIR METTLE

HERE, AND THE DELICACY OF THEIR PLAYING IS AS IMPRESSIVE AS THEIR

COLLECTIVE VIGOUR." SHORTLY THEREAFTER, WE CELEBRATED THE RELEASE OF

OUR 2018 RECORDING OF GABRIEL KAHANE'S EMERGENCY SHELTER INTAKE FORM

AN OREGON SYMPHONY COMMISSIONED WORK THAT CONFRONTS OUR NATION'S

HOMELESSNESS CRISIS. THE PIECE HAS ALREADY BEEN PERFORMED OR PROGRAMMED

BY ORCHESTRAS NATIONWIDE INCLUDING THE DETROIT SYMPHONY ORCHESTRA AND

THE SAN FRANCISCO SYMPHONY. WITH ITS RELEASE ON CD, MANY MORE PEOPLE

WILL BE ABLE TO HEAR THIS MOVING PIECE, AND MORE ORCHESTRAS WILL BE

ENCOURAGED TO INCLUDE IT IN THEIR FUTURE SEASONS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

42

Schedule O (Form 990 or 990-EZ) (2019)	Page 2			
Name of the organization OREGON SYMPHONY ASSOCIATION	Employer identification number 93-0446527			
WITH THE ONSET OF THE CORONAVIRUS PANDEMIC IN EARLY MARCH,	WE WERE			
FORCED TO CANCEL THE REMAINING PORTION OF OUR SCHEDULED PE	RFORMANCES,			
NEARLY A THIRD OF OUR SEASON. OUR REMAINING SOUNDSIGHTS PR	ODUCTIONS			
BERIO'S SINFONIA WITH ANIMATOR ROSE BOND AND REVUELTAS' NIGHT OF THE				
MAYAS WITH MICHAEL CURRY COULD NOT TAKE PLACE; WE ARE HOP	ING TO			
RE-SCHEDULE THESE PRODUCTIONS IN A FUTURE SEASON, SINCE MU	CH OF THE			
PRE-PRODUCTION WORK IS COMPLETE. OTHER PERFORMANCES FROM T	HIS PERIOD,			
INCLUDING OUR WORLD PREMIERE OF AN AFRICAN AMERICAN REQUIE	M BY PORTLAND			
COMPOSER DAMIEN GETER, WE HAVE ALREADY RESCHEDULED FOR 202	1.			

KNOWING THAT OUR COMMUNITY WOULD BE FACING A PROLONGED PERIOD OF ISOLATION AND MOURNING, WE FELT OUR MUSIC COULD PROVIDE COMFORT, HOPE, AND CONNECTION TO HELP US PERSEVERE THROUGH THIS DIFFICULT MOMENT. OUR STAFF AND MUSICIANS SPRANG INTO ACTION TO DEVISE NEW WAYS OF BRINGING ARTISTIC EXCELLENCE TO OUR COMMUNITY WHILE WE WERE KEPT FROM THE STAGE. SOME KEY INITIATIVES INCLUDED:

A NEW WEB SERIES CALLED MINUTE FOR MUSIC WENT LIVE IN MARCH, FEATURING SHORT VIDEOS SUBMITTED BY SYMPHONY MUSICIANS PLAYING IN THEIR HOMES AND NEIGHBORHOODS. THE SEGMENT CONTINUED THROUGH THE REMAINDER OF THE FISCAL YEAR AND BEYOND, WITH NEW VIDEOS PUBLISHED ACROSS OUR SOCIAL MEDIA PLATFORMS AND ON OUR WEBSITE AT LEAST TWICE WEEKLY. THE VIDEOS FEATURED MUSIC FROM A WIDE VARIETY OF TRADITIONS CLASSICAL, FOLK, JAZZ, AND POPULAR MUSIC, AMONG OTHERS AND OFFERED AUDIENCES A CHANCE TO CONNECT WITH MUSICIANS, SHARE MUSICAL CONTENT WITH THEIR FRIENDS AND FAMILY, AND ENJOY THE EMOTIONAL RELEASE OF LISTENING TO MUSIC WHILE WE ALL REMAIN PHYSICALLY SEPARATED.

43

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2				
Name of the organization OREGON SYMPHONY ASSOCIATION	Employer identification number $93 - 0446527$				
IN APRIL, WE EMBARKED ON AN ARTISTIC RESPONSE TO THE PANDE	MIC THAT				
WOULD BRING OUR COMMUNITY TOGETHER IN GRATITUDE FOR THE MA	NY PEOPLE				
WHOSE TIRELESS WORK IS HOLDING OUR NATION TOGETHER AT THIS	DIFFICULT				
TIME. UNDER THE LEADERSHIP OF OUR CREATIVE CHAIR GABRIEL K	AHANE ,				
ESSENTIAL SOUNDS IS A FREE, SIX-PART PROGRAM THAT USES MUS	IC,				
STORYTELLING, AND IMAGERY TO HELP US HONOR THE CONTRIBUTIO	NS OF OUR				
MOST ESSENTIAL WORKERS. EACH EPISODE PUTS THE SPOTLIGHT ON	A SPECIFIC				
GROUP OF PEOPLE, AND COMBINES OUR MUSICIANS' PERSONAL STORIES, GUEST					
APPEARANCES FROM SOME OF THE FOREMOST ARTISTS AND COMPOSER	APPEARANCES FROM SOME OF THE FOREMOST ARTISTS AND COMPOSERS OF OUR				
TIME, AND MOVING PERFORMANCES FROM OUR OWN OREGON SYMPHONY	MUSICIANS				
FOR AN IMMERSIVE AND ENGAGING EXPERIENCE. THE SERIES GARNERED NATIONAL					
ATTENTION AND IS BEING FEATURED ON NATIONAL PUBLIC RADIO'S LIVE					
SESSIONS; WE ARE THE ONLY ORCHESTRAL GROUP FEATURED ON LIVE SESSIONS					
AMIDST SOME OF THE MOST SOUGHT-AFTER AND ACCLAIMED PERFORMERS OF OUR					
TIME.					

IN PARTNERSHIP WITH ARTSLANDIA, MUSIC DIRECTOR CARLOS KALMAR DEVELOPED AND HOSTED MONDAYS WITH THE MAESTRO, A SERIES OF HAPPY HOUR VIDEO CHATS EXPLORING DIFFERENT CONCEPTS IN MUSIC. EACH WEEK, CARLOS EXPLORED A PARTICULAR EMOTION, AND USING EXAMPLES FROM THE CLASSICAL ORCHESTRAL LITERATURE, HE DEMONSTRATED THE WAYS THAT DIFFERENT COMPOSERS EXPRESSED EACH EMOTION THROUGH THEIR MUSIC.

ASSOCIATE MUSIC DIRECTOR NORMAN HUYNH TOOK TO OUR INSTAGRAM ACCOUNT TO HOST ASK A MUSICIAN, A LIVE-STREAMED WEEKLY CHAT WITH A DIFFERENT OREGON SYMPHONY MUSICIAN EACH WEEK. FOLLOWERS COULD SUBMIT QUESTIONS FOR THE MUSICIANS AHEAD OF TIME, AND NORMAN WOULD SELECT HIS FAVORITES FOR A WIDE-RANGING, INFORMAL DISCUSSION WITH MEMBERS OF THE SYMPHONY. 932212 09-06-19 Chedule O (Form 990 or 990-EZ) (2019) 44

09400321 781409 7121

OREGON SYMPHONY ASSOCIATION

93-0446527

OUR PIVOT TO DIGITAL CONTENT HAS ALLOWED THE SYMPHONY TO EXTEND THE REACH OF OUR MUSIC CONSIDERABLY. NO LONGER BOUND TO THE CONCERT HALL, DIGITAL PROGRAMMING MAKES OUR WORK ACCESSIBLE TO OREGONIANS ACROSS ALL CORNERS OF THE STATE. ESSENTIAL SOUNDS ALONE REACHED AN AUDIENCE OF MORE THAN 117,000 VIEWERS, AND IN TOTAL THE ABOVE PROGRAMMING RECEIVED MORE THAN 213,000 VIEWS ON OUR WEBSITE AND SOCIAL MEDIA CHANNELS. IN A TYPICAL SEASON WE SERVE A SIMILAR NUMBER OF PEOPLE WITH OUR IN-PERSON PROGRAMMING; BY ADDING THIS SEGMENT OF OUR WORK WE HAVE BEEN ABLE TO SIGNIFICANTLY EXPAND THE NUMBER OF PEOPLE WHO ACCESS OUR ART.

THESE LARGE VIEWING NUMBERS DEMONSTRATE THAT THE MUSICAL CONTENT WE CREATE IS VALUABLE TO THE COMMUNITY, ESPECIALLY IN THIS TIME OF CRISIS. FURTHERMORE, EXTENSIVE MEDIA COVERAGE IN BOTH LOCAL AND NATIONAL OUTLETS HAS CONFIRMED THE OREGON SYMPHONY'S PLACE AS A LEADING ARTS INSTITUTION. OUR LOCAL TV STATIONS HAVE BEEN EAGER TO SHARE OUR UPCOMING CONTENT WITH THEIR AUDIENCES AS SOMETHING THEY KNOW THEIR VIEWERS WILL VALUE; NEWS MEDIA REPORTED ON OUR CANCELATION AND FURLOUGH DECISIONS AS NEWSWORTHY, BOTH IN TERMS OF THE IMPACT ON OUR COMMUNITY'S ARTISTIC VIBRANCY AND DUE TO THE OUTSIZE ECONOMIC IMPACT OUR ORCHESTRA HAS ON OREGON'S ECONOMY. PRESIDENT SCOTT SHOWALTER HAS APPEARED IN THE WASHINGTON POST AND OTHER NATIONAL OUTLETS DISCUSSING THE PANDEMIC'S IMPACT ON THE ARTS AT A NATIONAL SCALE, HELPING TO ADVANCE OUR REPUTATION AS A LEADER IN OUR FIELD.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PORTLAND, TWO AT SMITH AUDITORIUM IN SALEM, AND A FIRST-TIME

PRESENTATION IN NEWBERG ON THE CAMPUS OF GEORGE FOX UNIVERSITY.

45

Schedule O (Form 990 or 990-EZ) (2019)

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2			
Name of the organization OREGON SYMPHONY ASSOCIATION	Employer identification number 93-0446527			
STUDENTS ACROSS A TENCOUNTY REGION JOINED US FOR AN ENGA	GING			
PERFORMANCE OF BENJAMIN BRITTEN'S CLASSIC YOUNG PERSON'S G	UIDE TO THE			
ORCHESTRA, ALONG WITH AN ASSORTMENT OF POPULAR AND CLASSIC	AL FAVORITES.			
THESE CONCERTS ARE FREQUENTLY STUDENTS' FIRST EXPOSURE TO	THE POWER OF			
LIVE ORCHESTRAL PERFORMANCE, AND OFTEN THEIR FIRST TIME IN	A CONCERT			
HALL. THIS YEAR WE FACILITATED MORE STUDENTS THAN EVER BEF	ORE TO HAVE			
THIS EXPERIENCE, AND TWO-THIRDS PARTICIPATED FOR FREE DUE TO THEIR				
ENROLLMENT IN FEDERAL FREE/REDUCED LUNCH. WE WERE ALSO PLEASED TO OFFER				
BUS SUBSIDIES TO ELEVEN TITLE 1 SCHOOLS TO HELP DEFRAY TRANSPORTATION				
COSTS THAT MIGHT HAVE PREVENTED THEIR 1,500+ STUDENTS FROM				
PARTICIPATING. STUDENTS JOINED US FROM AS FAR AS WARM SPRI	NGS IN			
CENTRAL OREGON AND GEARHART ON THE COAST. THESE ENTERTAINING AND				
EDUCATIONAL CONCERTS ARE A KEY STEP TO INSPIRING MUSIC PARTICIPATION				
FOR STUDENTS, AS WELL AS HELPING STUDENTS UNDERSTAND AND APPRECIATE				
DIFFERENT CONCEPTS IN THE MUSIC THAT THEY HEAR.				

IN AN EFFORT TO SUPPORT TEACHERS AND PARENTS WITH EDUCATIONAL MATERIAL
IN THE HOME, WE LAUNCHED OUR BELOVED SYMPHONY STORYTIME PROGRAM IN A
NEW DIGITAL FORMAT. 13 VIDEO EPISODES NINE IN ENGLISH AND FOUR IN
SPANISH DEBUTED ON THE OREGON SYMPHONY WEBSITE STARTING IN JUNE. EACH
VIDEO FEATURES A READER WHO SHARES A BELOVED CHILDREN'S BOOK STORY, AND
AN OREGON SYMPHONY MUSICIAN WHO USES THEIR INSTRUMENT TO PROVIDE THE
'SOUNDTRACK' TO THE STORY. THIS AWARD-WINNING PROGRAM HELPS PROMOTE
LITERACY FOR CHILDREN 7 AND UNDER. THESE VIDEOS MARK THE FIRST TIME WE
OFFERED SYMPHONY STORYTIME IN SPANISH, ALLOWING US TO REACH OUT TO NEW
AUDIENCES. THE PROGRAM EARNED COVERAGE ON OUR LOCAL UNIVISION TV
STATION'S WEBSITE AND EL LATINO DE HOY NEWSPAPER, INDICATING THAT OUR
LOCAL LATINO COMMUNITY FOUND VALUE IN THIS CONTENT. FREE TO VIEW ON OUR
932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 46

Schedule O (Form 990 or 990-EZ) (2019)	Page 2				
Name of the organization OREGON SYMPHONY ASSOCIATION	Employer identification number 93-0446527				
WEBSITE AND YOUTUBE CHANNEL, OUR DIGITAL SYMPHONY STORYTIMES HAVE					
DELIGHTED TENS OF THOUSANDS OF VIEWERS, NOT ONLY ACROSS OR	EGON BUT ALSO				
ACROSS THE COUNTRY.					
THE THIRD YEAR OF THE LULLABY PROJECT IN MEMORY OF DORIS C	ECLIA STORMS				
WENT LIVE IN APRIL 2020, ALTHOUGH WE WERE UNABLE TO HOST A	COMMUNITY				
CONCERT AS WE HAD IN YEARS PAST. THE EIGHT BEAUTIFUL SONGS, EACH					
WRITTEN BY PARENTS RECEIVING HOUSING SUPPORT FROM PORTLAND	HOMELESS				
FAMILY SOLUTIONS, ARE ALL AVAILABLE FOR FREE LISTENING ON	THE OREGON				
SYMPHONY WEBSITE. OUR MUSICIANS WORKED WITH PARENTS AND LO	CAL				
SINGER-SONGWRITERS TO BRING THESE SONGS TO LIFE, EACH ONE	AS UNIQUE AS				
THE CHILD WHO INSPIRED IT. PARENTS EACH RECEIVED A PERSONA	L CD COPY OF				
THE SONG COMPILATION TO PLAY AS THEIR CHILD GROWS. THIS PR	OJECT,				

ORIGINALLY DEVELOPED BY CARNEGIE HALL, USES MUSIC CREATION AS AN

EMPOWERMENT TOOL AND PROMOTES BONDING BETWEEN PARENTS AND THEIR

CHILDREN AS THEY FACE DIFFICULT SITUATIONS LIKE HOUSING INSECURITY.

OUR MUSICIANS MADE SPECIAL EFFORT TO CONNECT WITH MEMBERS OF OUR

COMMUNITY LIVING IN FULL-TIME CARE FACILITIES THROUGH VIDEO MUSICAL

GREETINGS. DUE TO THE NATURE OF THIS PANDEMIC, ASSISTED LIVING

FACILITIES HAD TO ENFORCE SOME OF THE MOST STRICT QUARANTINE PROCEDURES

TO KEEP RESIDENTS SAFE. IN THE FACE OF PROLONGED ISOLATION, WE KNEW

MUSIC COULD PLAY A ROLE IN FORGING CONNECTIONS WITH THE OUTSIDE WORLD

AND PROVIDING ENGAGING CONTENT TO SHARE WITH RESIDENTS. WE WORKED IN

PARTNERSHIP WITH SIX DIFFERENT ASSISTED-LIVING FACILITIES ACROSS THE

PORTLAND AND SALEM METRO REGIONS, PLUS TWO COMMUNITY-BASED PARTNERS WHO

SERVE ELDERLY AND ISOLATED COMMUNITY MEMBERS MAYBELLE CENTER FOR

 COMMUNITY, AND THE MARIE SMITH ADULT DAY CENTER. DEPENDING ON THE

 932212 09-06-19
 Schedule O (Form 990 or 990-EZ) (2019)

 47

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization OREGON SYMPHONY ASSOCIATION	Employer identification number 93-0446527
INDIVIDUAL NEEDS AND TECHNOLOGY SET-UP OF EACH PARTNER, OU	R MUSICIANS
USED A COMBINATION OF LIVE ZOOM CALLS, PRE-RECORDED PERFOR	MANCES, AND
"FIRESIDE CHAT"-STYLE DISCUSSIONS OF THE MUSIC THEY WERE S	HARING TO
CONNECT WITH HUNDREDS OF ISOLATED PEOPLE.	

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.

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. IN FY20, OSA

PAID A \$5,000 DEPOSIT FOR A CONCERT IN THE FY20 SEASON.

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
932212 09-06-19
Schedule O (Form 990 or 990-EZ) (2019)
48

09400321 781409 7121

Schedule	e O (Form 9	990 or 990-EZ) (2	2019)									F	Page 2
Name of	the organiz		GON SY	MPHOI	NY ASSOCI	ATIC	ON					identification nur 0446527	nber
THAT	MIGHT	AFFECT	THEM:	FOR	EXAMPLE,	IF	THE	BOARD	IS	VOTING	ON A	MOTION	
THAT	WILL	INCREASE	MUSI	CIAN	COMPENSA	TION	, D	IRECTO	RS W	HO 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.

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 OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FINANCIAL STATEMENTS ARE ALSO PUBLISHED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

932212 09-06-19

SCHEDULE	R
(= 000)	

(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.

Attach to Form 990.

OMB No. 1545-0047

2019 Open to Public Inspection

Employer identification number

93-0446527

Department of the Treasury Internal Revenue Service

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

Name of the organization

OREGON SYMPHONY ASSOCIATION

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
OREGON SYMPHONY FOUNDATION - 93-1225609							
921 SW WASHINGTON, SUITE 200	SUPPORT OF THE OREGON				OREGON SYMPHONY		
PORTLAND, OR 97205	SYMPHONY ASSOCIATION	OREGON	501(C)(3)	LINE 12B, II	ASSOCIATION	x	
OREGON SYMPHONY IN SALEM - 93-6031819	BRING SYMPHONIC MUSIC AND						
921 SW WASHINGTON, SUITE 200	THE OREGON SYMPHONY TO				OREGON SYMPHONY		
PORTLAND, OR 97205	SALEM	OREGON	501(C)(3)	LINE 12B, II	ASSOCIATION	X	
	_						
	-						
	_						
	-						

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 OREGON SYMPHONY ASSOCIATION

93-0446527 Page 2

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	General managi partne	or Percentage ownership		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0		
											_		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
		country)		0				Yes	No
									\square

Schedule R (Form 990) 2019 OREGON SYMPHONY ASSOCIATION

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
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 controlled entity	1a		Σ
b Gift, grant, or capital contribution to related organization(s)			2
c Gift, grant, or capital contribution from related organization(s)	_		2
d Loans or loan guarantees to or for related organization(s)	1d		2
e Loans or loan guarantees by related organization(s)			Σ
f Dividends from related organization(s)			2
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)			-
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)	41	X	
m Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)			-
p Reimbursement paid to related organization(s) for expenses			
q Reimbursement paid by related organization(s) for expenses			
r Other transfer of cash or property to related organization(s)			
	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OREGON SYMPHONY IN SALEM	L	180,000.	CASH
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2019 OREGON SYMPHONY ASSOCIATION

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	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	e) all rs sec. c)(3) s.?	(f) Share of total		(h Dispr tior allocat	n) opor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne	or Percentage ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes I	

Schedule R (Form 990) 2019

Part VII Supplemental Information

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

Schedule R (Form 990) 2019

932165 09-10-19

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

print OREGON SYMPHONY ASSOCIATION 93-044652 File by the detake for the detake for the struct and room or suite no. If a P.O. box, see instructions. 921 SW WASHINGTON ST., NO. 200 File by the detake for the struer. See instructions. 921 SW WASHINGTON ST., NO. 200 City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, OR 97205-2819 Enter the Return Code for the return that this application is for (file a separate application for each return) Application B For Code Form 990-1 (corporation) Form 990-BL 02 Form 1041-A Form 990-BL 02 Form 4720 (other than individual) Form 990-Figure. 401(a) or 408(a) trust) 03 Form 4720 (other than individual) Form 990-Figure. 401(a) or 408(a) trust) 05 Form 8870 JANET PLUMMER JANET PLUMMER Fax No. ▶ 503-2416-6319 Fax No. ▶ 503-228-4150 I If the organization does not have an office or place of business in the United States, check this box ▶ In and attach a list with the names and TINs of all members the extension is for the organization's four digit Group Exemption Number (GEN) If this is for a Broup Return, enter the organization's for digit Group Exemption Number (GEN) If this is for all the group, check this box ▶ In and attach a list with the names and TINs of all members the extension	er (TIN)
File by the detate for thing you does data for the return on the thing you does does does does does does does does	7
Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Is For Code Is For Form 990 or Form 990-EZ 01 Form 1041.A Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-F 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 JANET PLUMMER JANET PLUMMER 503 - 228 - 4150 If the organization does not have an office or place of business in the United States, check this box ▶ If the is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	,
Application Return Application Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) Form 990-BL 02 Form 1041-A Form 720 (individual) 03 Form 4720 (other than individual) Form 990-FF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 JANET PLUMMER 06 Form 8870 JANET PLUMMER 503 - 416 - 6319 Fax No. ▶ 503 - 228 - 4150 If the organization does not have an office or place of business in the United States, check this box ▶ If the organization does not have an office or place of business in the United States, check this box ▶ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ I request an automatic 6-month extension of time until MAY 17, 2021 , to file the exempt organization retu the organization named above. The extension is for the organization's return for: ▶ calendar year or I lequest an automatic 6-month extension of time until MAY 17, 2021 , to file the exempt organization retu the organization named above. The extension is for the organization's	01
Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) Form 990-BL 02 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-FE 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 JANET PLUMMER The books are in the care of ▶ 921 SW WASHINGTON, SUITE 200 - PORTLAND, OR 97205-281 Telephone No. ▶ 503-416-6319 Fax No. ▶ 503-228-4150 If the organization does not have an office or place of business in the United States, check this box ▶ If the is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, c box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the extension is for the organization named above. The extension is for the organization's return for: ▶ calendar year or ▶ It he tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less <	
Form 990 or Form 990-EZ 01 Form 990-T (corporation) Form 990-BL 02 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 JANET PLUMMER • The books are in the care of ▶ 921 SW WASHINGTON, SUITE 200 - PORTLAND, OR 97205-281 Telephone No. ▶ 503-416-6319 Fax No. ▶ 503-228-4150 • If the organization does not have an office or place of business in the United States, check this box ▶ • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If it is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the extension is to the organization named above. The extension is for the organization's return for: ▶ calendar year or ▶ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return ■ Change in accounting period 3a 3a If this application is for Forms 990-PE, 990-T, 4720, or 6069, enter the tentative tax, less	Return Code
Form 990-BL 02 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 JANET PLUMMER 05 Form 8870 The books are in the care of ▶ 921 SW WASHINGTON, SUITE 200 - PORTLAND, OR 97205-281 Telephone No. ▶ 503-416-6319 Fax No. ▶ 503-228-4150 If the organization does not have an office or place of business in the United States, check this box ▶ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the extension is 1 I request an automatic 6-month extension of time until MAY 17, 2021 , to file the exempt organization retu the organization named above. The extension is for the organization's return for: ▶ State x year beginning JUL 1, 2019 , and ending JUN 30, 2020 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period	07
Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 JANET PLUMMER • The books are in the care of ▶ 921 SW WASHINGTON, SUITE 200 - PORTLAND, OR 97205-281 Telephone No. ▶ 503-416-6319 Fax No. ▶ 503-228-4150 • If the organization does not have an office or place of business in the United States, check this box ▶ • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, c box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the extension is is 1 I request an automatic 6-month extension of time until MAY 17, 2021 , to file the exempt organization retur the organization named above. The extension is for the organization's return for: ▶	07
Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 JANET PLUMMER • The books are in the care of ▶ 921 SW WASHINGTON, SUITE 200 - PORTLAND, OR 97205-281 Telephone No. ▶ 503-416-6319 Fax No. ▶ 503-228-4150 • If the organization does not have an office or place of business in the United States, check this box ▶ • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, c box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the extension is is 1 I request an automatic 6-month extension of time until MAY 17, 2021 , to file the exempt organization retur the organization named above. The extension is for the organization's return for: ▶	08
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 JANET PLUMMER • The books are in the care of ▶ 921 SW WASHINGTON, SUITE 200 - PORTLAND, OR 97205-281 Telephone No. ▶ 503-416-6319 Fax No. ▶ 503-228-4150 • If the organization does not have an office or place of business in the United States, check this box ▶ • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, c box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the extension is to 1 I request an automatic 6-month extension of time until	10
Form 990-T (trust other than above) 06 Form 8870 JANET PLUMMER • The books are in the care of ▶ 921 SW WASHINGTON, SUITE 200 - PORTLAND, OR 97205-281 Telephone No. ▶ 503-416-6319 Fax No. ▶ 503-228-4150 • If the organization does not have an office or place of business in the United States, check this box ▶ • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the extension is to an attach a list with the names and TINs of all members the extension is to the organization named above. The extension of time until MAY 17, 2021 , to file the exempt organization reture the organization 's return for: ▶ □ calendar year or ○ . . . ■ If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return Final return □ Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less . . .	11
JANET PLUMMER • The books are in the care of ▶ 921 SW WASHINGTON, SUITE 200 - PORTLAND, OR 97205-281 Telephone No. ▶ 503-416-6319 Fax No. ▶ 503-228-4150 • If the organization does not have an office or place of business in the United States, check this box • If the organization does not have an office or place of business in the United States, check this box • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • Dox ▶ □ . If it is for part of the group, check this box ▶ □ and attach a list with the names and TINs of all members the extension is to the organization named above. The extension of time until MAY 17, 2021 , to file the exempt organization reture the organization named above. The extension is for the organization's return for: ▶ □ calendar year or ▶ X tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Change in accounting period	12
	or.
any nonrefundable credits. See instructions. 3a \$	0.
bIf this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.3b	0.
cBalance due.Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.3c	0.
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for instructions.	bayment

923841 12-30-19