** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2015
Open to Public Inspection

ΑF	or th	e 2015 calendar year, or tax year beginning $$	${ m JL} 1$, $ 2015$ and	ت ending	<u>JUN 30, 2016</u>	i
	Check if applicab	C Name of organization			D Employer identif	ication number
	Addre		TION			
	Name chang	e Doing business as			93-0	1446527
	Initial return	,		Room/suite		
	Final return			200		228-4294
	termir ated Amen	, , , , , , , , , , , , , , , , , , , ,			G Gross receipts \$	16,968,840.
F	return	PORTLAND, OR 9/205-201			H(a) Is this a group	
	⊥tion pendi	F Name and address of principal officer. DCO1	T SHOWALTER		for subordinate	······ — —
_	Foy ov		(insert no.) 4947(a)(1)	or 527	H(b) Are all subordinates	
		te: WWW ORSYMPHONY ORG	(IIISELL 110.) 4947(a)(1)	01 321	H(c) Group exemption	a list. (see instructions)
_			ociation Other	L Year		M State of legal domicile: OR
	art I	Summary		= 1001	or formation, —	otate of logal dofficing, 2 = -
_	1	Briefly describe the organization's mission or most s	ignificant activities: WE S	ERVE C	UR COMMUNIT	IES BY
Governance		CREATING OUTSTANDING LIVE				
rna	2	Check this box if the organization discont	tinued its operations or dispo	sed of more	than 25% of its net as	
ove	3	Number of voting members of the governing body (F			3	33
	4	Number of independent voting members of the gove				33
es	5	Total number of individuals employed in calendar ye				309
Activities &	6	Total number of volunteers (estimate if necessary)				278
Ac		Total unrelated business revenue from Part VIII, colu				
_	Ь	Net unrelated business taxable income from Form 9	90-1, line 34		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			7,333,313.	
Jue	9				8,089,836.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, a			100,311.	
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			174,772.	
	12	Total revenue - add lines 8 through 11 (must equal F			15,698,232.	
	13	Grants and similar amounts paid (Part IX, column (A)			0.	10,000.
	14	Benefits paid to or for members (Part IX, column (A),	line 4)		0.	
S	15	Salaries, other compensation, employee benefits (Pa			9,642,878.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), lin	e 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line			C 271 0F7	C 460 460
ш	''	Other expenses (Part IX, column (A), lines 11a-11d,			6,371,857. 16,014,735.	
		Total expenses. Add lines 13-17 (must equal Part IX,			-316,503.	
	19	Revenue less expenses. Subtract line 18 from line 1:	2		eginning of Current Year	T
ets o	20	Total assets (Part X, line 16)			15,300,775 .	End of Year 15,199,796.
ASS	21	Total liabilities (Part X, line 26)			3,688,858.	
Net Assets or	22	Net assets or fund balances. Subtract line 21 from li	ne 20		11,611,917.	
	art II	Signature Block				
Und	er pena	alties of perjury, I declare that I have examined this return, in	ncluding accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer)	is based on all information of w	hich preparer	has any knowledge.	
		O'construct of officers			D-1-	
Sig		Signature of officer			Date	
Her	е	JANET PLUMMER, CFO & OP Type or print name and title	ERATIONS OFFICE	<u>SR</u>		
		, , ,	Dunnamenta ai amatuma	Т	Date Check	PTIN
Paid		Print/Type preparer's name SANG AHN	Preparer's signature		if	
	oarer	Firm's name MCDONALD JACOBS,	P.C.		self-emplo	93-0900579
-	Only	Firm's address 520 SW YAMHILL ST			TIIIII 3 LIIV	
	,	PORTLAND, OR 9720			Phone no. 5 (3 227-0581
May	<u>/ t</u> he I	RS discuss this return with the preparer shown above		<u></u>		X Yes No
		6-15 LHA For Paperwork Reduction Act Notice	<u> </u>	ons.		Form 990 (2015)

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	WE SERVE OUR COMMUNITIES BY CREATING OUTSTANDING LIVE MUSICAL
	EXPERIENCES. WE ANNUALY SERVE MORE THAN 225,000 COMMUNITY MEMBERS THROUGH NEARLY 100 PERFORMANCES AND PROVIDE EDUCATIONAL AND COMMUNITY
	ENGAGEMENT PROGRAMS TO OVER 60,000 THROUGH OVER 250 EVENTS.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$13,010,380. including grants of \$10,000.) (Revenue \$8,062,682.
	IN FY16, THE OREGON SYMPHONY PRESENTED 97 PERFORMANCES OF 53 DISTINCT
	CONCERT PROGRAMS, INCLUDING 18 SOLD-OUT PERFORMANCES AND A WIDE-RANGING
	LINE-UP OF CLASSICAL, POPULAR, AND CONTEMPORARY WORKS. OUR PROGRAMMING
	REACHED LARGE AND DIVERSE AUDIENCES, GARNERED GLOWING REVIEWS, AND
	FEATURED SOME OF THE FINEST PERFORMERS IN SYMPHONIC MUSIC TODAY.
	WE DECETTED A CDAMMY NONTHAGION FOR OUR 2015 DECORDING CRIPTO OF THE
	WE RECEIVED A GRAMMY NOMINATION FOR OUR 2015 RECORDING SPIRIT OF THE
	AMERICAN RANGE. WE RECORDED FOUR CLASSICAL CONCERTS: MACMILLAN'S VENI, VENI, EMMANUEL; HOLST'S THE PLANETS; ELGAR'S SYMPHONY NO. 1; AND
	MAHLER'S SYMPHONY NO. 3. WE THEN BROADCAST THESE WORKS LOCALLY ON ALL
	CLASSICAL PORTLAND, REGIONALLY THROUGH ITS AFFILIATE STATIONS ACROSS
	WESTERN OREGON, AND INTERNATIONALLY THROUGH FREE ONLINE STREAMING VIA
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
710	(Code) (Lixberines 9
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
40	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
TU	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \(\) 13,010,380.
	Form 990 (2015

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	77
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			37
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ء ا	v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ء د		v
	complete Schedule G. Part III	19 	000	X

Form 990 (2015) OREGON SYMPHONY ASSOCIATION Part IV Checklist of Required Schedules (continued)

			Yes	_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? /f "Yes."			
		26	Х	
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		\vdash
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27		x
20	of any of these persons? If "Yes," complete Schedule L, Part III	21		
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):	00-		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			 ₩
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
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?	l		3,7
	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 II	32		<u> </u>
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		<u> </u>
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	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u>-</u> _
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		_	$\Omega\Omega\Omega$	

Form 990 (2015) OREGON SYMPHONY ASSOCIATION 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			<u></u>			
				_		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10	00			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportab	le gaming				
	(gambling) winnings to prize winners?			L	1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	3 (09			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		Li	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)					
				⊢	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		L	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	∟'	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 A	ccount	s (FBAR).				
	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	ction?		L	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			Ľ	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit				
	any contributions that were not tax deductible as charitable contributions?			Ľ	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts				
	were not tax deductible?			. <u>L</u>	6b		
7	Organizations that may receive deductible contributions under section 170(c).						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	rvices p	rovided to the payo		7a		X
					7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-					7.7
	to file Form 8282?		 I	· [7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year		_	\dashv			37
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		:?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			⊢	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo				7g 		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			' -	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	9				Х
_	sponsoring organization have excess business holdings at any time during the year?				8		
9	Sponsoring organizations maintaining donor advised funds.				0-		
				··· —	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			··· -	90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a		-			
11	Section 501(c)(12) organizations. Enter:	וטט	1	-			
	Gross income from members or shareholders	11a					
	Gross income from other sources (Do not net amounts due or paid to other sources against	114		\dashv			
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	┨,	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•	\neg			
	Is the organization licensed to issue qualified health plans in more than one state?			T-	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					
	Did the experientian receive any payments for indeer tenning continue during the tay year?			-	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule				l4b		
					Form	990	(2015)

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 in Schedule O. See instructions.

	· · · · · · · · · · · · · · · · · · ·					X							
Sec	tion A. Governing Body and Management												
					Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	33										
	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 in Schedule O.												
b	Enter the number of voting members included in line 1a, above, who are independent	1b	33										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			1									
_	officer, director, trustee, or key employee?			2	х								
2	Did the organization delegate control over management duties customarily performed by or under the												
3						v							
	of officers, directors, or trustees, or key employees to a management company or other person?			4		X							
4													
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?												
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	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, 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	r by the	e following:										
а	The governing body?			8a	Х								
b	Each committee with authority to act on behalf of the governing body?			8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the										
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re												
					Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х							
	If "Yes," did the organization have written policies and procedures governing the activities of such ch												
_			,	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, DOIOI	e ming the form:	I I I									
				12a	Х								
12a	, •		High O	12b	X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			120	21								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		40.	Х								
	in Schedule O how this was done			12c									
13	Did the organization have a written whistleblower policy?			13	X								
14	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	I by in	dependent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
	The organization's CEO, Executive Director, or top management official			15a	X								
b	Other officers or key employees of the organization			15b	Х								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).												
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a										
	taxable entity during the year?			16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	's										
	exempt status with respect to such arrangements?			16b									
Sec	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed ▶OR												
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only) a	vailable									
	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	in Sci	nedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor		•	financ	ial								
	statements available to the public during the tax year.	3											
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records:										
	JANET PLUMMER - 503-416-6319												
	921 SW WASHINGTON, SUITE 200, PORTLAND, OR 97205-2	819	ı										
	522 5	. U ± J											

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	(do	not c	Pos	C) ition			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director				Highest compensated chark-	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JACK WILBORN CHAIRMAN	1.00	Х		х				0.	0.	0.
(2) ROBERT HARRISON	20.00	Λ	\vdash	^				0.	0.	<u></u>
VICE CHAIR	20.00	х		х				0.	0.	0.
(3) WALTER E. WEYLER	20.00	22		25				0.	.	<u></u>
VICE CHAIR	20:00	х		х				0.	0.	0.
(4) LAWRENCE HARRIS	10.00								•	
TREASURER		Х		х				0.	0.	0.
(5) JERRY HULSMAN	10.00									
SECRETARY	1.00	Х		х				0.	0.	0.
(6) RICHARD BAEK	5.00									
DIRECTOR		Х						0.	0.	0.
(7) STEVEN M. BASS	5.00									
DIRECTOR		Х						0.	0.	0.
(8) RON BLESSINGER	35.00									
DIRECTOR & MUSICIAN		Х						53,190.	0.	43,534.
(9) CHRISTOPHER BROOKS	5.00									
DIRECTOR		Х						0.	0.	0.
(10) EVE CALLAHAN	5.00									
DIRECTOR		Х						0.	0.	0.
(11) AARON CAUGHEY	5.00									
DIRECTOR		Х						0.	0.	0.
(12) EARL M. CHILES	5.00									
LIFE DIRECTOR		Х						0.	0.	0.
(13) CLIFF DEVENEY	5.00									
DIRECTOR		Х						0.	0.	0.
(14) MARILYN DE OLIVEIRA	35.00								_	
DIRECTOR & MUSICIAN		Х						54,488.	0.	8,292.
(15) ROBYN (JOHNSON) GASTINEAU	5.00									_
DIRECTOR	+	Х	_			_		0.	0.	0.
(16) RALPH HAMM,III	5.00									_
DIRECTOR	 	Х	_		_	_		0.	0.	0.
(17) JEFF HEATHERINGTON	5.00								_	_
DIRECTOR		X		<u> </u>				0.	0.	0. Form 990 (2015)

532007 12-16-15

FOITH 990 (2013) OTCHOOT	DIMI HONI	710	,,,,	, C ±	<u> </u>		Τ4		73 0440	Ja rage •	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)	(C) (D)							(E)	(F)	
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(18) J CLAYTON HERING	5.00										
DIRECTOR		Х						0.	0.	0.	
(19) DON HERMANNS DIRECTOR & MUSICIAN	35.00	Х						48,958.	0.	21,753.	
(20) RENEE HOLZMAN	5.00										
DIRECTOR		Х						0.	0.	0.	
(21) GRADY JURRENS	5.00										
DIRECTOR	 	Х						0.	0.	0.	
(22) SUSIE KASPER DIRECTOR/EX OFFICIO	5.00	Х						0.	0.	0.	
(23) KRIS KERNS DIRECTOR	5.00 1.00	Х						0.	0.	0.	
(24) THOMAS M. LAUDERDALE DIRECTOR	5.00	х						0.	0.	0.	
(25) PRISCILLA WOLD LONGFIELD DIRECTOR	5.00	х						0.	0.	0.	
(26) JAMES D. LYNCH	5.00							•	· ·	· ·	
DIRECTOR	2.00	х						0.	0.	0.	
1b Sub-total	L						<u> </u>	156,636.	0.	73,579.	
c Total from continuation sheets to Pa							•	821,794.	0.	94,897.	
d Total (add lines 1b and 1c)							•	978,430.	0.	168,476.	
2 Total number of individuals (including b							o re	ceived more than \$100.	000 of reportable		

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

Yes No

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

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

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

5 X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PORTLAND 5 CENTER FOR THE ARTS		
1037 SW BROADWAY, PORTLAND, OR 97205	CONCERT HALL	1,108,333.
SELDY CRAMER INC., 601 VAN NESS AVE #15,		
SAN FRANCISCO, CA 94102	ARTIST FEES	392,254.
ALCO PROPERTIES DBA PITTOCK BLOCK LLC, 921		
SW WASHINGTON STE 100, PORTLAND, OR 97205	OFFICES - LEASE	220,458.
OREGONIAN PUBLISHING CO, LLC DBA OREGONIAN		
DEPT 77571 PO BOX 77000, DETROIT, MI 48277	ADVERTISING	215,764.
GEORGE T HECKMAN III DBA LAN SERVICE GROUP		
18250 S CLARK LANE, OREGON CITY, OR 97045	IT SERVICES	200,675.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 10		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 OREGON SYMPHONY ASSOCIATION									93-044	6527		
Part VII Section A. Officers, Directors	, Trustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)			
(A)	(B)			(0	C)			(D)	(E)	(F)		
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated		
	hours	(cl	(check all tl		(check all that apply)			app	ly)	compensation	compensation	amount of
	per							from	from related	other		
	week	_				yee		the	organizations	compensation		
	(list any	rector				omplo		organization	(W-2/1099-MISC)	from the		
	hours for	ordirector	e e			ated		(W-2/1099-MISC)		organization		
	related	ustee	trust		96	suedi				and related		
	organizations below	ual tr	ional		ploye	tcom				organizations		
	line)	Individual trustee	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former					
(27) ROSCOE NELSON	5.00	_	_		_	_	_					
DIRECTOR	3.00	х						0.	0.	0.		
(28) MICHAEL OPTON	5.00									<u> </u>		
DIRECTOR		Х						0.	0.	0.		
(29) DAN RASAY	5.00											
DIRECTOR		Х						0.	0.	0.		
(30) FRANCINE SHETTERLEY	5.00											
EX OFFICIO DIRECTOR		Х						0.	0.	0.		
(31) KARL SMITH	5.00											
DIRECTOR	F 00	Х						0.	0.	0.		
(32) LARRY VOLLUM DIRECTOR	5.00	Х						0.	0.	0.		
(33) KAREN WAGNER	35.00	Λ						0.	0.	U •		
DIRECTOR & MUSICIAN	33.00	Х						59,182.	0.	20,449.		
(34) DERALD WALKER	5.00							33,102.	0.	20,445.		
DIRECTOR	3,00	х						0.	0.	0.		
(35) SCOTT SHOWALTER	50.00									•		
PRESIDENT/CEO	1.00			х				243,285.	0.	20,493.		
(36) JANET PLUMMER	50.00									·		
CFO	1.00			Х				131,879.	0.	21,862.		
(37) SARAH KWAK	35.00											
CONCERTMASTER						Х		157,230.	0.	10,970.		
(38) MARY CRIST	35.00											
VP & GENERAL MANAGER						X		130,160.	0.	14,623.		
(39) JIM FULLAN	35.00								_			
VP COMMUNICATIONS & MARKETING						Х		100,058.	0.	6,500.		
		l										
	<u> </u>	<u> </u>	I	<u> </u>		l						
Total to Part VII, Section A, line 1c								821,794.		94,897.		
Total to Falt VII, OccilOTTA, IIIIe To								021,104.		7 - 1 0 7 1 •		

Form 990 (2015) OREGON
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
				<u> </u>	(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					012 011
ant	ı a h	Membership dues						
S S		Fundraising events		586,582.				
fts, Ar	٦	Related organizations		300,302.				
<u>.</u>	u			766,008.				
ons,	e	Government grants (contribut	, 	700,000.				
utic	ı	All other contributions, gifts, gran similar amounts not included abo		515 215				
ir Ott	_		· · · · · · · · · · · · · · · · · · ·					
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in lines	•		7,867,805.			
Oa		Total. Add lines 1a-1f		Business Code				
	0.0	CONCERT TICKET	ट्रमम्ब		8,062,682.	8 062 682		
/ice	2 a			711150	0,002,002.	0,002,002.		
er ue	b							
m S	C							
gra Re	d							
Program Service Revenue	e	All other program service reve						
_	•	Total. Add lines 2a-2f			8,062,682.			
	3	Investment income (including			0,002,002.			
	Ū	other similar amounts)			133,783.			133,783.
	4	Income from investment of ta						
	5	Royalties			1,754.			1,754.
	•	noyanos	(i) Real	(ii) Personal				
	6 a	Gross rents	(i) Hour	(ii) i croonar				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities					
	,	assets other than inventory	616,460.					
	b	Less: cost or other basis	, , , , , , ,					
			563,125.					
	С	and sales expenses Gain or (loss)	53,335.					
	d	Net gain or (loss)	,		53,335.			53,335.
er		Gross income from fundraisin	g events (not					
Other Revenu		including \$ 586,5						
Re		contributions reported on line	•	238,725.				
ЭĒ		Part IV, line 18		185,253.				
₹		Less: direct expenses		±05,255	53,472.			53,472.
		Net income or (loss) from fund Gross income from gaming ad		P	33,412.			33,412.
	эa	• •						
	L	Part IV, line 19 Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
	10 a	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a	OTHER INCOME		900099	52,098.			52,098.
	b		1	900099	-4,467.			-4,467.
	С							
		All other revenue						
		Total. Add lines 11a-11d			47,631.			
	12	Total revenue. See instructions.			16220462.	8,062,682.	0.	289,975.

Form 990 (2015) OREGON SYMPHONY ASSOCIATION Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b, Total appearses Program service Quantification Program service Quantification Quant	<u>Secti</u>	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX				
Total expenses Program service Program ser		·	(A)		(C)	(D)
and domestic povernments. See Part IV, line 21 Grants and other assistance to foreign reputations, foreign governments, and foreign devictuals. See Part IV, line 22 Grants and other assistance to foreign reputations, foreign governments, and foreign devictuals. See Part IV, lines 15 and 10 Benefits paid to r for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified passons described in section 498kg(x)(3)(8) Persons observation and contributions (include section 401) and 40(0)() employer contributions 1, 290, 511. 1, 139, 319. 1, 107, 331. 43, 861. 10 Person pian accrusis and contributions (include section 401) and 40(0)() employer contributions 1, 290, 511. 1, 139, 319. 1, 107, 331. 43, 861. 10 Person pian accrusis and one production of the contributions 10 Person pian accrusis and contributions (include section 401) employer contributions 10 Person pian accrusis and contributions (include section 401) and 40(0)() employer contributions 10 Person pian accrusis and contributions (include section 401) employer contributions 10 Person pian accrusis and contributions (include section 401) and 40(0)() employer contributions 10 Person pian accrusis and contributions (include section 401) and 40(0)() employer contributions 10 Person pian accrusis and contributions (include section 401) and 40(0)() employer contributions 10 Person pian accrusis and contributions (include section 401) and 40(0)() employer contributions 10 Person pian accrusis and contributions (include 10 Person pian accrusis and contributions (include 10 Person pian accrusis and contributions (include 10 Person pian accrusis (include) 10 Perso		,	Total expenses	Program service	Management and	Fundraising
2 Grants and other assistance to domestic inclividuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign inclividuals. See Part IV, line 27 4 Benefits past to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of inclined deal above, to disqualified persons (as defined under section 4958(ft) (ft) and persons described in section 4958(ft) (ft) and persons described in section 4958(ft) (ft) and persons (as defined under section 4958(ft) (ft) (ft) and persons (as defined under section 4958(ft) (ft) (ft) (ft) (ft) (ft) (ft) (ft)	1	Grants and other assistance to domestic organizations				
Individuals. See Part V, line 22 Grants and other assistance to toreign organizations, foreign governments, and foreign grants and the second governments and governments			10,000.	10,000.		
3 Grants and other assistance to foreign organizations, foreign promements, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation in included above, to disqualified persons (as defined under section 4958(ft)) and persons described in section 4958(ft) and an acrust and contributions (include section 49 (ft) and 402(b) employer contributions) Other employee benefits Person pain acrusts and contributions (include section 40 (ft) and 402(b) employer contributions) Other employee benefits Payrol taxes 789, 840. 617, 967. 126, 984. 44, 889. Fersion pain acrusts and contributions (include section 40 (ft) and 402(b) employee contributions) Other employee benefits Compensation in trained above, to disqualified persons (section 40 (ft) and 402(b) employer contributions) Other employee benefits Compensation in trained above, to disqualified persons (section 40 (ft) and 402(b) employer contributions) Other employee benefits Compensation in trained above, to disqualified persons (section 40 (ft) and 402(b) employer contributions) Other employee benefits Compensation in trained above, to disqualified persons (section 40 (ft) and 402(b) employee contributions) Other employee benefits Color employee benefits Color employees Test for the trained sepanses and foreign and promotion Test for employees Test for emplo	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 8 Benefits paid to or for members 763,047. 587,972. 132,468. 42,607. 6 Compensation of current officers, directors, trustees, and key employees 763,047. 587,972. 132,468. 42,607. 6 Compensation not included above, to disqualified persons described in section 4980((1)) and expenses and varges 6,870,229. 5,192,805. 1,271,038. 406,386. 8 Person plan accrusis and contributions (include section 401(x) and 403(x) amployer contributions 309,468. 241,829. 53,946. 13,693. 9 Other employee benefits 1,290,511. 1,139,319. 107,331. 43,861. 10 Payorli taxee 789,840. 617,967. 126,984. 44,889. 11 Fees for services (non employees): a Management Legal 79,991. 79,991. 12 Lobbying 79,991. 79,991. 13 Lobbying 79,991. 79,991. 2 Other (If time 1½ amount excepts) 10% of line 25, column (A) amount, list line 1½ expenses on Sch (2) 144,759. 131,994. 534. 12,231. 13 Office expenses 709,634. 310,693. 298,632. 100,309. 15 Royalties 789,510. 623,121. 123,959. 42,430. 16 Occupancy 789,510. 623,121. 123,959. 42,430. 17 Travel 16,650. 16,650. 18 Payments to affiliate 100,461. fine 24e amount sected 10% of line 25, column (A) amount, list line 24e expenses on Schedule (1) 24,411. 9,156. 37,599. 55,656. 10 Confirences, conventions, and meetings 15,379. 10 Interest 1,34,475. 111,179. 32,747. 21 Payments to affiliate 24e expenses on Schedule (1) 24,411. 24,411						
Individuals. See Part IV, lines 15 and 16	3	<u> </u>				
## Benefits paid to or for members Compensation of current officers, directors, trustoses, and key employees 763,047. 587,972. 132,468. 42,607.						
5 Compensation of current officers, directors, trustees, and key employees 763,047. 587,972. 132,468. 42,607.						
Total Seas and Keye employees Compensation not included above, to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(3)(8) Compensation not included above, to disqualified persons (as defined under section 4958(r)(3)(8) Compensation and contributions (include section 4018) and 4018 persons described in section 4958(r)(3)(8) Compensation and contributions (include section 4018) and 4018 persons described in section 4958(r)(3)(8) Compensation and contributions (include section 4018) and 4018 persons described in section 4958(r)(3)(8) Compensation and contributions (include section 4018) and 4018 persons described in section 4958(r)(3)(8) Compensation and contributions (include section 4018) and 4018 persons described in section 4958(r)(3)(8) Compensation and contributions (include section 4018) and 4018 persons described in section 4958(r)(3) Compensation and contributions (include section 4018) and 4018 persons (include section 4018 persons (include section 4018) and 4018 persons (include section 4018) and 4018 persons (include section 4018 persons (include section 4018) and 4018 persons (include section 4018) and 4018 persons (include section 4018 persons (include section 4018) and 4018 persons (include section 4018) and 4018 persons (include section 4018 persons (include section 4018) and 4018 persons (include section 4018 persons (include section 4018) and 4018 persons (include section 4018) and 4018 persons (include section 4018 persons (include section 4018) and 4018 persons (include section 4018 persons (include section 4018) and 4018 persons (include section 4018 persons (include section 4018) and 4018 persons (include section 4018 persons (include section 4						
6 Compensation not included above, 1ot desqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(8) 7 Other salaries and wages 8 Pension plan acruals and contributions (include section 401(k) and 403(t) employer contributions) 9 Charles and the section 401(k) and 403(t) employer contributions (include section 401(k) employer contribution (include section 401(k) employer contributio	5	•	762 047	F07 070	120 460	40 607
persons (as defined under section 498RI/(11) and persons described in section 498RI/(11) and persons described in section 498RI/(11) and approximate the section 498RI/(12) and 498(p) employer contributions (include section 491(k) and 498(p) employer contributions) 9			/63,04/.	587,972.	132,468.	42,607.
Persion described in section 498R(c)(3)(8) 6,870,229. 5,192,805. 1,271,038. 406,386.	6					
7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 1 290,511. 1,139,319. 107,331. 43,861. 789,840. 617,967. 126,984. 44,889. 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees Q Other, (illine 11g amount acceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 20 Depreciation, depletion, and amortization 21 Payments to filiates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Illimize 24e expenses in lice 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 12 PRINT STS C CONTRACT LABOR 4 MISCELLANEOUS 5 Joint costs from a combined educational campatign and fundraising solication. Crock twey \$\sum Interest Intere						
8 Pension plan accruals and contributions (include section 40 (K) and 403(h) employer contributions) 9 Other employee benefits 1, 290,511. 1, 139,319. 107,331. 43,861. 10 Payroll taxes 789,840. 617,967. 126,984. 44,889. 11 Fees for services (non-employees): a Management b Legal c Accounting 1 Chobbying Professional fundraising services. See Part IV, line 17 t Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses 10 Office expenses 10 Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 102,411. 9,156. 37,599. 55,656. 115,379. 153,379. 10 Office expenses itemize expenses on Sch Cholosis 10 Conferences, conventions, and meetings 102,411. 9,156. 37,599. 55,656. 115,379. 153,379. 10 Office expenses itemize expenses not covered the expenses on Schedule (L) and mount, list line 24e expenses on Schedule (L) and MISSEN ART ISTS COMPANIAN (A) and the sequences of Conferences, conventions, and meetings 102,411. 9,156. 37,599. 55,656. 10 Office expenses itemize expenses not covered the expenses on Schedule (L) and mount cooks 10% of line 25, column (A) amount, list line 24e expenses on Schedule (L) and MISSEN ART ISTS CONTRACT LABOR (B) in 25, column (B) and to cooks 10% of line 25, column (B) and the cooks 10% of line 25, column (B) and the cooks 10% of line 25, column (B) and the cooks 10% of line 25, column (B) and the cooks 10% of line 25, column (B) and the cooks 10% of line 25, column (B) and the cooks 10% of line 25, column (B) and the cooks 10% of line 25, column (B) and the cooks 10% of line 25, column (B) and the cooks 10% of line 25, column (B) and the cooks 10% of line 25, column (B) and the cooks 10% of line 25, column (B) and the cooks 10% of line 25, column (B) and the cooks 10% of line 25, column (B) and the cooks 10% of line 25, column (B) and the cooks 10% of line 25, c	_		6 070 000	F 100 00F	1 271 020	106 206
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Check here if following SOP 98-2 (ASC 958-720)						
		educational campaign and fundraising solicitation.				
		Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2015)
Part X Balance Sheet

Pai	rt 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
	1	Cash - non-interest-bearing		2,640,655.	1	2,417,983.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		488,229.	3	1,096,425. 323,015.
	4	Accounts receivable, net		231,037.	4	323,015.
	5	Loans and other receivables from current and former officers, direct				
		trustees, key employees, and highest compensated employees. Co	omplete			
		Part II of Schedule L		1,532.	5	5,646
	6	Loans and other receivables from other disqualified persons (as de	fined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and	contributing			
		employers and sponsoring organizations of section 501(c)(9) volunt	tary			
ţ		employees' beneficiary organizations (see instr). Complete Part II o	f Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		286,315.	9	320,061
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 1, 7 Less: accumulated depreciation 10b 1, 1	82,782.			
	b	Less: accumulated depreciation 10b 1,1	10,528.	576,897.	10c	672,254
	11	Investments - publicly traded securities		10,300,698.	11	9,546,834
	12	Investments - other securities. See Part IV, line 11		775,412.	12	817,578
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	16	Total assets. Add lines 1 through 15 (must equal line 34)		15,300,775.	16	15,199,796
	17	Accounts payable and accrued expenses		304,120.	17	409,703
	18	Grants payable		2 252 404	18	2 221 622
	19	Deferred revenue		3,370,104.	19	3,891,698
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule			21	
es	22	Loans and other payables to current and former officers, directors,				
≝		key employees, highest compensated employees, and disqualified				
Liabilities		Complete Part II of Schedule L	·····		22	
_	23				23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related the				
		parties, and other liabilities not included on lines 17-24). Complete		11 621		14 042
		Schedule D		14,634. 3,688,858.		14,043. 4,315,444.
	26	Total liabilities. Add lines 17 through 25		3,000,030.	26	4,313,444
		Organizations that follow SFAS 117 (ASC 958), check here	A and			
Ses	07	complete lines 27 through 29, and lines 33 and 34.		99,806.	27	-576,184.
auc	27	Unrestricted net assets		3,158,012.	28	2,921,283
Ba	28	Temporarily restricted net assets Permanently restricted net assets		8,354,099.	29	8,539,253
п	29	Organizations that do not follow SFAS 117 (ASC 958), check he		0,334,033.	29	0,333,233
Net Assets or Fund Balances		and complete lines 30 through 34.	# -			
S 01	30	Capital stock or trust principal, or current funds			30	
set	30	Paid-in or capital surplus, or land, building, or equipment fund			31	
As	31	Retained earnings, endowment, accumulated income, or other fund			32	
Net	32			11,611,917.	33	10,884,352.
_	33	Total liabilities and not assets/fund balances		15,300,775.	33	15,199,796.
	34	Total liabilities and net assets/fund balances		13,300,113.	J4	5 990 (001)

Par	rt XI Reconciliation of Net Assets				•	
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	1 2 3 4 5 6 7 8 9	16, 16,	220 493 -273 611 -454	3,5 3,0 L,9	55. 93. 17.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
Dai	column (B))	10	<u>10,</u>	884	1,3	<u>52.</u>
Pai	rt XII Financial Statements and Reporting					77
	Check if Schedule O contains a response or note to any line in this Part XII				Yes	X 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-	162	X
2a	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			2a 2b	X	A
	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	basis,		20	21	
C	review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sche			2c	Х	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?	-	[За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u></u>	3b		
				Form	990 ((2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

OREGON SYMPHONY ASSOCIATION

Employer identification number

93-0446527 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g ____ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)	•	•	12	
	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop	p here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2015 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2014					15	%
16a	33 1/3% support test - 2015. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶□
b	33 1/3% support test - 2014. If the o	organization did no	t check a box on	line 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	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2015. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac				· ·	_	
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	organization		>
b	10% -facts-and-circumstances test	- 2014. If the org	anization did not	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	neck this box and	stop here. Explair	n in Part VI how the	<u></u>
	organization meets the "facts-and-circ	cumstances" test.	The organization o	_l ualifies as a public	cly supported orga	nization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u> </u>
					Cohe	dula A (Earm 000	or 990-F7) 2015

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	,,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	6063663.	6388591.	5832494.	7368826.	7867815.	33521389.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7336905.	6392960.	7931607.	8089836.	8062682.	37813990.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge	12400560	40004554	12564121	45450660	15000405	F4.2252F0
	Total. Add lines 1 through 5	13400568.	12781551.	13764101.	15458662.	15930497.	71335379.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	1099109.	667,989.	712,944.	1281081.	857,386.	4618509.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	2842607.	2068404.	1798253.	2003365	2156039.	10868668.
,	Add lines 7a and 7b	3941716.	2736393.	2511197.	3284446.		15487177.
	Public support. (Subtract line 7c from line 6.)	0011111			02022201		55848202.
	ction B. Total Support			<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	13400568.	12781551.	13764101.	15458662.	15930497.	71335379.
10	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	143,983.	106,371.	120,631.	101,559.	134,537.	607,081.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	143,983.	106,371.	120,631.	101,559.	134,537.	607,081.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	156,173. 13700724.		•	235,941.	•	
	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for						
17	•	r trie organization s	, ,	, ,	•	()()	, <u> </u>
Se	ction C. Computation of Publi						
	Public support percentage for 2015 (I			olumn (f))		15	76.76 %
16	Public support percentage from 2014					16	91.41 %
	ction D. Computation of Inves						
17	Investment income percentage for 20	015 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	.83 %
18	Investment income percentage from	2014 Schedule A,	Part III, line 17			18	.84 %
	a 33 1/3% support tests - 2015. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	tion	▶ X
k	33 1/3% support tests - 2014. If the	•			•	·	
00	line 18 is not more than 33 1/3%, che						\

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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 (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.)

	Yes	No
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2		
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За		
3b		
0-		
3c		
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9a		
9b		
90		
9c		
10a		
10b		<u> </u>

Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either allows or troppeter with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yest to a, b, or c, provide detail in Part VI. 11b L Section B. Type I Supporting Organizations Yes No 1 Did the directors, fusitees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directively operated, supremed, or controlled the organization and the supported organizations directively operated, supremed, or controlled the organization or extentions, and up, applied to such provises under the tax year. 2 Did the organization operate for the benefit of any supported organization or the supported organization, describe how the powers to appoint anotor remove directive or nucleas and the supported organization, describe how the powers to appoint anotor remove direction or nucleas were allocated among the supported organization of the companization or extentions, and up, applied to such provises during the say year. 2 Did the organization operate for the benefit of any supported organization of the supported organization (she tax year.) British organization is apported organization of the supported organization (she tax year.) British organization is apported organization of the supported organization (she tax year.) 1 When a majority of the organization is directors or trustees during the tax year also a majority of the directors or trustees of each of the organization is supported organization.) 1 When a majority of the organization is directors or trustees during the part of the organization organization was vested in the same persons that controlled oring the prior tax	Pal	Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (p) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 59% controlled with or 3 person described in (a) to (b) above? 1 Did the directors, frustess, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the Organizations directors or trustees at all times during the tax year? (if any organizations are the companization organization organizations activities, if the organization of directors or trustees at all times during the tax year? (if any organizations directors or trustees at all times during the tax year? (if any organizations directors or trustees and all times during the tax year.) (if a controlled the organizations activities, if the organization directors or trustees were allocated organization, describe how the powers to appoint and/or remove directors or trustees were allocated organization, describe how the powers to appoint and/or remove directors or trustees were allocated organization, described or the powers to appoint and/or remove directors or trustees were allocated organization, described or providing such heart Carried out the purposes of the supported organization() if ye yes, "explain in Part V how the powers to appoint and/or remove jumple dorson, and any organization or the top and the supported organizations. Section C. Type II Supporting Organizations 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 supported organization's any organization supported organization's powering documents in effect or the date of indication, and (iii) copies of the organization or supporting Organization's and the supported organization's powering documents in effect or the date of indication, to the extent not previously provided? 1 Did the organization provide to ach of its				Yes	No
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b A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? BYes' to a, b, or c, provide detail in Part VI. 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations defencively operated, supervised, or controlled the organization's activities. If the organization and more than one supported organization, describe how the powers to appoint adorie remove directions or frustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operated for the benefit of any supported organization? If "Yes," explain in Part VI how the powers to appoint adorie remove supported organization? If "Yes," explain in Part VI how provinging such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how provinging such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how control or management of the organization's directors or trustees of each 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 directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization is appointed organization or subsequents in effect or the date of notification, to the extent not previously provided? 1 Did the organization provide to each of its supported organization	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
section B. Type I Supporting Organizations 1 Did the directors, frustees, 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 frustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization's directors or frustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization's directors or frustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization's describe how the power to appoint and/or remove directors or frustees were allocated among the supported organization, describe how the power to appoint and/or remove directors or frustees were allocated among the supported organization and what conditions or restrictions,' any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization from the supported organization or controlled the supported organization or the supported organization or controlled the supporting organization. 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 supported organization's supported organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year. (i) a copy of the Form 990 that was most encountly field as of the date of notification, and (iii) copies of the organization's powering documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's efficiency of the organization's officers, directors, or trustees of the organization's supported organization's supported organization's supported organization's a supp		below, the governing body of a supported organization?	11a		
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Pai	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970. See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integrat	ted Type III supporting orga	inization (see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2015

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Secti	ion D - Distributions		· · · · · · · · · · · · · · · · · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	}	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
	to F. Bistolius allegation (see Sectional)	Excess Distributions	Underdistributions	Distributable
ecti	ion E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

2015

OMB No. 1545-0047

Name of the organization

Employer identification number

OREGON SYMPHONY ASSOCIATION 93-0446527

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (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					
Note. Only a section 501(c)(General Rule X For an organization	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. I filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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, line 1. Complete Parts I and II.					
year, total contribut	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.					
year, contributions is checked, enter h purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \bigset					
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 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) (2015)

OREGON SYMPHONY ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>17,500.</u>	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions \$ 7,370.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$6,009.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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OREGON SYMPHONY ASSOCIATION	93-0446527		

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
8		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
9		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
10	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d) Total contributions Type of contribution
No. 11	Name, address, and ZIP + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 12	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)

OREGO	N SYMPHONY ASSOCIATION	93	3-0446527
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 14	Name, address, and ZIP + 4	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$15,692.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$\$5,828.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$101,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

OREGON SYMPHONY ASSOCIATION 93-0446527

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 112,551.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		5,070.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		- - \$\$30,185.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$6,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$ 355,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		- \$\$	Person X Payroll

OREGON SYMPHONY ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$8,705.	Person X Payroll
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
27		\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	Hume, dudices, and En 1 7	\$15,316.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$6,050.	Person X Payroll

93-0446527 OREGON SYMPHONY ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$15,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$55,387.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$7,875.	Person X Payroll

OREGON SYMPHONY ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$ 28,701.	Person X Payroll
(a)	(b)	(c)	(d)
No. 40	Name, address, and ZIP + 4	Total contributions \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$10,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$55,000.	Person X Payroll

OREGON SYMPHONY ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$129,428.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$16,950.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>45</u>		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 46	Name, address, and ZIP + 4	Total contributions \$ 667,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$10,680.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

OREGON SYMPHONY ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 52	Name, address, and ZIP + 4	Total contributions \$ 6,905.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$ <u>114,112.</u>	Person X Payroll

OREGON SYMPHONY ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$6,409.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57_		\$9,812.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
	Name, address, and ZIP + 4	\$ 125,950.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$ 10,835.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

93-0446527 OREGON SYMPHONY ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$6,956.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$11,218.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$ 70,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$5,000.	Person X Payroll

OREGON SYMPHONY ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ <u>168,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$ 255,305.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$9,445.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	Name, address, and ZIP + 4	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

OREGON SYMPHONY ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$ <u>21,300.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$ 27,036.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$80,000.	Person X Payroll
(a)	(b)	(c)	(d)
76	Name, address, and ZIP + 4	Total contributions \$ 185,016.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77		\$ 35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$155,620 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

OREGON SYMPHONY ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$30,285.	Person X Payroll
(a)	(b)	(c)	(d)
No. 82	Name, address, and ZIP + 4	Total contributions \$ 11,103.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$6,650.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$\$	Person X Payroll

Name of organization Employer identification number

OREGON SYMPHONY ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$513,972.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$8,896.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 88	Name, address, and ZIP + 4	Total contributions \$ 6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$15,000 .	Person X Payroll

OREGON SYMPHONY ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$7,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$5,490.	Person X Payroll
(a)	(b)	(c)	(d)
94	Name, address, and ZIP + 4	Total contributions \$ 8,112.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96		\$6,000.	Person X Payroll

Name of organization Employer identification number

OREGON SYMPHONY ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100	Name, audi ess, and Zir + 4	\$ 35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101		\$ 6,160.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102		\$5,000.	Person X Payroll

OREGON SYMPHONY ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$ 20,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 106	Name, address, and ZIP + 4	Total contributions \$ 15,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

OREGON SYMPHONY ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$14,820.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111		\$ 70,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No	Name, address, and ZIF + 4	\$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113		\$ 26,283.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114		\$9,252.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

OREGON SYMPHONY ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$5,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
118		\$1 4 ,661.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119		\$ 73,235.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

OREGON SYMPHONY ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122		\$51,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
124	Nume, address, and Zii + +	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125		\$8,500 . _	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

OREGON SYMPHONY ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$340,046.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128		\$ 190,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129		\$ <u>130,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
130		\$110,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
131		\$ 60,030.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
132		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

OREGON SYMPHONY ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
134		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
135		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 136	Name, address, and ZIP + 4	Total contributions \$ 35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
137		\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
138		\$	Person X Payroll

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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
141		\$ <u>20,450.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
142		\$ 25,420.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
143		\$19,899 . _	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
144		\$16,345.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

OREGON SYMPHONY ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
145		\$15,880.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
146		\$15,040.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
147		\$13,900.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 148	Name, address, and ZIP + 4	* 12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
149		\$ 11,896.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
150		\$11,000.	Person X Payroll

Name of organization Employer identification number

OREGON SYMPHONY ASSOCIATION 93-0446527

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<u>151</u>		\$ 11,154. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
152		\$ 10,721. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
153		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
154		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
155		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
156		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization			Employer identification number		
OREGO	N SYMPHONY ASSOCIATION		93-0446527		
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution		
157		\$9,6	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution		
158		\$ \$9,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)		
159		\$9,0	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution		
160		\$8,3	Person X Payroll Noncash (Complete Part II for		

			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
161		7 710	Person X Payroll
		\$7,710.	(Complete Part II for

(a)	(b)	(c)	(d) Type of contribution	
No.	Name, address, and ZIP + 4	Total contributions		
<u>162</u>		\$ 7,669.	Person X Payroll	

523452 10-26-15

Name of organization Employer identification number

OREGON SYMPHONY ASSOCIATION 93-0446527

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
164		- \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
165		\$\$6,537.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
166		\$6,170.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
167		\$\$6,150.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
168		\$\$6,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

OREGON SYMPHONY ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
170		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>171</u>		\$5,788.	Person X Payroll
(a)	(b)	(c)	(d)
172	Name, address, and ZIP + 4	Total contributions \$ 5,493.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
173		\$5,401.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
174		\$5,310.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

OREGON SYMPHONY ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>175</u>		\$5,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
176		\$5,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
177		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 178	Name, address, and ZIP + 4	Total contributions \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
179		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
180		\$5,000.	Person X Payroll

Name of organization Employer identification number

OREGON SYMPHONY ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
182		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
183		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 184	Name, address, and ZIP + 4	Total contributions \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
185		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
186		\$5,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
188		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
189		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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		
20	EVENT GIFTS				
		\$5,070.	05/03/16		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
	EVENT				
<u>73</u>		\$\$	12/31/15		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
4.45	PERCUSSION INSTRUMENTS				
147		\$13,900.	_12/04/16_		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
176	AIRLINE VOUCHERS				
<u>176</u>		\$5,000.	_06/01/16_		
(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		
		\$			
500450 40 0		Oahadula D /Farra /	000 000 E7 or 000 DE\ (2015)		

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

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

OREGON SYMPHONY ASSOCIATION

Employer identification number 93-0446527

Pai	t I Organizations Maintaining Donor Advised Fund	ds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing t	hat the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive	re legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose confe	rring
	impermissible private benefit?		Yes No
Pa	TII Conservation Easements. Complete if the organization	on answered "Yes" on Form 990, Part I	/, line 7.
1	Purpose(s) of conservation easements held by the organization (chec		
	Preservation of land for public use (e.g., recreation or education	n) Preservation of a historical	ly important land area
	Protection of natural habitat	Preservation of a certified I	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified con-	servation contribution in the form of a c	
	day of the tax year.		Held at the End of the Tax Year
a			2a
b			2b
С.	Number of conservation easements on a certified historic structure in		2c
d	Number of conservation easements included in (c) acquired after 8/1		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the organ	nization during the tax
	year	in located N	
4	Number of states where property subject to conservation easement in Does the organization have a written policy regarding the periodic me	· · · · · · · · · · · · · · · · · · ·	
5	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling		
Ü	Land volunteer mound devoted to monitoring, inspecting, manding	g of violations, and emorning conservati	on casements daming the year
7	Amount of expenses incurred in monitoring, inspecting, handling of v	violations, and enforcing conservation e	asements during the year
-	▶ \$	gg	g ,
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation ease		
	include, if applicable, the text of the footnote to the organization's fin	ancial statements that describes the or	ganization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of Art, F		Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),	not to report in its revenue statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, $% \left(1\right) =\left(1\right) \left(1\right) $	education, or research in furtherance of	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these	se items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958),	to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education	n, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treasures,	•	provide
	the following amounts required to be reported under SFAS 116 (ASC		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions for For	rm 990.	Schedule D (Form 990) 2015

532051 11-02-15

		SYMPHONY AS					0446527	
Par	t III Organizations Maintaining Co	ollections of Art	i, Historical Tre	asures, or	Other S	imilar Ass	ets (continu	ıed)
3	Using the organization's acquisition, accession	n, and other records	s, check any of the f	ollowing that a	re a signif	icant use of i	ts collection i	tems
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange program	าร			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's col	lections and explain	how they further th	e organization	's exempt	purpose in P	art XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, historical treas	sures, or other	similar ass	sets		
	to be sold to raise funds rather than to be mai	intained as part of th	ne organization's co	llection?			Yes	☐ No
Par	t IV Escrow and Custodial Arrang	ements. Comple	ete if the organizatio	n answered "Y	es" on Fo	rm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Part							
1a	Is the organization an agent, trustee, custodia	ın or other intermedi	ary for contributions	s or other asse	ts not incl	uded		
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a							
							Amount	
С	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for escrow or cu	ıstodial accour	nt liability?		Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete if	the organization an	swered "Yes" on Fo	rm 990, Part I\	/, line 10.			
		(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years ba	ack (e) Four y	ears back
1a	Beginning of year balance	10,243,265.	10,835,840.	9,866,	704.	9,515,98	10,5	566,529.
b	Contributions	185,154.	2,537.	2,	564.	2,44	9.	5,106.
С	Net investment earnings, gains, and losses	-316,107.	8,053.	1,563,	992.	953,99	00. –3	399,461.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	614,660.	603,165.	597,	420.	605,71	.7.	556,192.
f	Administrative expenses							
g	End of year balance	9,497,652.	10,243,265.	10,835,	840.	9,866,70	9,5	515,982.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment		_%					
	Permanent endowment ► 89.91	%						
С	Temporarily restricted endowment ▶10) <u>.09</u> %						
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.						
За	Are there endowment funds not in the posses	sion of the organiza	tion that are held ar	nd administered	d for the o	rganization	_	
	by:						`	res No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipme	ent.						
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, F	Part X, line	e 10.		
	Description of property	(a) Cost or o		or other	` '	ımulated	(d) Book	value
		basis (investn	nent) basis	(other)	depre	ciation		
1a	Land							
b	Buildings	I						
С	Leasehold improvements							
	Equipment	I	1,78	2,782.	1,11	0,528.	672	,254.
	Other	İ						

Schedule D (Form 990) 2015

672,254.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VIII Investments - Other Securities.	F 000 D+ IV I		1. W. Para 40	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value			l-of-year market value
(4) Elemental destruction	(B) Book value	(e) metrica er varat	41011. 0001 01 0110	Toryour market value
(O) Classic hald an it interests				
(2) Closely-held equity interests (3) Other				
(A) INSURANCE POLICIES	817,57	8. COST		
(B)	, , , , , , , , , , , , , , , , , , ,			
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	817,57	8.		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, I			
(a) Description of investment	(b) Book value	(c) Method of valua	ation: Cost or end	l-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"		ine 11d. See Form 990, Par	t X, line 15.	(In) Deceleration
	Description			(b) Book value
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line	o 15 \			
Part X Other Liabilities.	e 15.)			
Complete if the organization answered "Yes"	on Form 990. Part IV. I	ine 11e or 11f. See Form 99	0. Part X. line 25.	
1. (a) Description of liability	, ,	(b) Book value		
(1) Federal income taxes				
(2) CHARITABLE GIFT ANNUITY		14,043.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	14,043.		

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

Par	·		enue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
	Net unrealized gains (losses) on investments			
	Donated services and use of facilities			
	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)		5	_
Par	t XII Reconciliation of Expenses per Audited Financial State	-	benses per Returi	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1			
	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1		
	Donated services and use of facilities			
	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d			
	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.		5	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV lines 1b and 0	Oh: Dort V. line 4: Dort V	/ line 2: Dort VI
	the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P. 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	•	•	N, IIIIe Z, Part XI,
111165 2	ed and 4b, and Fart An, inless 2d and 4b. Also complete this part to provide any a	dditional imormation		
PAR	T V, LINE 4:			
THE	ORGANIZATION'S POLICY IS TO REALIZE A 6	% DISTRIBU	TION FROM T	HE
END	OWMENT FUNDS AVERAGE FAIR VALUE OVER THE	PRIOR 13	QUARTERS THI	ROUGH THE
YEA	R-END PRECEEDING THE FISCAL YEAR IN WHICE	H THE DIST	RIBUTION IS	PLANNED.
DIS	TRIBUTIONS ARE USED TO FUND PROGRAMS IN '	THE AREAS	FOR WHICH T	HE
END	OWMENTS WERE ESTABLISHED.			
PAR	T X, LINE 2:			
THE	ORGANIZATIONS FOLLOW THE PROVISIONS OF	FASB ASC T	OPIC ACCOUN'	ring for
UNC	ERTAINTY IN INCOME TAXES. MANAGEMENT HA	S EVALUATE	D THE ORGAN	IZATIONS'
				
TAX	POSITIONS AND CONCLUDED THAT THERE ARE	NO UNCERTA	IN TAX POSI	LIONS THAT
D = -		· · · · · · · · · · · · · · · · · · ·	DI 11 11	NIT
	UIRE ADJUSTMENT TO THE FINANCIAL STATEME	NTS TO COM		
532054 09-21-1			Sched	dule D (Form 990) 2015

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

OREGON	SYMPHONY ASSOCIATION	NC			93-0446	527				
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not				
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a										
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization				
		Yes	No							
⁻ otal			•							
List all states in which the organization or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration				
	_				-					

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

Schedule G (Form 990 or 990-EZ) 2015

Schedule G (Form 990 or 990-EZ) 2015 OREGON SYMPHONY ASSOCIATION 93-0446527 Page 2 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 (add col. (a) through SPRING GALA FALL GALA col. (c)) (event type) (event type) (total number) 777,973. 22,500. 24,834. 825,307. 1 Gross receipts 561,223. 525. 24,834 2 Less: Contributions 586,582. 216,750. 21,975. **3** Gross income (line 1 minus line 2) 238,725. 4 Cash prizes 5 Noncash prizes Direct Expenses 12,838. 474. 13,312. 6 Rent/facility costs 67,361. 5,757. 85,160. 12,042. 7 Food and beverages 41,038. 41,038. 8 Entertainment 36,885. 8,257. 601. 45,743. Other direct expenses 185,253. **10** Direct expense summary. Add lines 4 through 9 in column (d) 53,472. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 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** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2015

532082 09-14-15

Schedule G (Form 990 or 990-EZ) 2015 OREGON SYMPHONY ASSOCIATION	93-0446527 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or or	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special even	
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives of	gaming revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ of gaming revenue retained by the third party ▶\$	and the amount
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 p	roceeds to
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt or	ganizations or spent in the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, colu 15c, 16, and 17b, as applicable. Also provide any additional information (see instruction)	
Too, To, and Tro, an approache. The provide any additional minimation (ecomotitudes)	710).

Schedule G	G (Form 990 or 990-EZ)	OREGON SYMPHONY	ASSOCIATION	93-0446527 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation _(continued)		
				Schedule G (Form 990 or 990-EZ

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

OREGON SY	MPHONY AS	<u>SOCIATION</u>					93-0446527
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records to		-			-		
criteria used to award the grants or assis	stance?						Yes X No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	=				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than S	T	i -	T -		(f) Method of	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACIFIC YOUTH CHOIR							
620 SW MAIN STREET STE 203							FURTHER WORK OF THE
PORTLAND, OR 97205	20-0213467	501(C)(3)	10,000.	0.			PACIFIC YOUTH CHOIR
2 Enter total number of section 501(c)(3) a	nd government ord	L ganizations listed in th	l e line 1 table		<u> </u>	<u> </u>	<u> </u>
3 Enter total number of other organizations	-						0.
<u> </u>							•

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistar
		0.5.4.	(1)		
Supplemental Information. Provide the information.	tion required in Part I, lin	e 2, Part III, columi	n (b), and any other ad	ditional information.	

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

OREGON SYMPHONY ASSOCIATION

Employer identification number 93-0446527

	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		_X_
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х Х Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		_X_
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			77
а	The organization?	6a		_ <u>X</u> _
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			37
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	l	

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

Schedule J (Form 990) 2015

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 are not listed on Form 990, Part VII.

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) SCOTT SHOWALTER	(i)	243,285.	0.	0.	12,500.	7,993.		0.	
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.		0.	
(2) JANET PLUMMER	(i)	131,879.	0.	0.	6,364.	15,498.	153,741.	0.	
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) SARAH KWAK	(i)	157,230.	0.	0.	3,271.	7,699.	168,200.	0.	
CONCERTMASTER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open To Public

Name of the	organization
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Inspection Employer identification number

0	REGON SY	MPHONY AS	SSO	CIAT	MOIT		93	-04	465	27		
					on 501(c)(4), and 50 ⁻¹	1(c)(29) organization:						
					rt IV, line 25a or 25b				b.			
1	(b) F	Relationship betw			ified					(d)	Corre	cted?
(a) Name of disqualified person		person and or	ganiza	ation	(0	c) Description of tran	sactio	n			es	No
2 Enter the amount of tax in	ncurred by the o	rganization mana	agers (or disq	ualified persons duri	ng the year under						
								▶ \$				
3 Enter the amount of tax, i	if any, on line 2,	above, reimburse	ed by	the org	ganization			▶ \$				
Part II Loans to and	/or From Int	aractad Darc	one									
					D 11/1 00 E	000 5 1875	00					
·	•				Part V, line 38a or F	orm 990, Part IV, lin	e 26; (or if th	e orga	ınızatıc	on	
reported an amou	(b) Relationship	(c) Purpose		an to or	(e) Original	(f) Balance due	(~)	\ ln	(h) Ap	proved	(:) \A	ritten
interested person	with organization	of loan	from the organization? To From		principal amount	(I) Balance due	(g) In by book comm			ard or "" "		ment?
•					· · ·		Yes	No	Yes		Yes	_
MARILYN DEOLIVE	DIRECTOR	INSTRUME	10	X	15,000.	5,646.	163	X	X	110	X	140
						0,0101						
Total					S	5.646.						

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Schedule L (Form 990 or 990-EZ) 2015

SEE PART V FOR CONTINUATIONS

Part III

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (a) Name of interested person (c) Amount of (d) Description of organization's person and the organization transaction transaction revenues? Yes No Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions) SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: MARILYN DEOLIVEIRA (B) RELATIONSHIP WITH ORGANIZATION: DIRECTOR AND MUSICIAN (C) PURPOSE OF LOAN: INSTRUMENT LOAN FOR HUSBAND TREVOR FITZPATRICK SCHEDULE L, PART II IN FY 1999 THE BOARD OF DIRECTORS ESTABLISHED AN INSTRUMENT PURCHASE LOAN FUND TO ALLOW MEMBERS OF THE ORCHESTRA TO BORROW SUMS UP TO \$10,000 FOR THE PURCHASE OF MUSICAL INSTRUMENTS TO ENHANCE THE SOUND OF THE ORCHESTRA. THE GRANTING OF SUCH LOANS IS SUBJECT TO THE WRITTEN RULES AND REGULATIONS ESTABLISHED BY THE SYMPHONY, WHICH ARE PROVIDED TO ALL MUSICIANS. RULES AND REGULATIONS OUTLINE THE PROTOCOLS FOR PROVIDING SUCH LOANS, THE MAXIMUM DURATION AND PAYMENT REQUIREMENTS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

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.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number 93-0446527

	OREGON SYMPH	ONY AS	SOCIATION			93-0	<u>446</u> !	527	
Par	rt I Types of Property								
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noı	(d) Method of de ncash contribu		•	S
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 (MISCELLANEOUS)	Х	18	52.782.	FAIR	MARKET	VAI	LUE	
26	Other (MUSICAL INSTR)	X	1	13,900.	FAIR	MARKET	VAI	LUE	
27	Other								
28	Other ()								
29	Number of Forms 8283 received by the organi	zation durino	the tax vear for co	ontributions					
	for which the organization completed Form 82								
	To Whom the digameation completed from CE	00,1 41111,1	on our termous					Yes	No
30a	During the year, did the organization receive b	v contributio	n any property rep	orted in Part I. lines 1 throug	h 28. th	at 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.	•					000		
31	Does the organization have a gift acceptance	oolicv that re	equires the review of	of any non-standard contribut	tions?		31	х	
	Does the organization hire or use third parties	-	·	•					
u	contributions?		•	· ·			32a		Х
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is che	cked				
-	describe in Part II.	23idiffif (0) I	c. a type of proper	c, ioi willon column (a) is one	.onou,				
						Calaaduda M (

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

Schedule M (Form 990) (2015)

532142 08-21-15

Schedule M (Form 990) (2015)

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

OREGON SYMPHONY ASSOCIATION

Employer identification number 93-0446527

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

ALL CLASSICAL PORTLAND AND ORSYMPHONY.ORG. ACROSS ALL MEDIA, THESE

BROADCASTS REACHED APPROXIMATELY 36,000 LISTENERS. WE ADDED FOUR

PROGRAMS TO OUR CATALOGUE OF RECORDED WORK, TO BE HEARD VIA ALL

CLASSICAL AND OUR ONLINE ARCHIVE. THESE RECORDINGS ARE ALSO BEING

BROADCAST NATIONALLY BY AMERICAN PUBLIC MEDIA.

IN FY16, WE SERVED A RECORD 40,000+ BEYOND THE CONCERT HALL THROUGH

NEARLY 250 MUSIC EDUCATION AND COMMUNITY ENGAGEMENT PROGRAMS, REACHING

MANY IN OUR AREA WHO WOULD OTHERWISE NOT HAVE EXPOSURE TO SYMPHONIC

MUSIC OR MUSIC EDUCATION. WE BROUGHT ENRICHING MUSICAL EXPERIENCES TO

PRESCHOOL-12TH GRADE CHILDREN IN SCHOOLS, LIBRARIES, AND COMMUNITY

CENTERS. WE PROVIDED ACCESS AND REMOVED BARRIERS SO STUDENTS COULD

DISCOVER MUSIC AND BENEFIT FROM THE NUMEROUS CRITICAL THINKING AND

CREATIVE LEADERSHIP SKILLS THAT EXPOSURE TO THE ARTS CAN PROVIDE.

HIGHLIGHTS INCLUDED:

THE EXPANSION OF OUR FREE WATERFRONT CONCERT, THE LARGEST FREE CONCERT

IN THE PACIFIC NORTHWEST, INTO A DAY-LONG FESTIVAL THAT INCLUDED A

RECORD NUMBER OF YOUTH AND COMMUNITY ARTS PARTNERS. DESPITE INCLEMENT

WEATHER, WE REACHED 18,000+ COMMUNITY MEMBERS IN PERSON AND COUNTLESS

MORE AROUND THE WORLD VIA THE FIRST-TIME LIVE BROADCAST OF THE OREGON

SYMPHONY'S PERFORMANCE ON ALL CLASSICAL PORTLAND. THIS BROADCAST

PERFORMANCE RECEIVED POSITIVE RESPONSES FROM MUSIC LOVERS IN SUCH

FAR-FLUNG PLACES AS TURKEY, NEW ZEALAND, AND THE CZECH REPUBLIC.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211

Schedule O (Form 990 or 990-EZ) (2015)

Employer identification number Name of the organization 93-0446527 OREGON SYMPHONY ASSOCIATION -FOURTEEN SYMPHONY STORYTIMES FOR 1,000 PRE-SCHOOLERS AND PARENTS AT FIVE PARTICIPATING PUBLIC LIBRARIES IN MULTNOMAH, CLACKAMAS, AND CLARK COUNTIES. -36 KINDERKONZERTS FOR 8,000 K-2 STUDENTS AND TEACHERS AT LINCOLN STREET, PENINSULA , AND WOODSTOCK ELEMENTARY SCHOOLS (65% ATTENDED FOR FREE BASED ON ENROLLMENT IN THE FEDERAL FREE/REDUCED LUNCH PROGRAM). -CONTINUED INSTRUCTION AND MENTORSHIP IN THE DAVID DOUGLAS SCHOOL DISTRICT THROUGH A MULTI-YEAR ARTS LEARNING PROJECT, MADE POSSIBLE IN PART THROUGH THE OREGON COMMUNITY FOUNDATION'S "STUDIO TO SCHOOL" INITIATIVE: O 3RD-5TH GRADE STUDENTS IN THE DISTRICT'S NINE ELEMENTARY SCHOOLS LEARNED TO PLAY RECORDERS FOLLOWING CURRICULUM PROVIDED BY CARNEGIE HALL'S WEILL MUSIC INSTITUTE. O THIS YEAR-LONG PROJECT CULMINATED IN OUR FIRST LINK UP CONCERT ON APRIL 28TH, WHEN 2,700 STUDENTS PACKED INTO THE ARLENE SCHNITZER CONCERT HALL TO PLAY ALONG WITH THE OREGON SYMPHONY ON THEIR RECORDERS IN A SPECIAL LIVE PERFORMANCE. O EACH PARTICIPATING SCHOOL HELD A STUDENT MUSIC SHOWCASE FOR PARENTS. O THROUGH A PARTNERSHIP WITH 45TH PARALLEL ENSEMBLE, WE PROVIDED WEEKLY PRIVATE LESSONS FOR 23 STRING STUDENTS AT ALICE OTT MIDDLE SCHOOL. -FOUR YOUNG PEOPLE'S CONCERTS IN MARCH AT THE ARLENE SCHNITZER CONCERT HALL FOR 7,000 3RD-8TH GRADERS, TEACHERS, AND PARENTS FROM 100 SCHOOLS AND HOME SCHOOLS (65% ATTENDED FOR FREE BASED ON ENROLLMENT IN THE FEDERAL FREE/REDUCED LUNCH PROGRAM).

OREGON SYMPHONY ASSOCIATION	93-0446527
-TWO PERCUSSION "INFORMANCES" AT JOHN WETTEN ELEMENTARY, I	
STUDENTS TO LEARN TO PLAY AN INSTRUMENT. THE ENTIRE 5TH GR	ADE CLASS
(150 STUDENTS) ALSO ATTENDED A YOUNG PEOPLE'S CONCERT IN T	HE CONCERT
HALL.	
-NUMEROUS OTHER CLASSES AND ENSEMBLE PERFORMANCES BY OREGO	N SYMPHONY
MUSICIANS AND GUEST ARTISTS IN SCHOOLS AND PUBLIC VENUES T	HROUGHOUT
OREGON.	
WE MENTORED STUDENT AND ASPIRING MUSICIANS TO FOSTER THEIR	MUSICAL
TRAINING, PROPEL THEIR ADVANCEMENT IN THE ARTS, AND ENCOUR	AGE A
LIFE-LONG LEARNING OF MUSIC. HIGHLIGHTS INCLUDED:	
-EIGHT ARTIST-IN-RESIDENCE EVENTS WITH COLIN CURRIE, SERVI	NG 1,000+
COMMUNITY MEMBERS IN NEWBERG'S CHEHALEM CULTURAL CENTER, S	T. MARY'S
HOME FOR BOYS, DAVID DOUGLAS HIGH SCHOOL, AND OTHER VENUES	•
-VISITS BY GUEST ARTISTS JOSHUA BELL, AUGUSTIN HADELICH, S	IMONE LAMSMA,
FRANOIS LELEUX, AND PABLO VILLEGAS AT THREE AREA YOUTH ORC	HESTRAS TO
SHARE MUSIC, INSPIRATION, AND THEIR LIFE STORIES.	
-A SPECIAL JOHN WILLIAMS "CONCERT TO GO" FOR STUDENTS FROM	ROSA PARKS
AND CESAR CHAVEZ ELEMENTARY SCHOOLS, FEATURING MUSIC FROM	STAR WARS,
HARRY POTTER, INDIANA JONES, SCHINDLER'S LIST, AND MANY MO	RE MOVIES.
BRAVO YOUTH ORCHESTRA ALSO JOINED THE ORCHESTRA ON TWO CLA	SSICAL PIECES
BY HANDEL AND WAGNEROUR THIRD YEAR MENTORING BRAVO AS THEY	CONTINUE TO
GROW WITHIN THE PORTLAND PUBLIC SCHOOLS SYSTEM AND COMMUNI	TY.

Name of the organization **Employer identification number** 93-0446527 OREGON SYMPHONY ASSOCIATION -49 PRELUDES SERIES PERFORMANCES BEFORE CONCERTS, FEATURING 700 STUDENT MUSICIANS PERFORMING ON THE MEZZANINE LEVEL OF THE CONCERT HALL PRIOR TO CLASSICAL, POPS, AND KIDS CONCERTS. MUSICIANS THEN ATTENDED THE CONCERT FREE OF CHARGE AND WERE RECOGNIZED FROM THE STAGE FOR THEIR PREPARATION AND PERFORMANCE. -NUMEROUS OTHER PERFORMANCE, COACHING, AND MENTORSHIP OPPORTUNITIES FOR K-12 STUDENTS WITH ORCHESTRA MUSICIANS AND CONDUCTORS. WE WORKED TO IMPROVE THE LIVES OF THE PROFOUNDLY UNDERSERVED IN OUR AREA, MEETING THEM WHERE THEY ARE IN THE COMMUNITY AND PROVIDING THEM WITH LIFE-ENHANCING MUSIC EXPERIENCES. HIGHLIGHTS INCLUDED: -THE LAUNCH OF MUSICNOW, A MUSIC THERAPY-INSPIRED PROGRAM THAT ENGAGES SENIORS LIVING WITH DEMENTIA. OUR PILOT PROGRAM REACHED 150 RESIDENTS AND CAREGIVERS AT MARY'S WOODS CONTINUING CARE RETIREMENT COMMUNITY IN LAKE OSWEGO. NEXT SEASON, WE WILL EXPAND THE PROGRAM TO REACH MORE IN THE COMMUNITY, WITH THE GOAL TO ESTABLISH MUSICNOW AS A REPLICABLE PROGRAM FOR OTHER ORCHESTRAS AND ARTS ORGANIZATIONS. MUSICNOW IS DESIGNED IN COLLABORATION WITH THE ALZHEIMER'S ASSOCIATION OF OREGON, MARYLHURST UNIVERSITY, AND EARTHTONES MUSIC THERAPY SPECIALISTS. -ENSEMBLE PERFORMANCES AT ST. MARY'S HOME FOR BOYS AND COFFEE CREEK WOMEN'S CORRECTIONAL FACILITY, BRINGING THESE ISOLATED POPULATIONS THE TRANSFORMATIVE POWER OF MUSIC. -BUS SUBSIDIES FOR 2,200 STUDENTS FROM TITLE 1 SCHOOLS, ENABLING THEM TO ATTEND EDUCATIONAL KINDERKONZERTS AND YOUNG PEOPLE'S CONCERTS.

Schedule O (Form 990 or 990-EZ) (2015) Page 2 **Employer identification number** Name of the organization OREGON SYMPHONY ASSOCIATION 93-0446527 -FREE REHEARSAL ADMITTANCE AND Q & A OPPORTUNITIES FOR 450 MIDDLE AND HIGH SCHOOL BAND AND ORCHESTRA STUDENTS, AS WELL AS YOUTH WITH SENSORY INTEGRATION DISORDER. FORM 990, PART VI, SECTION A, LINE 2: 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 6: THE BOARD OF DIRECTORS IS ELECTED BY THE MEMBERSHIP AT THE ANNUAL MEETING. FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF DIRECTORS IS ELECTED BY THE MEMBERSHIP AT THE ANNUAL MEETING. FORM 990, PART VI, SECTION B, LINE 11: FORM 990 WILL BE REVIEWED BY THE FINANCE COMMITTEES PRIOR TO SUBMISSION TO THE IRS. THE FULL BOARD WILL RECEIVE AN ELECTRONIC COPY OF THE FULL FORM PRIOR TO SUBMISSION. FORM 990, PART VI, SECTION B, LINE 12C:

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

OREGON SYMPHONY ASSOCIATION	93-0446527
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 O	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST.
FINANCIAL STATEMENTS ARE ALSO PUBLISHED ON THE ORGANIZATIO	N'S WEBSITE.
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OREGON SYMPHONY ASSOCIATION

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

93-0446527

	/(n)	(a)	(4)		(a)		/£\	
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) (c) Primary activity Legal domicile (state or foreign country)		or (d)	ome End-of	(e) year assets			g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34 b	ecause it had o	one or more	related tax-exem	ıpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public char status (if sec		(f) ect controlling entity	(g) Section 512(b)(13 controlled entity?	
Ç		Toroigh oddinay)		501(c)(3))		•	Yes	No
OREGON SYMPHONY FOUNDATION - 93-1225609 921 SW WASHINGTON, SUITE 200 PORTLAND, OR 97205	SUPPORT OF THE OREGON SYMPHONY ASSOCIATION	OREGON	501(C)(3)	LINE 11A,		N SYMPHONY	x	
TONTE MAD, ON 37203	DIMINON'I ADDOCIMITION	ONDON	301(0)(3)	DIND 1111,	T ABBOCI	MITON	A	
	_							
	-							

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)	(h)		(i)	(j)	(k)			
Name, address, and EIN of related organization	Primary activity	domicile (state or foreign	Legal domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income end-of-year assets Disproportionate end-of-year assets Ves No		Direct controlling entity	Direct controlling Predominant incom entity (related, unrelated excluded from tax un	dominant income Share of total elated, unrelated, income	Code V-UBI amount in box 20 of Schedule		Percentage ownership				
		country)		sections 512-514)		455015	Yes	No	K-1 (Form 1065)	Yes N				

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		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-									

Page 3

Yes No

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

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				_1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
- 1	Performance of services or membership or fundraising solicitations for related organization	ation(s)			11		X
m	Performance of services or membership or fundraising solicitations by related organiza	ation(s)			1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s	(s)			1n		X
0	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p		X
	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r	Х	
s	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who						
	(a)	(b)	(c)	(d)			
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount invo	olved		
		type (a-s)					
1)							
2)							
3)							
4)							
5)							
6)							
3216	3 09-08-15			Schedule F	R (Forr	n 990	2015

Page 4

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ing ownership
	_								000) 0045

Form 886	68 (Rev. 1-2014)					Page 2
	are filing for an Additional (Not Automatic) 3-Month	n Extension, c	complete only Part II and check this	s box		
Note. On	ly complete Part II if you have already been granted	an automatic	3-month extension on a previously fil			
Part II	are filing for an Automatic 3-Month Extension, con Additional (Not Automatic) 3-Month			al (no co	nies need	ad)
raitii	Additional (Not Adtomatic) 5-Month	LXterision			•	•
Tuno or	Name of everyth organization or other files ago in			e instructions		
Type or	Name of exempt organization or other filer, see in		Employe	identification	n number (EIN) or	
print File by the	OREGON SYMPHONY ASSOCIATION	N			93-044	6527
due date for	Number, street, and room or suite no. If a P.O. bo		tions	Social se	curity number	
filing your return. See	921 SW WASHINGTON ST., NO.	,	dono.	000141 00	carrey marriso	
instructions.	City, town or post office, state, and ZIP code. For PORTLAND, OR 97205-2819	r a foreign add	ress, see instructions.			
Enter the	Return code for the return that this application is for	r (file a senara	te application for each return)			0 1
	Tretum code for the return that this application is for		Te application for each return)			
Applicati	on	Return	Application			Return
ls For		Code	Is For			Code
	or Form 990-EZ	01				
Form 990		02	Form 1041-A			08
	20 (individual)	03	Form 4720 (other than individual)			09
Form 990		04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	0-T (trust other than above)	06	Form 8870		. =	12
STOP: D	o not complete Part II if you were not already grai JANET PLUMMEI		nauc 3-month extension on a previ	ously lile	1 FUI III 6006.	
Teleph	books are in the care of $ ightharpoonup 921$ SW WASHINGTONE No. $ ightharpoonup 503-416-6319$ Dorganization does not have an office or place of busing is for a Group Return, enter the organization's four d	— ness in the Un	Fax No. $\blacktriangleright 503-228-41$ ited States, check this box	50		. ▶ □
box 🕨	. If it is for part of the group, check this box		ach a list with the names and EINs of	all membe	ers the extens	sion is for.
4 I re	quest an additional 3-month extension of time until		<u>15, 2017</u> .			
5 For	calendar year , or other tax year beginning	, <u>JUL 1</u>	, 2015 , and endin	g <u>JUN</u>	30, 20	16
6 If th	ne tax year entered in line 5 is for less than 12 month	ns, check reas	on: Initial return	Final r	eturn	
	Change in accounting period					
	te in detail why you need the extension					
	FORMATION NECESSARY TO FIL	E A COM	IPLETE AND ACCURATE	RETU	RN IS N	OT YET
ΑV	AILABLE.					
				<u> </u>		
	nis application is for Forms 990-BL, 990-PF, 990-T, 4	720, or 6069,	enter the tentative tax, less any			0
	nrefundable credits. See instructions.			8a	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 6					
	payments made. Include any prior year overpaymen	it allowed as a	credit and any amount paid	01:	•	0.
	eviously with Form 8868.		le Aleia farma if manning al lennainea	8b	\$	0.
	lance due. Subtract line 8b from line 8a. Include you		n this form, if required, by using		¢	0.
EF	TPS (Electronic Federal Tax Payment System). See in Signature and Verifi		st be completed for Part II o	8c_ nlv	\$	0.
Under pen it is true. c	alties of perjury, I declare that I have examined this form, ir orrect, and complete, and that I am authorized to prepare t	ncluding accomp		-	my knowledge	and belief,
		► CPA		Do±-		
Signature	little	CPA		Date	•	260 (Dev. 4 004 f)
					Form 88	368 (Rev. 1-2014)