** 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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	2020 calendar year, or tax year beginning $$ JUL 1 , $$ 2020 $$ and ending	JUN 30, 2021	
B (Check if applicable:	C Name of organization	D Employer identifi	cation number
	Address change	OREGON SYMPHONY ASSOCIATION IN SALEM		
	Name change	Doing business as	93-60318	19
	□Initial □return □Final	Number and street (or P.O. box if mail is not delivered to street address) 921 SW WASHINGTON ST. Room/ 200	suite E Telephone numbe (503) 22	
	☐return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	216,845.
	Amende return		H(a) Is this a group re	
	Applica-	F Name and address of principal officer: SCOTT SHOWALTER		? Yes X No
	pending	SAME AS C ABOVE	H(b) Are all subordinates in	
1.7	Гах-exer	npt status: X 501(c)(3) D 501(c) () D (insert no.) D 4947(a)(1) or D	1	list. See instructions
		:▶ ORSYMPHONY.ORG/SALEM	H(c) Group exemption	n number
			Year of formation: 1955 N	M State of legal domicile: OR
Pa		Summary		
Ф	1 B	riefly describe the organization's mission or most significant activities: THE OREG		
Governance	1	N SALEM EXISTS TO ENRICH THE CULTURAL LIFE		
erna	2 C	heck this box 🕨 🔛 if the organization discontinued its operations or disposed of r		1 -
Š	3 N		3	3 0
<u>«</u>	1	umber of independent voting members of the governing body (Part VI, line 1b)		0
ies		otal number of individuals employed in calendar year 2020 (Part V, line 2a)		25
Activities &		otal number of volunteers (estimate if necessary)		0.
Ac		otal unrelated business revenue from Part VIII, column (C), line 12 et unrelated business taxable income from Form 990-T, Part I, line 11		0.
	B	et différateu busilless taxable filcome from 1 om 1 990-1,1 art 1, fille 11	Prior Year	Current Year
	8 C	ontributions and grants (Part VIII, line 1h)	149,599.	209,225.
Jue	9 P	rogram service revenue (Part VIII, line 2g)	153,699.	0.
Revenue	10 Ir	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	1,377.	7,576.
æ	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35,749.	44.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	340,424.	216,845.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)	•	1,400.
	14 B	enefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Ś	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	83,168.	35,576.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
xbe	b⊤	otal fundraising expenses (Part IX, column (D), line 25) 57,031.		
Ш	'' C	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	307,149.	
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	390,317.	130,770.
		evenue less expenses. Subtract line 18 from line 12	-49,893.	
Net Assets or			Beginning of Current Year	End of Year
Ssel	20 T	otal assets (Part X, line 16)	255,132. 107,056.	384,882.
let A	21 T	otal liabilities (Part X, line 26) et assets or fund balances. Subtract line 21 from line 20	148,076.	111,277. 273,605.
Pa	22 N art II	Signature Block	140,070.	273,003.
		es of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of my	/ knowledge and belief, it is
	-	and complete. Declaration of preparer (other than officer) is based on all information of which pre		, momongo ana sonon, mo
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Sig	ո	Signature of officer	Date	
Her	1.	JANICE ROMANO, TREASURER		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	ı <u>S</u>	ANG AHN	self-employ	
		irm's name ► MCDONALD JACOBS, P.C.	Firm's EIN ▶	93-0900579
Use	Only	Firm's address 520 SW YAMHILL ST., STE 500		00) 00- 0-0
		PORTLAND, OR 97204	Phone no. (5	
May	the IRS	6 discuss this return with the preparer shown above? See instructions		X Yes No

Гаі	Tim Statement of Frogram Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE OREGON SYMPHONY ASSOCIATION IN SALEM EXISTS TO ENRICH THE CULTURAL	<u></u>
	LIFE OF THE MID-WILLAMETTE VALLEY BY PROVIDING THE WORLD CLASS MUSIC	
	OF THE OREGON SYMPHONY AND BY ENHANCING MUSIC APPRECIATION AND	
	LEARNING THROUGH YOUTH PROGRAMS AND COMMUNITY ENGAGEMENT.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? X Yes	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$)
	SINCE 1955, THE OREGON SYMPHONY ASSOCIATION IN SALEM HAS "EXISTED TO	
	ENRICH THE CULTURAL LIFE OF THE MID-WILLAMETTE VALLEY BY PROVIDING THE	3
	WORLD CLASS MUSIC OF THE OREGON SYMPHONY AND BY ENHANCING MUSIC	
	APPRECIATION AND LEARNING THROUGH YOUTH PROGRAMS AND COMMUNITY	
	ENGAGEMENT." IN FY21, DUE TO THE COVID-19 PANDEMIC, THE ORCHESTRA WAS	
	UNABLE TO PERFORM LIVE CONCERTS. DIGITAL PROGRAMMING WAS MADE AVAILABLE	<u>E</u>
	TO ALL SCHOOLS AND PATRONS THROUGHOUT THE REGION. ADDITIONALLY, TO	
	SUPPORT THE GROWTH OF MUSICIANSHIP AMONG PRE-COLLEGE STUDENTS, A	
	VIRTUAL CONCERTO COMPETITION, THE VERNON L. WISCARSON COMPETITION, WAS	3
	HELD. AWARDS TOTALLING \$1,400 WERE GIVEN TO WINNING STUDENTS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 18,337.	
	Form 990) (2020)

			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		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
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,			7.7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	па	- 21	
b		11b		Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1 10		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	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	110		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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	
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	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		.,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	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	_		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Form	990 (2020) OREGON SYMPHONY ASSOCIATION IN SALEM 93-6033 t IV Checklist of Required Schedules (continued)	1819	P	age 4
ı aı	offecklist of frequired scriedules (continued)		V	T
00	Did the constitution and the off 000 of constant the contract to the feet described and		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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		Х	
04-	Schedule J	23		
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	04-		x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	051		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	0.7		X
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		x
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		X
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
	Part V, line 1	34	Х	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			\ ₃₂
	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			

Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V							
					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0					
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?			10				

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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Form 990 (2020) OREGON SYMPHONY ASSOCIATION IN SALEM 93-6031819 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a ther the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, ted of the Legislard year engling with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all irequired federal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3b II when the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3c III when the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3d All any time during the calendary ear, of the organization have an interest in, or a significant or other authority over, a financial account in a foreign country year. If there is no every sum of the sum of the foreign country is a first organization are interest in, or a significant or other authority over, a financial account in a foreign country year. If the sum of the foreign country is a first organization are interest in or a significant or other authority over, a financial account in a foreign country year. If the sum of the foreign country year is a first organization are interest in or a significant or a first organization for the foreign country. 5a Was the organization precipit organization file foreign Bank and Financial Accounts (FBAF). 5a Was the organization branch organization file foreign Bank and Financial Accounts (FBAF). 5b Was were not tax foreign country year organization file foreign Bank and Financial Accounts (FBAF). 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles or charatale contributions? 5c Was the organization shall be a subject to the subject of the goods or services provided? 7c Organizations that may receive deductible organization shall be a financial foreign to the subject of the goods or services provided? 8c Was the organization receive an				Yes	No					
b If a least one is reported on lime 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines it and 2a is greater than 25, you may be required to e-fie (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," rise it filed a form 930°I for this year? If "No" to line 3b, provide an explanation on Schedule 0 3a At any time during the calendar year, did the organization have an interest in, or a significant or other authority over, a manaral account in a foreign country Such as a bank account, or other financial account? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," incline 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" if did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 6c If "Yes" if did the organization notify the donor of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section \$100,000 and did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c If If the organization receive any tunds, directly to prohibe the solution and prohibe the organization receive any payment in excess of \$75 made party a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to(Ne) (see instructions) 3		filed for the calendar year ending with or within the year covered by this return 2a0								
3a X X b if "Yes," in the coganization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, such as a bank account, securities account, or other financial accountry over, a financial account in a foreign country. Such as a bank account, securities account, or other financial accountry over, a financial account in a foreign country. Such as a bank account, securities account, or other financial accountry over, a financial accountry over, a financial account in a foreign country. Such as a bank account, securities account, or other financial accounts (FBAR). 5b If "Yes," to lie 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes to line 5a or 5b, did the organization the form 8896." X 5c If "Yes to lie 5a or 5b, did the organization the form 8896." X 5c If "Yes to line 5a or 5b, did the organization the form 8896." X 5c If "Yes to line 5a or 5b, did the organization the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If "Yes to line 5a or 5b, did the organization that organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5c If Wes, "Indicate the number of Forms 8222 filed during the year. 5c Did the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098. The year of the value of the goods or services provided? 5c Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098. The year of the organization file a Form 1098. The year of the organization in the payment of the year of the payment of the payment of y	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
b If Yes, *has it filed a Form 990 T for this year? If *No* to line 3b, provide an explanation on Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If Yes, *enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, *to line Sa or Sb, did the organization file Form 8889-17. 6c Did any scalable party notify the organization file Form 8889-17. 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions and party for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 17(bc). 8d Did the organization receive a payment in excess of SF made party as a contribution and party for goods and services provided to the payor? 7d Did the organization receive any experiment in excess of SF made party as a contribution and party for goods and services provided to the payor? 7d Did the organization receive any experiment in excess of SF made party as a contribution and party for yoods and services provided to the payor? 7d Did the organization receive any experiment in excess of SF made party as a contribution and party for yoods and services provided to the payor? 7d Did the organization receive any experiment of tangible personal property for which it was required to t		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b if "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year? 5b Id any texable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes" to line 5a or 5b, did the organization from 141 twas or is a party to a prohibited tax shefter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles can charitate contributions? 6c If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitately contribution and party for goods and services provided to the payor? 7c If If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or the value of the goods or services provided? 7c If If Yes, "indicate the number of Forms 8282 filed during the year. 7d If Yes, "indicate the number of Forms 8282 filed during the year. 7e If If If Yes, "indicate the number of Forms 8282 filed during the year. 7e If If If If Yes, "indicate the number of Forms 8282 filed during the year. 7f If	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?	15		X					
If "Yes," complete Form 4720, Schedule O.										
	16	•	16		X					
		If "Yes," complete Form 4720, Schedule O.		000	(0000					

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent)		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•		
	(mile double la require montaine access policies not require by the montaine double		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 chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶OR			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	,,,		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd finan	cial	
.5	statements available to the public during the tax year.		-141	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_0	JANICE ROMANO - (503) 228-4294			
	921 SW WASHINGTON ST., NO. 200, PORTLAND, OR 97205-2819			

Form 990 (2020) 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.

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

(A)	(B)			((C)			ed any current officer, di	(E)	(F)
Name and title	Average	(do	not o	Pos	itior) than	ono	Reportable	Reportable	Estimated
	hours per	box	, unle	check more than one ess person is both an and a director/trustee)			n an	compensation	compensation	amount of
	week		cer an	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	r dir				ted		organization	(W-2/1099-MISC)	from the
	related	stee (ruste			ensa		(W-2/1099-MISC)		organization
	organizations	altrus	nalt		loye	l com				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	lnd	si .	#0	Ş.	e Eig	For			
(1) SCOTT SHOWALTER	2.00	ļ		l					070 000	04 400
PRESIDENT		Х		Х		_		0.	279,988.	21,426
(2) JANET PLUMMER	10.00									
TREASURER		Х		Х		_		0.	152,016.	23,406
(3) STEVE WENIG	5.00								404 55=	
SECRETARY		Х				_		0.	101,697.	23,992
(4) L. BETH YOCKEY-JONES	5.00	4_		l_						
TREASURER	35.00	Х		X	_	<u> </u>		0.	48,470.	7,100
		1								
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Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B) (C)					J		(D)	'	(E)			
	Name and title	Average	Position						Reportable	Reportable		Fs	(F) timate	hd
	Name and title	hours per					than o		compensation	compensatio			nount	
		week					r/trust		from	from related			other	
		(list any	tor						the	organization	- 1		oensa	tion
		hours for	direc				p		organization	(W-2/1099-MIS			om the	
		related	ee or	stee			nsate		(W-2/1099-MISC)	,	· /		anizati	
		organizations	trust	al tru		yee	om pe					•	d relate	
		below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er				orga	nizatio	ons
		line)	Indiv	Insti	Officer	Key 6	High	Former						
				П										
				Н										
				Н										
				Н										
				П										
46	Cubtatal					<u> </u>			0.	582,17	71	7 [5,92	2./
	Subtotal								0.	302,11	0.		,,,	0.
	Total from continuation sheets to Part VII								0.	582,17		7.	5,92	
	Total (add lines 1b and 1c)							<u> </u>				/:),94	44.
2	Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;			^
	compensation from the organization											Ī	1	0
													Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	сеу е	mpl	oye	e, or	hig	hest compensated empl	oyee on				
	line 1a? If "Yes," complete Schedule J for se	uch individual									[3		<u> </u>
4	For any individual listed on line 1a, is the su	m of reportable	е со	mpe	nsa	tion	and	oth	ner compensation from the	ne organization				
	and related organizations greater than \$150	0,000? If "Yes.	" co	mple	ete S	Sche	edule	J f	or such individual		[4	Х	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com	plete Schedule	. I fo	or su	ıch r	ers	on .				[5		Х
Sec	tion B. Independent Contractors	DIOLO CONTOGUIC		<i>51</i>	٠,,,	2010	<u> </u>							
1	Complete this table for your five highest cor	mpensated ind	ene	nder	nt cc	ontra	actor	s th	nat received more than \$	100 000 of comp	ensat	ion fro	m	
•	the organization. Report compensation for t	•	-							•	. J. 1541			
	(A)	ine calendar ye	our C	, i i di i	ig w	1011	J1 VV 11	T	(B)	Jan.		(C	٠,	
	Name and business	address	NC	ONE	7.				Description of s	ervices	С	omper		า
					_			\dashv	•			<u> </u>		
								\dashv						
								\dashv						
								_						
								T						
2	Total number of independent contractors (ir	ncludina but na	ot lin	nited	l to t	thos	se lis	ted	above) who received mo	ore than				
_	\$100,000 of compensation from the organiz	•				(
	The organization from the organization						-			1		Form 9	aan "	2000)

Form 990 (2020) OREGON
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					Turiction revenue	business revenue	sections 512 - 514
ņς	1 a	Federated campaigns 1a					
ant		Membership dues 1b					
င်္ပ		Fundraising events 1c	23,066.				
fts, r A		Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions) 1e	97,217.				
Sin		All other contributions, gifts, grants, and	J 1 , Z ± 1 •				
er E	'		88,942.				
ë ë	_	similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$	00,542.				
on De	_			209,225.			
O e	n	Total. Add lines 1a-1f	Business Code	209,223.			
	_		Business Code				
ice	2 a						
er v	b						
n S	С	·					
ran 3ev	d						
Program Service Revenue	е						
٩		All other program service revenue					
	g	Total. Add lines 2a-2f)				
	3	Investment income (including dividends, interest					
		other similar amounts)	>	724.			724.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 6,852.					
	b	Less: cost or other basis					
ē		and sales expenses 7b 0 •					
enr	С	Gain or (loss) 7c 6,852.					
ther Revenue		Net gain or (loss)	•	6,852.			6,852.
ē		Gross income from fundraising events (not		.,			, ,
ŧ	0 4	including \$ 23 , 066 . of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	0.				
	h	Less: direct expenses 8b	_				
		Net income or (loss) from fundraising events	<u> </u>	0.			
		Gross income from gaming activities. See					
	σd						
	l-	Part IV, line 19 9a Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	то а	Gross sales of inventory, less returns	J				
		and allowances 10a					
		Less: cost of goods sold 10k					
\rightarrow	С	Net income or (loss) from sales of inventory					
<u>v</u>		OFFICE TARGET	Business Code	4.4			4.4
eon Ie	11 a	OTHER INCOME	900099	44.			44.
lan ent	b	·					
Miscellaneous Revenue	С						
Mis	d	All other revenue					
	е	Total. Add lines 11a-11d		44.	-		
	12	Total revenue. See instructions		216,845.	0.	0.	7,620.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 1,400. 1,400. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 35,576. 17,788. 17,788. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 1,331. 1,331. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 25,368. 63,892. 13,156. 25,368. column (A) amount, list line 11g expenses on Sch O.) 449. 449. Advertising and promotion 12 13,378. 2,214. 5,582. 5,582. Office expenses 13 Information technology 14 15 Royalties 3,206. 1,603. 1,603. 16 Occupancy 132. 66. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 7,328. 3,664. 3,664. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,118. 1,118. CONTRACT SERVICES 2,960. 2,960. All other expenses 130,770. 18,337. 55,402. 57,031. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2020)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	42,137.	1	1,000.		
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net	34,320.	3	54,310. 128,236.		
	4	Accounts receivable, net	5,954.	4	128,236		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disqu					
Assets		under section 4958(f)(1)), and persons descri	bed in sectio	n 4958(c)(3)(B) L		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Donatal and a second defense delegation			14,140.	9	9,904.
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	43,597. 15,971.			
	b	Less: accumulated depreciation	34,954. 123,627.	10c	27,626.		
	11	Investments - publicly traded securities	123,627.	11	163,806.		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	equal line 33)		255,132.	16	384,882.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue		107,056.	19	111,277.	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple	Schedule D		21		
es	22	Loans and other payables to any current or f	ormer officer,	director,			
Liabilities		trustee, key employee, creator or founder, su					
jab		controlled entity or family member of any of				22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on li	nes 17-24). C	complete Part X			
		of Schedule D			107 056	25	111 077
	26	Total liabilities. Add lines 17 through 25	<u></u>	. 37	107,056.	26	111,277.
s		Organizations that follow FASB ASC 958,	check here	► X			
)Ce		and complete lines 27, 28, 32, and 33.			00 574		1/1 075
alar	27			·····	90,574. 57,502.	27	141,075. 132,530.
Ä	28			<u> </u>	57,502.	28	132,330.
Ĕ		Organizations that do not follow FASB AS	C 958, check	here			
F		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current fur				29	
SSe	30	Paid-in or capital surplus, or land, building, o		Г		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			1/0 076	31	272 605
Š	32			148,076.	32	273,605.	
	33	Total liabilities and net assets/fund balances			255,132.	33	384,882.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3	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	1 2 3	13 8	6,8 0,7 6,0	70. 75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		8,0	
5	Net unrealized gains (losses) on investments	5	3	9,4	<u>54.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	27	3,6	05.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
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	D.		Yes	No
2a			2a		<u>X</u>
	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			v	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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 Separate basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	•			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L
			Form	990	(2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number Name of the organization OREGON SYMPHONY ASSOCIATION IN SALEM 93-6031819 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 12, 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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						
5	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	I						
6	Public support, Subtract line 5 from line 4.						
	ction B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(a) 2010	(6) 2017	(6) 2018	(u) 2019	(e) 2020	(i) Iotai
_							
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
_	organization, check this box and stor						>
Se	ction C. Computation of Publi	c Support Per	centage			T T	
	Public support percentage for 2020 (I	, ,,,	•	***		14	<u>%</u>
	Public support percentage from 2019					15	<u>%</u>
16a	33 1/3% support test - 2020. If the o	organization did no	ot 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 supp	orted organization	ı			▶∟
k	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	ublicly supported o	organization		▶□
k	10% -facts-and-circumstances test	- 2019. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circun	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u> </u>
						edule A (Form 990	

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

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

Se	ction A. Public Support	,, ,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	177,192.	216,559.	196,394.	149,599.	209,225.	948,969.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	164,296.	221,211.	172,074.	153,699.		711,280.
3	Gross receipts from activities that		•		,		
	are not an unrelated trade or business under section 513	8,260.	19,082.	13,764.	28,440.		69,546.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	349,748.	456,852.	382,232.	331,738.	209,225.	1729795.
78	Amounts included on lines 1, 2, and						_
	3 received from disqualified persons						0.
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				17,500.		66,468.
(Add lines 7a and 7b			40,044.	17,500.	8,924.	
	Public support. (Subtract line 7c from line 6.)						1663327.
	ction B. Total Support	<u> </u>			ı		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	349,748.	456,852.	382,232.	331,738.	209,225.	1729795.
108	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,572.	1,677.	1,203.	887.	724.	6,063.
k	Unrelated business taxable income	, -	,	,			,
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b	1,572.	1,677.	1,203.	887.	724.	6,063.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital		000	0.0	5 200		5 5 00
	assets (Explain in Part VI.)	69.	200.	98.	7,309.	44.	7,720.
	Total support. (Add lines 9, 10c, 11, and 12.)	351,389.	458,729.	383,533.	339,934.	209,993.	1743578.
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
80		a Cumpart Day					>
	ction C. Computation of Publi			. (6)		1	95.40 %
	Public support percentage for 2020 (I	, , , , , , , , , , , , , , , , , , , ,		.,,		15	00 15
<u>16</u>	Public support percentage from 2019 ction D. Computation of Inves					16	99.15 %
	•			22 12 22 man (f)		17	.35 %
	Investment income percentage for 20					18	
18 19:	Investment income percentage from : a 33 1/3% support tests - 2020. If the					-	,
196	more than 33 1/3%, check this box ar						► X
ŀ	33 1/3% support tests - 2019. If the						
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		•	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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

	Yes	No
1		
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4b		
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9a		
Ja		
9b		
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10a		
iva		
10b		

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

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	5		
6	Other distributions (describe in Part VI). See instructions.	6		
7	Total annual distributions. Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to which th	e organization is responsive		
	(provide details in Part VI). See instructions.	8		
9	Distributable amount for 2020 from Section C, line 6	9		
10	Line 8 amount divided by line 9 amount		10	
0 - 1	E Bishington Allerding (accidental)	(i)	(ii) Underdistributions	(iii) Distributable

Section E - Distribution Allocations (see instruct	ions) (i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section (C, line 6		
2 Underdistributions, if any, for years prior to 2	2020 (reason-		
able cause required - explain in Part VI). See	instructions.		
3 Excess distributions carryover, if any, to 202	0		
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instruc	tions)		
j Remainder. Subtract lines 3g, 3h, and 3i fror	n line 3f.		
4 Distributions for 2020 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from lin	ne 4.		
5 Remaining underdistributions for years prior	to 2020, if		
any. Subtract lines 3g and 4a from line 2. Fo	r result greater		
than zero, explain in Part VI. See instruction	s.		
6 Remaining underdistributions for 2020. Subt	ract lines 3h		
and 4b from line 1. For result greater than ze	ro, explain in		
Part VI. See instructions.			
7 Excess distributions carryover to 2021. Ad	dd lines 3j		
and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2020 ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

OMB No. 1545-0047

OREGON SYMPHONY ASSOCIATION IN SALEM

93-6031819

Organization type (check one):							
Filers of:		Section:					
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-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: Or	nly a section 501(c)(7	covered by the General Rule or a Special Rule . r), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
X		filing 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						
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	contributor, during t	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.					
	year, contributions of is checked, enter he purpose. Don't com	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., uplete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year					
but it m ı	u st answer "No" on F	at isn't covered by the General Rule and/or the Special Rules doesn't 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 e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

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

Name of organization Employer identification number

OREGON SYMPHONY ASSOCIATION IN SALEM

93-6031819

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		\$5,642.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	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
5		\$31,989.	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		\$5,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

OREGON SYMPHONY ASSOCIATION IN SALEM

93-6031819

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

Name of organization **Employer identification number** OREGON SYMPHONY ASSOCIATION IN SALEM 93-6031819 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

OREGON SYMPHONY ASSOCIATION IN SALEM

Employer identification number 93-6031819

Pai			imilar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advise	d 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 w	riting that the assets he	ld in donor advised fu	nds
	are the organization's property, subject to the organization's e	~		
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?		•	Yes No
Pai	t II Conservation Easements. Complete if the organization	anization answered "Yes	s" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a his	storically important land area
	Protection of natural habitat	,	7	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	ution in the form of a c	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				l l
С	Number of conservation easements on a certified historic structure.			
	Number of conservation easements included in (c) acquired af			
	listed in the National Register	,		2d
3	Number of conservation easements modified, transferred, rele			nization during the tax
	year >		, ,	•
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspect	ion, handling of	
	violations, and enforcement of the conservation easements it I	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and en	forcing conservation e	asements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirement	s 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			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statements t	hat describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reve	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education,	or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			• \$
	(m)			. .
2	If the organization received or held works of art, historical trea-	sures, or other similar as	ssets for financial gain	, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			• \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2020

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Sche	dule D (Form 990) 2020 OREGON S	SYMPHONY AS	SOCIATION	IN SALEM	93-60	031819) _{Page}	2
	t III Organizations Maintaining Co							
3	Using the organization's acquisition, accessio	n, and other records	, check any of the f	ollowing that make	significant use of its		,	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е						
С	Preservation for future generations							
4	Provide a description of the organization's col	lections and explain	how they further th	e organization's exe	mpt purpose in Par	t XIII.		
5								
_	to be sold to raise funds rather than to be mai		·	•		Yes	\square N	lo
Par	t IV Escrow and Custodial Arrang							
	reported an amount on Form 990, Part					,		
	Is the organization an agent, trustee, custodia	n or other intermedia	ary for contributions	or other assets not	included			
	on Form 990, Part X?				_	Yes	\square N	lo
h	If "Yes," explain the arrangement in Part XIII a							
-	Too, explain the arrangement in rate will a	ria complete the folk	owning table.			Amount		
С	Beginning balance				1c	7 (11100111		
d	Additions during the year							
e	Distributions during the year							
f	Ending balance				1f			
2a	Did the organization include an amount on Fo					Yes		lo
	If "Yes," explain the arrangement in Part XIII.				•	163	= "	
	t V Endowment Funds. Complete if							
	Complete ii	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(a) Four	years bac	k
1a	Beginning of year balance	123,627.	129,703.	100,207.	95,832		86,51	
_		120,027.		61,262.	20,002	•	5,000	
b	Contributions	45,699.	-669.	10,131.	9,614		11,74	
C	Net investment earnings, gains, and losses	45,055.		10,131.	1,300	-	2,350	_
d	Grants or scholarships				1,300	•	2,33	•
е	Other expenditures for facilities	5,520.	E 407	A1 007	2 055		4 200	0
_	and programs	5,520.	5,407.	41,897.	2,955		4,288	
Ť	Administrative expenses	162.006	102 607	100 702		-		_
g	End of year balance	163,806.	123,627.	129,703.	100,207	•	95,832	۷.
2	Provide the estimated percentage of the curre) held as:				
a	Board designated or quasi-endowment	73.3100	_%					
b	Permanent endowment ► 18.3100	%						
С	Term endowment ► 8.3800 9							
	The percentages on lines 2a, 2b, and 2c shou							
3a	Are there endowment funds not in the posses	sion of the organizat	tion that are held an	id administered for t	he organization	Г		
	by:						Yes N	0_
	(i) Unrelated organizations						X	_
	(ii) Related organizations						X	_
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?			3 b		
4	Describe in Part XIII the intended uses of the		vment funds.					
Par	t VI Land, Buildings, and Equipme		Dort IV line 11e C	as Farm 000 Dort V	line 10			
	Complete if the organization answered					(al) D = -!	. volue	
	Description of property	(a) Cost or ot basis (investm			Accumulated epreciation	(d) Book	value	
	Land		5,	(52.751)	5,5.30,410/1			
	Land							
a	Buildings				+			

Schedule D (Form 990) 2020

27,626.

e Other

22,157.

21,440.

c Leasehold improvements

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

d Equipment

9,904.

6,067.

Schedule D (Form 990) 2020 OREGON SYMP	HONY ASSOCIAT	ION IN SALEM	93-6031819 Page
Part VII Investments - Other Securities.			.
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11b. See Form 990. Part X. I	ine 12.
(a) Description of Security or category (including name of security)	(b) Book value		: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	5 000 D 1 N / I'	44.1.0 5 000.5 1.7.1	
Complete if the organization answered "Yes"	Description	11d. See Form 990, Part X, I	(b) Book value
·	Description		(b) Book value
<u>(1)</u>			+
(2)			
(3)			
<u>(4)</u>			<u> </u>
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		D
Part X Other Liabilities.	. 10./ ······		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, P	art X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			ı

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

(7) (8) (9)

Par	t XI	Reconciliation of Revenue per Audited Financial Statemen	ts With Re	evenue per Ret	urn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total	revenue, gains, and other support per audited financial statements			1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a			
		ed services and use of facilities	2b			
		reries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add li	nes 2a through 2d			2e	
3		act line 2e from line 1			3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
		ment expenses not included on Form 990, Part VIII, line 7b				
		(Describe in Part XIII.)	4b			
		nes 4a and 4b			4c	
5 Dar		revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Stateme			5	
Pai	ιΛΙΙ	·	IIIS WILII E	xperises per n	eturn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		T		
1		expenses and losses per audited financial statements			1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:				
		ed services and use of facilities	2a			
		/ear adjustments	2b			
		losses	2c			
		(Describe in Part XIII.)	•		20	
_		nes 2a through 2d			2e	
3 4		act line 2e from line 1			3	
		ment expenses not included on Form 990, Part VIII, line 7b	4a			
		(Describe in Part XIII.)	4b			
		nes 4a and 4b			4c	
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
	t XIII	Supplemental Information.		,	<u> </u>	
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	•		Part X,	line 2; Part XI,
PAF	KT. A	, LINE 4:				
ГНЕ	EN	DOWMENT FUND SUPPORTS A YOUNG MUSICIANS	COMPET	TITION WITE	I PR	IZES.
PAF	X T	, LINE 2:				
THE	OR	GANIZATIONS FOLLOW THE PROVISIONS OF FA	SB 740	ASC TOPIC	ACC	OUNTING
FOF	R UN	CERTAINTY IN INCOME TAXES. MANAGEMENT	HAS EVA	LUATED THE	€	
ORG	BANI	ZATIONS' TAX POSITIONS AND CONCLUDED THE	AT THEF	RE ARE NO U	JNCEI	RTAIN TAX
POS	SITI	ONS THAT REQUIRE ADJUSTMENT TO THE FINAL	NCIAL S	STATEMENTS	то	COMPLY
rıw	H P	ROVISIONS OF THIS TOPIC.				

Schedule D (Form 990) 2020	OREGON	SYMPHONY	ASSOCIATION	IN	SALEM	93-6031819	Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Infor	mation _{(con}	tinued)					
	(0011	in acay					

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

ODECON CYMDUONY ACCOCTATION IN CALEM

Employer identification number

	SIMPHONI ASSOCIATIO				93-0031			
Fundraising Activities. required to complete this part	Complete if the organization answet.	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not		
		a activ	ities (Check all that apply				
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. A Solicitation of page gaugement greats.								
	a Mail solicitations e Solicitation of non-government grants							
b Internet and email solicitations f Solicitation of government grants								
c Phone solicitations g Special fundraising events								
d In-person solicitations								
2 a Did the organization have a written o	or oral agreement with any individual	(includ	ina of	ficers, directors, trus	tees. or			
key employees listed in Form 990, Pa					Yes	No		
b If "Yes," list the 10 highest paid indiv				-	·			
		ant to	agreer	nents under willen ti	ie iuliulaisel is to be	•		
compensated at least \$5,000 by the	organization.							
		/:::\	D: -I		(v) Amount paid			
(i) Name and address of individual	(ii) A -4:	(iii) fundr	aiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid		
or entity (fundraiser)	(ii) Activity	have con	trol of	from activity	fundraiser	to (or retained by) organization		
		contributions?			listed in col. (i)	organization		
		Yes	No					
otal			•					
3 List all states in which the organizatio	n is registered or licensed to solicit o	ontrib	ıtions	or has been notified	it is exempt from rea	gistration		
or licensing.	it is registered of licerised to solicit of	OHLHD	1110113	or rias been notified	it is exempt nom re	gistration		
or neorienig.								

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

Schedule G (Form 990 or 990-EZ) 2020

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 NONE (add col. (a) through GALA EVENT col. (c)) (event type) (total number) (event type) 23,066. 23,066. Gross receipts 23,066. 23,066. 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 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) 2020

032082 11-25-20

Sch	edule G (Form 990 or 990-EZ) 2020 OREGON SYMPHONY ASSOCIATION IN SALEM 93-6	031819	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount		
	of gaming revenue retained by the third party > \$		
С	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:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	└─ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year \(\brace \) \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, lines 9, 9	9b, 10b,

Schedule 6	G (Form 990 or 990-EZ)	OREGON	SYMPHONY	ASSOCIATION	IN SALEM	93-6031819	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (con	tinued)				
		(00//	unaca)				
				<u> </u>			

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Questions Regarding Compensation

Department of the Treasury

OREGON SYMPHONY ASSOCIATION IN SALEM

 $Employer\ identification\ number \\ 93-6031819$

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

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

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) SCOTT SHOWALTER	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT	(ii)	228,746.	51,242.	0.	12,500.	8,926.		0.
(2) JANET PLUMMER	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER	(ii)	150,889.	1,127.	0.	8,021.	15,385.	175,422.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						1	<u> </u>

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

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

OREGON SYMPHONY ASSOCIATION IN SALEM

Employer identification number 93-6031819

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: VALLEY BY PROVIDING THE WORLD CLASS MUSIC OF THE OREGON SYMPHONY AND BY ENHANCING MUSIC APPRECIATION AND LEARNING THROUGH YOUTH PROGRAMS AND COMMUNITY ENGAGEMENT. PART III, LINE 3, CHANGES IN PROGRAM SERVICES: FORM 990, DURING THE GLOBAL PANDEMIC WE WERE UNABLE TO PERFORM ON STAGE AND THERE WERE NO LIVE CONCERTS IN THE FY21 SEASON. THIS CHANGE WAS TEMPORARY. RESUMED LIVE SHOWS IN FISCAL YEAR 2022. FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: THE MANAGEMENT OF THE OREGON SYMPHONY (JANICE ROMANO, VP FINANCE) REVIEWS THE 990 BEFORE IT IS FILED, THE BOARD OF THE OREGON SYMPHONY IN SALEM IS COMPRISED OF MANAGEMENT OF THE OREGON SYMPHONY. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS SIGN A DISCLOSURE AFFIDAVIT AS PART OF THEIR OSA EMPLOYMENT AGREEMENT

FORM 990, PART VI, SECTION C, LINE 18:

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC

UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization OREGON SYMPHONY ASSOCIATION IN SALEM	Employer identification number 93-6031819			
FORM 990, PART VI, SECTION C, LINE 19:				
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE	TO THE PUBLIC			
UPON REQUEST.				
FORM 990, PART IX, LINE 11G, OTHER FEES:				
OTHER PROFESSIONAL FEES:				
PROGRAM SERVICE EXPENSES	13,156.			
MANAGEMENT AND GENERAL EXPENSES	25,368.			
FUNDRAISING EXPENSES	25,368.			
TOTAL EXPENSES	63,892.			
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	63,892.			
FORM 990, PART XII, LINE 2C: THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.				

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

OREGON SYMPHO	OREGON SYMPHONY ASSOCIATION IN SALEM									
Part I Identification of Disregarded Entities. Com	plete if the organization answered "	Yes" on Form 990, Part IV, line 3	3.							
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea		Direct o	(f) controlling	9		
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organizat	tion answered "Yes" on Form 990	0, Part IV, line 34,	pecause it had one	or more	related tax-exe	mpt			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity	cont	g) 512(b)(13) trolled tity?		
OEGON SYMPHONY ASSOCIATION - 93-0446527 921 SW WASHINGTON STREET, SUITE 200	SYMPHONY ORCHESTRA	OREGON	501(C)(3)	501(c)(3))	NT / 3		Yes	No		
PORTLAND, OR 97205-2819	DIMFRONI ORCHESIKA	OREGUN	501(C)(3)	LINE 12B, II	IN/A			X		

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

Schedule R (Form 990) 2020

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Dienroportionata		Code V-UBI	General o	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
				1					1		

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		Section 512(b)(13) controlled entity?		
		country)		,				Yes	No		
-											
-	-										
-											

Schedule R (Form 990) 2020

1a

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

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

X

Yes No

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?

b Gift, grant, or capital contribution to related organization(s)				1b		<u> </u>	
c Gift, grant, or capital contribution from related organization(s)							
d Loans or loan guarantees to or for related organization(s)							
e Loans or loan guarantees by related organization(s)						Х	
f Dividends from related organization(s)							
g Sale of assets to related organization(s)							
h Purchase of assets from related organization(s)				1h		Х	
i Exchange of assets with related organization(s)							
j Lease of facilities, equipment, or other assets to related organization(s)							
k Lease of facilities, equipment, or other assets from related organization(s)							
Performance of services or membership or fundraising solicitations for related organization(s)						X	
m Performance of services or membership or fundraising solicitations by related organization(s)							
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
o Sharing of paid employees with related organization(s)						X	
p Reimbursement paid to related organization(s) for expenses						X	
q Reimbursement paid by related organization(s) for expenses				1q		X	
r Other transfer of cash or property to related organization(s)						X	
s Other transfer of cash or property from related organization(s)							
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete th	is line, including covered rela	tionships and transaction thresholds.				
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	olved/			
1) OEGON SYMPHONY ASSOCIATION	M	55,300.C	ASH				
2)							
3)							
4)							
5)							
6)							
32163 10-28-20			Schedule	R (Forr	n 990)	2020	

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?	Genera manag partn Yes	(k) Al or Percentage ging ownership
									000) 0000