	•	~~	UBLIC DISCLOSURE COPY - STATE REGIS			37	OMB No. 1545-0047
Forr	" 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	Code (exc	ept private foundati	ions)	2022
Depa	rtment o	of the Treasury nue Service	Do not enter social security numbers on this form as Go to www.irs.gov/Form990 for instructions and th	-			Open to Public Inspection
			-		UN 30, 202	3	Inspection
Bc	heck if	C Name o	f organization		D Employer ident		on number
a	pplicabl ¬Addre						
X	Chang Name		ON SYMPHONY ASSOCIATION IN SALEM		02 6021	010	
	_]chang ∣Initial	ge Doing b	usiness as	D /	93-6031		
	_return]Final	851		Room/suite 385	E Telephone numl 503-228		94
	⊥return. termir ated		own, state or province, country, and ZIP or foreign postal code	,05	G Gross receipts \$	44.	424,810.
	Amen	PORT	LAND, OR $97204-1339$		H(a) Is this a group	return	
	Applic tion	^{ca-} F Name a	nd address of principal officer: ISAAC THOMPSON		for subordinat		
	pendi	SAME	AS C ABOVE		H(b) Are all subordinate	s include	ed? Yes No
		empt status: [r 527	1		See instructions
	Vebsi		MPHONY.ORG/SALEM		H(c) Group exemp		
	orm of art I	f organization: [Summary	X Corporation Trust Association Other	L Year	of formation: 1955	M Sta	ate of legal domicile: OR
ГС				זותשעטי			
e	1	Briefly descrit	be the organization's mission or most significant activities: SEE S				
Activities & Governance	2	Check this bo	x if the organization discontinued its operations or dispose	ed of more	than 25% of its not a	ecote	
verr						3	3
ĝ			dependent voting members of the governing body (Part VI, line 1a)			4	0
ళ			of individuals employed in calendar year 2022 (Part V, line 2a)			5	0
itie			of volunteers (estimate if necessary)			6	50
cti	1					'a	8,500.
•	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			'b	5,645.
					Prior Year		Current Year
¢	8	Contributions	and grants (Part VIII, line 1h)		463,005		265,781.
nue	9	Program serv	ice revenue (Part VIII, line 2g)		147,575		146,488.
Revenue			come (Part VIII, column (A), lines 3, 4, and 7d)		-716	_	3,512.
ш	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,000		8,500.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		615,864		424,281.
	1		milar amounts paid (Part IX, column (A), lines 1-3)		0		0.
			to or for members (Part IX, column (A), line 4)		0 137,179		0.
ses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		<u> </u>		88,145. 0.
ens	16a		undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 37,67		0	•	0.
Expenses			• • • • • • • • • • • • • • • • • • • •		345,085		337,422.
_	''		es (Part IX, column (A), lines 11a-11d, 11f-24e) es. Add lines 13-17 (must equal Part IX, column (A), line 25)		482,264		425,567.
			expenses. Subtract line 18 from line 12		133,600		-1,286.
or Ces		LIGACING 1699		Be	ginning of Current Yea		End of Year
ets (Total assets (Part X, line 16)		488,541		497,273.
Assets - d Balanc	21		s (Part X, line 26)		93,361		93,736.
Net-	1	Net assets or	fund balances. Subtract line 21 from line 20		395,180		403,537.
Pa	art II	Signatur	e Block		· · · · ·		i
Und	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of	my kno	wledge and belief, it is
true,	correc	ct, and complete	. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.		

Sign Here	Signature of officer JANICE ROMANO, TREASURER Turns of print name and title		D	ate					
Paid	Type or print name and title Print/Type preparer's name SANG AHN	Preparer's signature	Date	Check PTIN if self-employed P00540880					
Preparer	Firm's name MCDONALD JACOBS,	P.C.	F	irm's EIN 93-0900579					
Use Only	Firm's address 121 SW SALMON ST. PORTLAND, OR 9720		Р	hone no. (503) 227-0581					
May the I	May the IRS discuss this return with the preparer shown above? See instructions								

232001 12-13-22	LHA For Pape	work Reduction	Act Notice, s	ee the se	parate instructions.

Form **990** (2022)

	990 (2022) OREGON SYMPHONY ASSOCIATION IN SALEM 93-6031819 Pag	e 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: THE OREGON SYMPHONY ASSOCIATION IN SALEM EXISTS TO ENRICH THE CULTURAL	
	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? Yes 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?	No
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 \$351,035. including grants of \$) (Revenue \$146,488	<u>•</u>)
	SINCE 1955, THE OREGON SYMPHONY ASSOCIATION IN SALEM HAS "EXISTED TO	
	ENRICH THE CULTURAL 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."	
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 351,035.	
	Form 990 (20	J22)
232002	12-13-22 2	

Form 990 (2				ASSOCIATION	IN	SALEM
Part IV	Checklist of Rec	quired Sc	hedules			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	3		x	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		v
	Schedule D, Parts XI and XII	12a		_X_
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	104	x	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u>^</u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 11
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		х
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1-10		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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2022.05090 OREGON SYMPHONY ASSOCIATI 7141___1

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Form 990 (2				ASSOCIATION	IN	SALEM
Part IV	Checklist of Re	quired Sc	hedules _{(contin}	ued)		

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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			
	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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			v
	"Yes," complete Schedule L, Part IV	28a		X 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 line 28a or 28b? If	000		x
00	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30		30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N. Part I</i>	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part I</i>	31		- 23
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
34		34	х	
35 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
D D	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?			
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•••	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R. Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	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 on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	+ 12-13-22 _	Form	990	(2022)

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Form	990 (2022) OREGON SYMPHONY ASSOCIATION IN SALEM 93-6031 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) 93-6031	819	Pa	age 5
1 41			Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		res	
Za	filed for the calendar year ending with or within the year covered by this return 2a 0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
		<u>20</u> 3a	х	
		3b	X	
	It "Yes," has it filed a Form 990-1 for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	- 55		
ти	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country	та		
, N	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
Uu		6a		х
h	any contributions that were not tax deductible as charitable contributions?	00		
5		6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
		7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
С		7c		х
Ь		10		
		7e		Х
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		N/	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7b	N/	
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	11/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A	•		
~		8		
9	Sponsoring organizations maintaining donor advised funds. N/A Did the sponsoring organization make any taxable distributions under section 4966? N/A	0-		
		9a 0h		
		9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 <u>N/A</u> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) [11b]	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\dots N/A$ 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
d	Note: See the instructions for additional information the organization must report on Schedule O.	134		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
U	• · · · · · · · · · · · · · · · · · · ·			
-				
	Enter the amount of reserves on hand	14-		x
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		х
	excess parachute payment(s) during the year?	15		<u> </u>
16	If "Yes," see the instructions and file Form 4720, Schedule N.	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
17	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an avoire tax under section 4951 , 4952 or 49532 .	47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? <u>N/A</u> If "Yes," complete Form 6069.	17		
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202000				CUCCI

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Form 990	(2022)
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OREGON SYMPHONY ASSOCIATION IN SALEM

<u>93-6031819</u> Page 6

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

ec	Check if Schedule O contains a response or note to any line in this Part VI					X
	ion A. Governing Body and Management				<u> </u>	
		I	1	<u>م</u>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		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 0.					
-	Enter the number of voting members included on line 1a, above, who are independent	1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?					X
4	Did the organization make any significant changes to its governing documents since the prior Form 9					X
5	Did the organization become aware during the year of a significant diversion of the organization's ass					X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
	more members of the governing body?			<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:			
а	The governing body?			8a	Х	
	Each committee with authority to act on behalf of the governing body?					X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
ec	ion B. Policies (This Section B requests information about policies not required by the Internal Re					
			,		Yes	No
Da	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
				10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form	? 11 a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		-			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe					
•	on Schedule O how this was done	,		12c	х	
3	Did the organization have a written whistleblower policy?					x
4	Did the organization have a written document retention and destruction policy?					X
5	Did the process for determining compensation of the following persons include a review and approva					
0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i by iii	acpondent			
а	The organization's CEO, Executive Director, or top management official			15a		x
	Other officers or key employees of the organization					X
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			130		- 23
60		oont w	ith a			
ба	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen			10-		x
Ŀ	taxable entity during the year?			<u>16a</u>		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	•	•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16 b		
_	ion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed OR					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	1d 990	-1 (section 501(d	c)(3)s only	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
_	X Own website Another's website X Upon request Other (explain					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy	, and finar	cial	
	statements available to the public during the tax year.					
0	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records			
	JANICE ROMANO - 503-228-4294					
	851 SW 6TH AVE, 385, PORTLAND, OR 97204-1339				n 990	

Part VII	ompensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	mployees, 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average hours per		not c		more	than o		Reportable compensation	Reportable compensation	Estimated amount of
	week	offic	, unies cer an	d a d	irecto	s both pr/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee c	ruste			pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ual tru	io nal 1		ploye	t com ee		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SCOTT SHOWALTER	2.00				_		-			
PRESIDENT	58.00	Х		Х				0.	403,020.	24,474.
(2) STEVE WENIG	5.00									
SECRETARY	40.00	Х		Х				0.	125,993.	26,128.
(3) JANICE ROMANO	5.00									
TREASURER	40.00	Х		Х				0.	128,306.	16,381.
						-				
		1								

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Form 990 (2022)

Form 990 (2022)	OREGON SY	MPHONY	AS	SO	CI.	AΤ	'IO	Ν	IN SALEM	93-60	318	819	Pa	_{ige} 8
Part VII Section A. Office	rs, Directors, Trus	tees, Key Emp	ploye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)		(B)			(C	C)			(D)	(E)			(F)	
Name and ti	tle	Average				ition			Reportable	Reportable			imate	d
		hours per		not ch unles					compensation	compensation	1		ount d	
		week		cer and					from	from related			other	
		(list any	ctor						the	organizations	;	comp		ion
		hours for	ndividual trustee or director				g		organization	(W-2/1099-MIS	C/	fro	m the)
		related	ee o1	Istee			nsati		(W-2/1099-MISC/	1099-NEC)		orga	nizati	on
		organizations	trus	lal tri		yee	a mo		1099-NEC)			and	relate	ed
		below	idual	nstitutional trustee	er	Key employee	est c loyee	ıer				orgar	nizatio	ons
		line)	Indiv	Insti	Officer	Key e	Highest compensated employee	Former						
											-			
											\rightarrow			
											-+			
											\rightarrow			
											\rightarrow			
1b Subtotal		1							0.	657,31	9.	66	,98	33.
c Total from continuation									0.		0.		/ 2 0	0.
									0.	657,31	-	66	,98	
d Total (add lines 1b and									-	•			, , , , ,	
2 Total number of individu	· •	ot limited to th	ose	listed	a ab	ove,) wh	o re	ceived more than \$100,	000 of reportable				0
compensation from the	organization												Vee	-
											E		Yes	No
3 Did the organization list	any former officer,	director, truste	ee, k	ey e	mplo	oyee	e, or	hig	hest compensated emp	loyee on	- F			
line 1a? If "Yes," comple												3		Х
4 For any individual listed														
and related organizatior	ns greater than \$150	0,000? If "Yes,	" со	mple	te S	Sche	dule	J fo	or such individual		L	4	Х	
5 Did any person listed or														
rendered to the organization	ation? If "Yes." com	plete Schedule	e J fa	or su	ch c	berso	on .					5		Х
Section B. Independent Cor	ntractors													
1 Complete this table for	your five highest co	mpensated ind	lepe	nden	t co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensati	on fror	n	
the organization. Report														
	(A)	,			5				(B)			(C)		
1	Name and business	address	NC	ONE					Description of s	ervices	Cc	mpen		ı
								_						
								-						
2 Total number of indeper	ndent contractors (ir	ncluding but no	ot lin	nited	to t	thos	e lis	ted	above) who received mo	ore than				
\$100,000 of compensat	tion from the organiz	zation				0)							

Form **990** (2022)

232008 12-13-22

	n 990		NY ASSOCI	LATION IN S	SALEM	93-6031	819 Page 9
Pa	rt VII						_
		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
(0, (0	1.0	Federated campaigns 1a					30010113 0 12 0 14
Contributions, Gifts, Grants and Other Similar Amounts	l a b						
DOL DOL		Membership dues 1b Fundraising events 1c	18,400.				
fts,	d	Related organizations	10/1000				
, Gi nila	e	Government grants (contributions)	5,146.				
ons Sin	f	All other contributions, gifts, grants, and	0,1100				
her	•		242,235.				
ltrib Ot	g	Noncash contributions included in lines 1a-1f	3,097.				
Con and	h	Total. Add lines 1a-1f		265,781.			
			Business Code				
e	2 a	CONCERT TICKET & FEES	711130	146,488.	146,488.		
vic	b				-		
Sel	с						
am eve	d						
Program Service Revenue	е						
Pr	f	All other program service revenue					
	g	Total. Add lines 2a-2f		146,488.			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		4,041.			4,041.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6					
	d	Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	/ a						
	h	assets other than inventory 7a Less: cost or other basis					
e	, D	and sales expenses					
evenue		$\begin{array}{c c} \text{Gain or (loss)} \\ \hline \textbf{Tc} \hline \hline \textbf{Tc}$					
		Net gain or (loss)		-529.			-529.
Other R		Gross income from fundraising events (not					
Oth	•	including \$ 18,400. of					
-		contributions reported on line 1c). See					
		Part IV, line 18 8a	0.				
	b		0.				
	с	Net income or (loss) from fundraising events		0.			
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses9b					
	с	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b	1				
	с	Net income or (loss) from sales of inventory	Duair C				
sr			Business Code 541800	8,500.		8,500.	
leot ue	11 a	ADVERTISING SALES	241000	0,500.		0,500.	
llan	b						
Miscellaneous Revenue	C A						
Mi	d	All other revenue	<u> </u>	8,500.			
	<u>е</u> 12	Total. Add lines 11a-11d		424,281.	146,488.	8,500.	3,512.
23200	9 12-13			,		,	Form 990 (2022)

Form	990	(2022)
1 01111	000	

OREGON SYMPHONY ASSOCIATION IN SALEM Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons			nplete column (A).	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		¹		ł
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	75,188.	33,130.	21,286.	20,772.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,808.	1,808.		
9	Other employee benefits	6,230.	4,476.	877.	877.
10	Payroll taxes	4,919.	3,239.	867.	813.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	3,300.	3,223.	77.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,416.		1,416.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	230,465.	224,572.	5,893.	
12	Advertising and promotion	11,281.	11,064.		217.
13	Office expenses	21,255.	17,189.	1,414.	2,652.
14	Information technology				
15	Royalties				
16	Occupancy	13,007.	10,970.	823.	1,214.
17	Travel	17,194.	10,270.	195.	6,729.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,404.	2,562.	1,921.	1,921.
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CONTRACT LABOR	20,965.	20,965.		
b					
c					
d					
	All other expenses	12,135.	7,567.	2,085.	2,483.
25	Total functional expenses. Add lines 1 through 24e	425,567.	351,035.	36,854.	37,678.
26	Joint costs. Complete this line only if the organization		-	-	•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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232010 12-13-22

Form 990 (2022)

heet	OREGON	SIMPHONI	ASSOCIATION	ΤN	SALEM	
			3 000073 07037	T 3 T		

93-6031819 Page 11

		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			1,000.	1	1,000.
2	2	Savings and temporary cash investments				2	
3	3	Pledges and grants receivable, net			237,198.	3	4,805.
4	4	Accounts receivable, net			66,893.	4	312,732
5	5	Loans and other receivables from any current or f	ormer of	ficer, director,			
		trustee, key employee, creator or founder, substa	ntial cor	tributor, or 35%			
		controlled entity or family member of any of these	person	s		5	
6	6	Loans and other receivables from other disqualified	ed perso	ns (as defined			
		under section 4958(f)(1)), and persons described i				6	
r is	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		·····		8	
₹ 9	9	Prepaid expenses and deferred charges	12,453.	9	11,625.		
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	38,351.			
	b	Less: accumulated depreciation		22,614.	22,141.	10c	15,737. 151,374.
1	1	Investments - publicly traded securities			148,856.	11	151,374.
12	2	Investments - other securities. See Part IV, line 11				12	
13	3	Investments - program-related. See Part IV, line 1	1	····· -		13	
14	4	Intangible assets			14		
15	5	Other assets. See Part IV, line 11		····· -	100 - 11	15	
16	6	Total assets. Add lines 1 through 15 (must equal			488,541.	16	497,273
17	7	Accounts payable and accrued expenses		17			
18		Grants payable		00 001	18		
19		Deferred revenue		93,361.	19	93,736	
20		Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complete Pa				21	
se 22	2	Loans and other payables to any current or forme					
i <u>F</u>		trustee, key employee, creator or founder, substa		F			
Liabilities	_	controlled entity or family member of any of these		Γ		22	
2.		Secured mortgages and notes payable to unrelate				23	
24		Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
25	5	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines	17-24). C	complete Part X			
	~	of Schedule D			93,361.	25	93,736.
26	6	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, chec		X	95,501.	26	93,130
ŝ		-	k nere				
	-	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		-	172,957.	27	353,134.
22 27					222,223.	27	50,403
28 70	0	Organizations that do not follow FASB ASC 95		hara	222,223.	20	50,405
"		-					
~ ~	0	and complete lines 29 through 33.		F		29	
sta 29	-	Capital stock or trust principal, or current funds				29 30	
e 30		Paid-in or capital surplus, or land, building, or equ					
Net Assets or Fund Balances		Retained earnings, endowment, accumulated inco			395,180.	31 32	403,537
		Total net assets or fund balances			488,541.	32	497,273
33	5	Total liabilities and net assets/fund balances				აა	Eorm 990 (202)

Form 990 (2022)

Form 990 (2022)
Part X Balance Sheet

Form	990 (2022) OREGON SYMPHONY ASSOCIATION IN SALEM	93-60	31819	Pag	_{ge} 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	. <u></u>			
				-	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	424		
2	Total expenses (must equal Part IX, column (A), line 25)	2	425		
3	Revenue less expenses. Subtract line 2 from line 1	3			86.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	395	<u> </u>	
5	Net unrealized gains (losses) on investments	5	9	,64	<u>43.</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	403	, 5:	<u>37.</u>
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	200	

Form **990** (2022)

232012 12-13-22

SC	HE	DUL	E A

(Form 990)

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.

	Pepartment of the Treasury Attach to Form 990 or Form 990-EZ. Open to Public							-		
		nue Service		Go to www.irs.gov/	Form990 for instruction	ns and the	latest inf	ormation.		Inspection
Nan	ne of t	the organizati								identification number
De		Deces	OREG	ON SYMPHON	Y ASSOCIATION	N IN S	SALEM		9	3-6031819
	rt I				(All organizations must c			ee instructior	IS.	
	organ		-		For lines 1 through 12, c	•				
1		A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2					Attach Schedule E (Forn					
3					anization described in se					
4			-	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv).(C	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organizati	on that norma	Illy receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from tl	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:								
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 rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and u	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized a	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).		
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								
				-	ed in section 509(a)(1) o					Check the box on
		7	•		f supporting organizatior				-	
а				-	upervised, or controlled	• • • •	-			
			-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
		¬ -		complete Part IV, Se						
b				-	l or controlled in connect			-		•
			•		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	_	¬ ~	.,	t complete Part IV,						
С			-		g organization operated				ly integrate	d with,
	_	-). You must complete I					
d			-	• •	porting organization oper				•	
					zation generally must sat				l an attentiv	/eness
	_	- ·		,	nplete Part IV, Sections	-				
е			•		written determination fro			Type I, Type	II, Type III	
	- .		0		nally integrated supporting	ng organiz	ation.			
f		er the number		•						
<u> </u>		i) Name of supp		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
	``	organization		(,	(described on lines 1-10	in your govern Yes	ng document? No	support (see in	-	support (see instructions)
		-			above (see instructions))	165				
Tota	al									

OMB No. 1545-0047

2022

Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support, Subtract line 5 from line 4.						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section §	501(c)(3)	
	organization, check this box and stop						
ier	tion C. Computation of Public	Support Per	centage				
14	Public support percentage for 2022 (lir Public support percentage from 2021 \$		•			14 15	

OREGON SYMPHONY ASSOCIATION IN SALEM

(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

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

16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and
stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box
and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

Part II

Schedule A (Form 990) 2022

OREGON SYMPHONY ASSOCIATION IN SALEM 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.) Section A. Public Support

Section A. Public Support									
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1 Gifts, grants, contributions, and									
membership fees received. (Do not									
include any "unusual grants.")	196,394.	149,599.	209,225.	456,505.	265,781.	1277504.			
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	172 074	152 600		151 177	146 499	622 420			
organization's tax-exempt purpose	1/2,0/4.	153,699.		151,1//•	146,488.	023,430			
3 Gross receipts from activities that									
are not an unrelated trade or bus-	12 764	20 110				12 204			
iness under section 513	13,764.	28,440.				42,204.			
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf									
5 The value of services or facilities furnished by a governmental unit to									
the organization without charge									
	382,232.	331,738.	209,225.	607 682	412,269.	1943146.			
6 Total. Add lines 1 through 57a Amounts included on lines 1, 2, and	502,252.	551,750.	205,225.	007,002.	412,209.	T)49740			
3 received from disqualified persons						0.			
b Amounts included on lines 2 and 3 received									
from other than disqualified persons that									
exceed the greater of \$5,000 or 1% of the	40,044.	17,500.	8,924.	4 641.	148,711.	219 820.			
amount on line 13 for the year c Add lines 7a and 7b	40,044.	17,500.	8,924.		148,711.				
8 Public support. (Subtract line 7c from line 6.)	10,011.	17,500.	0,524.	4,0410	140,711.	1723326			
Section B. Total Support						17235200			
alendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
9 Amounts from line 6	382,232.	331,738.	209,225.	607,682.	412,269.	1943146			
IOa Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,203.	887.	724.	1,023.	4,041.	7,878.			
b Unrelated business taxable income (less section 511 taxes) from businesses									
acquired after June 30, 1975	1,203.	887.	724.	1,023.	4,041.	7,878.			
 c Add lines 10a and 10b I1 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 	1,203.	007.	/24.	1,023.	4,041.	7,070.			
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	98.	7,309.	44.	3,925.	8,500.	19,876.			
13 Total support. (Add lines 9, 10c, 11, and 12.)	383,533.	339,934.	209,993.	612,630.	424,810.	1970900.			
I4 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	fourth, or fifth tax y	vear as a section 50	01(c)(3) organizatic	on, _			
check this box and stop here									
Section C. Computation of Publi	ic Support Per	centage							
15 Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	87.44 9			
16 Public support percentage from 2021					16	95.60 9			
Section D. Computation of Inves	stment Income	Percentage							
17 Investment income percentage for 20	022 (line 10c, colur	nn (f), divided by lii	ne 13, column (f))		17	.40 9			
18 Investment income percentage from a					18	.28 9			
19a 33 1/3% support tests - 2022. If the									
more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organizat	tion	X			
b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and									
b 33 1/3% support tests - 2021. If the	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
••	•		nization qualifies a	s a publicly suppo	rted organization				
	ck this box and st	op here. The orga							

2022.05090 OREGON SYMPHONY ASSOCIATI 7141___1

1

Yes No

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- 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 on 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 on 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.)
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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 OREGON SYMPHONY ASSOCIATION IN SALEM 93-6031819 Page 5

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on	e or		

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.
 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,

<u>supervised, or controlled the supporting organization.</u> Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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		

Section 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).
- a 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.*

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	e in Part VI how you supported a governmental entity (see instru	ctions).
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18

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on 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 these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." *describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

1

2

1

Yes No

Schedule A (Form 990) 2022

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Sche	dule A (Form 990) 2022 OREGON SYMPHONY ASSOCIA			93-6031819 Page 6				
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orgar	nizations					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
C	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functiona	ally integrat	ed Type III supporting or	ganization (see				

instructions).

Schedule A (Form 990) 2022

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OREGON	SYMPHONY	ASSOCIATION	IN	SALEM	
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
		(i)	(ii)		(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributior Pre-2022	ıs	Distributable Amount for 2022	
_1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	c From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2018					
b	Excess from 2019					
C	Excess from 2020					
d	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	OREGON S	YMPHONY	ASSOCIAT	ION IN S	ALEM	93-6031819 Pa	age 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	mation. Provide 1, 2, 3b, 3c, 4b, 4c lines 2 and 3; Par	e the explanation , 5a, 6, 9a, 9b, 9 t IV, Section E, li	ns required by Pa c, 11a, 11b, and ines 1c, 2a, 2b, 3	art II, line 10; Pa 11c; Part IV, Se 3a, and 3b; Part	art II, line 17a or ection B, lines 1 V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V	
232028 12-09-2	2			21			Schedule A (Form 990)) 2022

223451 11-15-22

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule B

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

OREGON	SYMPHONY	ASSOCIATION	IN	SALEM	

93-6031819

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

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

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

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

Schedule B (Form 990) (2022)



Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

OREGON SYMPHONY ASSOCIATION IN SALEM

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		\$ <u>10,250.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$134,161.	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
3		\$6,200.	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
4		\$ <u>12,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>17,100.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

93-6031819

223452 11-15-22

16450425 781409 7141

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

OREGON SYMPHONY ASSOCIATION IN SALEM

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,145.	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
8		\$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
9		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

223452 11-15-22

16450425 781409 7141

Employer identification number

93-6031819

Page **2**

(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
_		\$	

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OREGON SYMPHONY ASSOCIATION IN SALEM

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

Name of organization

Part II

93-6031819

Schedule	B (Form 990) (2022)		Page					
Name of o	organization		Employer identification number					
OREGO	N SYMPHONY ASSOCIATION	TN SALEM	93-6031819					
Part III		tions to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.)					
(a) No.	Use duplicate copies of Part III if additiona	l space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
			[
		(e) Transfer of gi	ift					
	Transferee's name, address,	and 7IP + 4	Relationship of transferor to transferee					
	,,,							
		[
(a) No. from	(b) Purpose of gift (c) Use of g		(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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		·						
		(e) Transfer of gi	int					
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		· · · · · · · · · · · · · · · · · · ·						
		·	<u> </u>					
		(e) Transfer of gi	ift					
	Transferee's name, address,	and 7IP + 4	Relationship of transferor to transferee					
223454 11-15	5-22		Schedule B (Form 990) (2022					

28 2022.05090 OREGON SYMPHONY ASSOCIATI 7141___1

SCHEDULE D)
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9 0)

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.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 93 - 6031819

	OREGON SYMPHONY AS			93-6031819
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Func	s or Acc	ounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ie 6.		
	-	(a) Donor advised funds	(b)	Funds and other accounts
4	Total number at and of year	(-,	(/	<u>·</u>
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	-		
	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	be used only	/
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpos	e conferring	
				Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990), Part IV, lir	ne 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education)	of a historic	cally important land area
	Protection of natural habitat	Preservation	of a certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the for	m of a cons	ervation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
				2b
	Number of conservation easements on a certified historic str		····· –	2c
	Number of conservation easements included in (c) acquired a		·····	
ŭ	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re			
5		eased, extinguished, or terminated by t	ne organiza	tion during the tax
4	year	amont is leasted		
4	Number of states where property subject to conservation ear		<u> </u>	
5	Does the organization have a written policy regarding the pe			
•	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing co	inservation e	easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conser	vation easer	ments during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	'0(h)(4)(B)(i)	
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial state	ments that o	describes the
	organization's accounting for conservation easements.			- 1 - · · A - · · · · ·
Par	t III Organizations Maintaining Collections of		Jther Sin	hilar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statemen	t and baland	ce sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in	furtherance	e of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these ite	ems.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement an	d balance sl	heet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	rtherance of	f public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	··· · · · · · · · · · · · · · · · · ·			•
2	If the organization received or held works of art, historical tre			
_	the following amounts required to be reported under FASB A		J, P10	
а	Revenue included on Form 990, Part VIII, line 1			\$
				•
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2022
	09-01-22			
232051	03-01-22			

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Sche Par		SYMPHONY AS ollections of Art	SOCIATION Historical Tre	IN SALEM	er Simila	<u>93-60</u> r Assets	31819	Pa	_{age} 2
3	Using the organization's acquisition, accession						(contin	uea)	
3			, check any of the i	ollowing that make	signinicant	use of its			
-	collection items (check all that apply):								
a									
b	Scholarly research	e							
c	Preservation for future generations								
4	Provide a description of the organization's co	•		•		se in Part	XIII.		
5	During the year, did the organization solicit o				ar assets	_	٦.,		٦
Der	to be sold to raise funds rather than to be ma					<u></u>	Yes		No
Par			te if the organizatio	n answered "Yes" o	n Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi					_	٦		٦
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
							Amount		
С	Beginning balance				<u>1c</u>				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1 f		_		
2a	Did the organization include an amount on Fe	orm 990, Part X, line 2	21, for escrow or cu	istodial account liab	ility?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.					<u></u>			
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	rm 990, Part IV, line	1				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	151,866.	163,806.	123,627.	,627. 129,703. 1				207.
b	Contributions							61,	262.
	Net investment earnings, gains, and losses	4,024.	-6,104.	45,699.		-669.		10,	131.
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs	4,516.	5,836.	5,520.		5,407.		41,	897.
f	Administrative expenses								
	End of year balance	151,374.	151,866.	163,806.	1	L23,627.		129,	703.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	73.3060	%	,					
	Permanent endowment 19.8180	%							
	Term endowment 6.8760								
-	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse		ion that are held ar	nd administered for t	he				
	organization by:						Γ	Yes	No
	(i) Unrelated organizations						3a(i)	X	
	(ii) Related organizations						3a(ii)		х
h	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the								
Par			ment funds.						
	Complete if the organization answere		Part IV. line 11a. S	ee Form 990. Part X	(, line 10,				
	Description of property	(a) Cost or ot			Accumulate	bo	(d) Book	valu	
	Description of property	basis (investm	• •		epreciation		(u) 500r	value	5
10	Land			() u					
	Land								
	Buildings					<u> </u>			
	Leasehold improvements		1	6,193.	10,2	16		5,97	77
	Equipment			2,158.	$\frac{10,2}{12,3}$			3,9 9,76	
	Other				±4,3	<u>, , , , , , , , , , , , , , , , , , , </u>		,	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	(, column (B), line 1	0 <u>c.)</u>		<u></u>		5,73	
						Schedule	D (Form	990)	2022

232052 09-01-22

Schedule D (Form 990) 2022 OREGON SYMP Part VII Investments - Other Securities.	HONY ASSOCIAT	ION IN SALEM	93-6031819 Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line	e 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line	9 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: C	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line	9 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities.	e 15.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part	X line 25
I. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote t	o the organization's financial sta	
organization's liability for uncertain tax positions under	FASB ASC 740. Check h	ere if the text of the footnote ha	s been provided in Part XIII X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 OREGON SYMPHONY ASSOCIATIO	ON IN SALEM	93-6031819 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue p	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	а.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	nents With Expenses	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expanses Add lines 2 and 40 (This was the set Free and De 14 line 40)		
Ť	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 18.</i>) T XIII Supplemental Information.		

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

PART V, LINE 4:

THE ENDOWMENT FUND SUPPORTS A YOUNG MUSICIANS COMPETITION WITH PRIZES.

PART X, LINE 2:

THE ORGANIZATIONS FOLLOW THE PROVISIONS OF FASB 740 ASC TOPIC ACCOUNTING

FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE

ORGANIZATIONS' TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX

POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY

WITH PROVISIONS OF THIS TOPIC.

232054 09-01-22

Schedule D (Form 990) 2022 Part XIII Supplemental Info	OREGON SYMPHONY	ASSOCIATION I	N SALEM	93-6031819	Page 5
	(continued)				
				Schedule D (Form 9	90) 2022

SCHEDULE G	Suppleme	ntal Information Regarding	g Func	Iraisi	ng or Gaming A	ctivit	ies	OMB No. 1545-0047	
(Form 990)		omplete 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.							
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ.Open to PublicGo to www.irs.gov/Form990 for instructions and the latest information.Inspection								
Name of the organization		o www.irs.gov/Form990 for instri	uctions	and ti	ne latest information		Emplover i	dentification number	
5		SYMPHONY ASSOCIAT	ION	EN S	SALEM		93-603		
	complete this part	Complete if the organization answ t.	vered "Y	es" or	n Form 990, Part IV, I	ine 17.	Form 990-	EZ filers are not	
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list b If "Yes," list the 1000000000000000000000000000000000000	b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events								
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundi have c or cor contrib	trol of	(iv) Gross receipts from activity	tò (or fu	mount paid retained by Indraiser ed in col. (i)	y) to (or retained by)	
			Yes	No					
Total									
3 List all states in white or licensing.	ich the organizatio	n is registered or licensed to solicit	t contrib	utions	or has been notified	it is ex	empt from	registration	

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

Schedule G (Form 990) 2022

232081 10-27-22

Schedule G	(Form 990) 2022
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OREGON SYMPHONY ASSOCIATION IN SALEM

93-6031819 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			GALA EVENT (event type)	(event type)	(total number)	col. (c))
anue						
Revenue	1	Gross receipts	18,400.			18,400.
	2	Less: Contributions	18,400.			18,400.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses		Food and beverages				
Dire		Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
_		Net income summary. Subtract line 10 from li				
Pa	nrt I		answered "Yes" on Form	990, Part IV, line 1	9, or reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/insta	ant	(d) Total gaming (add
nue			(a) Bingo	bingo/progressive b		col. (a) through col. (c))
Revenue						
ш	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
lirect E	4	Rent/facility costs				
	5	Other direct expenses				
	5		Yes %	Yes	% 🗌 Yes 🛛 %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	0	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	0	Net gaming income summary. Subtract line 7				
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming ac				Yes No
b	lf "	No," explain:				
	_					
		ere any of the organization's gaming licenses re Yes," explain:			e tax year?	Yes No
)-27-22			Soho	edule G (Form 990) 2022

Schedule G (Form 990	0REGON	SYMPHONY	ASSOCIATION	IN SALEM 93-0	5031819 F	Page 3
11 Does the organization	ation conduct gaming activities	with nonmembers	?		Yes	No
	n a grantor, beneficiary or truste					
to administer cha	ritable gaming?			-	Yes	No
	entage of gaming activity condu					
	s facility				13a	%
	·				13b	%
	nd address of the person who p				100	
	in address of the person who p	repares the organ	ization s gaming/special			
Name						
Address						
Address						
15a Does the organize	ation have a contract with a thir	d party from who	a the organization receive	es gaming revenue?	Yes	No
15a Does the organiza	mon have a contract with a third	u party from who	in the organization receive	as garning revenue?	163	
			-:+: (
	amount of gaming revenue rec			and the amount		
		\$				
c If "Yes," enter na	me and address of the third par	ty:				
Name						
Address						
16 Gaming manager	information:					
Name						
Gaming manager	compensation \$					
Description of ser	vices provided					
·						
Director/o	fficer Employee	e	Independent contractor	r		
17 Mandatory distrib	utions:					
	n required under state law to ma	ake charitable dis	ributions from the gamin	a proceeds to		
retain the state g			C		Yes	No
-	of distributions required under		tributed to other exempt			
	n exempt activities during the ta			organizations of spent in the		
			ns required by Part L line	e 2b, columns (iii) and (v); and Pa	rt III lines 9 9h	10b
	16, and 17b, as applicable. Als				it iii, iiries 9, 90,	100,
150, 150,	To, and Tro, as applicable. Als	o provide any add	intonal information. See il			
232083 10-27-22				Sched	lule G (Form 99	0) 2022
			36			

Schedule G (Form 990) Part IV Supplemental Info	OREGON SYMPHONY	ASSOCIATION	IN SALEM	93-6031819 Page
Supplemental into	(continued)			
				Schedule G (Form 99
232084 04-01-22				

16450425 781409 7141

sc	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	n n	,
		Compensated Employees		20	22	
Depa	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	ne of the organization			identificatio		nber
		OREGON SYMPHONY ASSOCIATION IN SALEM	93-	603181	9	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1 a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
		ation and gross-up payments Earth or social club dues or initiation fee				
		spending account				
ь	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	-	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	3			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	establish compensation	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	a committee Written employment contract				
	Independent of	compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations Approval by the board or compensation c	ommittee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	-				
а		e payment or change-of-control payment?				X
b	-	eive payment from a supplemental nonqualified retirement plan?				X X
с		eive payment from an equity-based compensation arrangement?		4c		
	If "Yes" to any of lir	nes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
5	contingent on the r					
а	-			5a		x
		ation?				X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on			
	contingent on the r					
а	The organization?			6a		X
b		ation?				X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	\$			
		nes 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	пе			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section			9		<u> </u>
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sche	dule J (Forn	n 990)	2022

232111 10-18-22

Schedule J (Form 990) 2022 OREGON		SYMPHONY AS	ASSOCIATION	IN SALEM	93-6031819	819		Page 2
s, Trustee	oldm	vees, and Highest C	ompensated Emple	oyees. Use duplicat	e copies if additional s	pace 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.	oe rep orm 9	oorted on Schedule J 990, Part VII.	, report compensati	on from the organize	ttion on row (i) and fron	n related organizations	s, described in the instri	uctions, on row (ii).
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.	ad inc	dividual must equal th	ie total amount of Fc	ırm 990, Part VII, Se	ction A, line 1a, applic	able column (D) and (E	:) amounts for that indiv	idual.
		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(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			reported as deferred on prior Form 990
(1) SCOTT SHOWALTER	(i)	0.	.0	.0	•0	0.	•0	.0
		403,020.	.0	•0	15,250.	9,224.	427,494.	.0
(2) STEVE WENIG	(i)		.0	.0	4 1			•0
SECRETARY	(ii)	125,993.	.0	.0	6,426.	19,702.	152,121.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
							Schedu	Schedule J (Form 990) 2022

232112 10-18-22

Schedule J (Form 990) 2022 OREGON SYMPHONY ASSOCIATION IN SALEM	93-6031819 Page 3
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.	this part for any additional information.
	Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



OREGON SYMPHONY ASSOCIATION IN SALEM 93-60

93-6031819

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE OREGON SYMPHONY ASSOCIATION IN SALEM EXISTS TO ENRICH THE CULTURAL

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.

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 19:

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC

41

UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

27,228.

Schedule O (Form 990) 2022

16450425 781409 7141

2022.05090 OREGON SYMPHONY ASSOCIATI 7141___1

Schedule O (Form 990) 2022 Name of the organization OREGON SYMPHONY ASSOCIATION IN SALEM	Page Employer identification numbe 93-6031819
MANAGEMENT AND GENERAL EXPENSES	1,157.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	28,385.
ORCHESTRA CONCERT SERVICES:	
PROGRAM SERVICE EXPENSES	197,344.
MANAGEMENT AND GENERAL EXPENSES	4,736.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	202,080.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	230,465.
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

232212 10-28-22

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	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. Go to www.irs.gov/Form990 for instructions and the latest information.	ons and Unrelated Pa ed "Yes" on Form 990, Part IV, lir Attach to Form 990. 90 for instructions and the latest	r tnerships e 33, 34, 35b, 36, information.	or 37.		OMB No. 1545-0047 2022 Open to Public Inspection
Name of the organization OREGON SYMPHONY	IY ASSOCIATION IN SALEM	ALEM			Employer identi 93-6031	Employer identification number 93-6031819
Part I Identification of Disregarded Entities. Complete if the organization	te if the organization answered "Yes"	answered "Yes" on Form 990, Part IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	me End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations. organizations during the tax year.	ttions. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	answered "Yes" on Form 990	, Part IV, line 34, t	ecause it had one	or more related tax-ex	empt
(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 501(c)(3))	(f) Direct controlling entity	Section 5 12(b)(13) controlled entity?
OREGON SYMPHONY ASSOCIATION - 93-0446527 921 SW WASHINGTON STREET, SUITE 200 PORTLAND, OR 97205-2819	SYMPHONY ORCHESTRA	OREGON	501(C)(3)	LINE 12B, II	N/A	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	is for Form 990.				Schedule	Schedule R (Form 990) 2022

232161 09-14-22 LHA

Schedule R (Form 990) 2022 OREGON	ON SYMPHONY	ASSOC	- H 1	SALEM			:		93-60	-6031819	Page 2
Part III Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	ganizations Taxable a	as a Partne ax year.		the organiza	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	es" on Form 990,	Jart IV, line 3	34, because	e it had one or m	iore relate	q
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under servions 5.12-514)		(f) Share of total Sl income end	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or F managing e partner?	(k) Percentage ownership
		6									
Part IV Identification of Related Organizations Taxable as a Corporation or ganizations treated as a corporation or trust during the tax year.	ganizations Taxable a	as a Corpoi	or Trust.	omplete if the	Complete if the organization answered "Yes"	wered "Yes" on F	orm 990, Pai	t IV, line 34	on Form 990, Part IV, line 34, because it had one or more related	l one or n	ore related
(a) Name, address, and EIN of related organization	Ζc	Prime	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of F end-of-year assets	(h) Percentage ownership	(j) Section 512(b)(13) controlled entity? Yes No
232162 09-14-22				VV					Sched	ule R (Fo	Schedule R (Form 990) 2022

IN SALEM
ASSOCIATION
YMPHONY
022 OREGON
tule R (Form 990) 2

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

	2	X	X	×	×	×	:	×	Х	X	×	×		×	X		×	×	×	X	X	×								
;	Yes															Х														
		1a	1b	ب	14	1e		₽	1g	1h	≓	÷	•	ŧ	Ŧ	1 m	4	٩	1p	1q	٦r	1s		olved						
	רון Parts II-IV?																						elationships and transaction thresholds.	(d) Method of determining amount involved	CASH					
	lated organizations listed i																						is line, including covered r	(c) Amount involved	202,080.					
	s with one or more re	V													inization(s)	nization(s)	ion(s)						/ho must complete thi	(b) Transaction type (a·s)	W					
	Note: Complete line 1 if any entity is listed in Parts II, in, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	b Gift, grant, or capital contribution to related organization(s)	Ś				f Dividends from related organization(s)	g Sale of assets to related organization(s)	h Purchase of assets from related organization(s)		o related organization(s)		k Lease of facilities, equipment, or other assets from related organization(s)	I Performance of services or membership or fundraising solicitations for related organization(s)	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)		p Reimbursement paid to related organization(s) for expenses	Reimbursement paid by related organization(s) for expenses	r Other transfer of cash or property to related organization(s)	(s)	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	(a) Name of related organization	(1) OREGON SYMPHONY ASSOCIATION	(2)	(3)	(4)	(5)	

(6) 232163 09-14-22

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022	2
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Part VII | Supplemental Information

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

Schedule R (Form 990) 2022

232165 09-14-22

	rksheet)	ed Tax ome for (and on Inv	on Unrelate Tax-Exemp estment Income for	ALEM ed Business ot Organizat Private Foundations) the Internal Revenue	ions form 990-t	, 2023
1	Unrelated business taxable income expected in th	e tax year 🛄			1	
2	Tax on the amount on line 1				2	
3	Alternative minimum tax for trusts					
4	Total. Add lines 2 and 3				4	
5	Estimated tax credits					
6	Subtract line 5 from line 4				6	
7	Other taxes					
8	Total. Add lines 6 and 7					
9	Credit for federal tax paid on fuels					
b	Enter the tax shown on the 2022 return. Caution: zero or the tax year was for less than 12 months,	lf skip this line		10a 10b	1,185. er the amount	
	from line 10a on line 10c		(a)	ADJUST	ED TO 10c (c)	<u>1,200.</u> (d)
11	Installment due dates	11	.~/			06/17/24
12	Installments. Enter 25% of line 10c in columns (a) through (d)	12				1,200.
13	2022 Overpayment	13				
14	Payment due (Subtract line 13 from line 12)	14				<u>1,200.</u> Form 990-W

223801 02-09-23

0	070 TE	***	** TH IRS	IS IS NOT A Se-file Signa	ture Aut	thorization	* * *	OM	B No. 1545-0047
	879-TE	For calendar yea	ar 2022, or fis	for a Tax E cal year beginning <u>JUL</u> Do not send to the I	1, 2022, 5	and ending JUN	30, 20 <u>23</u>		2022
	nt of the Treasury evenue Service		Go t	o www.irs.gov/Form88					
Name of	filer			×			EIN or SS	N	
	OREGON	SYMPHON	NY AS	SOCIATION IN	SALEM		93-6	0318	19
Name an	d title of officer or pe		ax JA	NICE ROMANO EASURER					
Part	Type of I	Return and		Information					
Form 53 or 10a b whichew than on	330 filers may enter below, and the amo	r dollars and ce ount on that line ank (do not ent	ents. For a e for the r ter -0-). Bu	ng this Form 8879-TE ar all other forms, enter wh return being filed with th ut, if you entered -0- on the Total revenue, if any (I	ole dollars onl is form was bl he return, ther	y. If you check the ank, then leave line n enter -0- on the ap	box on line 1a, 2a 1b, 2b, 3b, 4b, 5 oplicable line below	, 3a, 4a, b, 6b, 7b ⁄. Do no	5a, 6a, 7a, 8a, 9a, , 8b, 9b, or 10b, ot complete more
	Form 990-EZ che			Total revenue, if any (i					
	Form 1120-POL			Total tax (Form 1120-F					
	Form 990-PF che			Tax based on investm					
	Form 8868 check			Balance due (Form 88				50	1,185.
	Form 990-T check			Total tax (Form 990-T,				- do	<u> </u>
	Form 4720 check	-		Total tax (Form 4720,					
	Form 5227 check	-		FMV of assets at end		orm 5227, item D)			
	Form 5330 check			Tax due (Form 5330, F		d (Farma 0000 OD			
10a Part	Form 8038-CP ch			Amount of credit payr Authorization of C				100	
			·	n an officer of the above					
of entity			<u>11</u> I all			r an a person suc			
later tha paymer persona PIN: ch	an 2 business days at of taxes to receiv al identification num eck one box only	prior to the pa e confidential i ıber (PIN) as m	iyment (se informatio iy signatu	nt. To revoke a paymen attlement) date. I also au n necessary to answer re for the electronic retu	ithorize the fini inquiries and re	ancial institutions ir esolve issues relate	nvolved in the proc ed to the payment.	essing of I have se	f the electronic elected a wal.
X	I authorize MC	DONALD J	JACOB				to enter my		93603
				ERO firm nam	e				r five numbers, but ot enter all zeros
	with a state age on the return's d As an officer or p return. If I have i	ncy(ies) regulat lisclosure cons person subject ndicated withir	ting charit sent scree to tax wit n this retu	ectronically filed return. ies as part of the IRS Fe n. th respect to the entity, rn that a copy of the ret IN on the return's disclo	ed/State progr I will enter my urn is being fil	am, I also authorize PIN as my signatur ed with a state age	the aforementione	e return i ed ERO to 2022 elec	is being filed o enter my PIN tronically filed
		بەر بەر		IS IS NOT A			** Dat	to.	
Signature Part	of officer or person subjection of the subjectio	tion and Au			TUCADL	E COFI ""	D at	le l	
	EFIN/PIN. Enter yo								
	(EFIN) followed by					9313941 Do not enter			
submitt				nich is my signature on irements of Pub. 4163,		ronically filed returr	n indicated above.		
ERO's si	gnature <u>MCD</u>	ONALD JA	ACOBS	, P.C.		Date	04/25/24		
) Must Retain This					
				it This Form to the		s requested	10 00 30	Га	8879-TE (2022)
LHA F	or Privacy Act and	Paperwork H	reauction	Act Notice, see instru	ctions.			Form	(2022)
202521 12	2-16-22				49				

16450425 781409 7141

2022.05090 OREGON SYMPHONY ASSOCIATI 7141___1

Form	990-T	E	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	ו ו	OMB No. 1545-0047
		For cal	rendar year 2022 or other tax year beginning JUL 1, 2022 , and ending JUN 30, 202	23	2022
Depar Interna	tment of the Treasury al Revenue Service		Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
Α	X Check box if address changed.		Name of organization (Check box if name changed and see instructions.)		oyer identification number
B E	xempt under section	Print	OREGON SYMPHONY ASSOCIATION IN SALEM	9	3-6031819
X	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 851 SW 6TH AVE, 385		p exemption number nstructions)
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code PORTLAND , OR 97204–1339	_F	Check box if
		С Во	ok value of all assets at end of year		an amended return.
G	Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust] State	college/university
H	Check if filing only to	2	Claim credit from Form 8941 Claim a refund shown on Form 2439		
<u> </u>	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
			ed Schedules A (Form 990-T)		1
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? d identifying number of the parent corporation.		Yes X No
	The books are in car			503-	228-4294
Pa	rt I Total Unr	elate	d Business Taxable Income		
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	6,645.
2	Reserved			2	
3	Add lines 1 and 2			3	6,645.
4			see instructions for limitation rules)	4	0.
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	5	6,645.
6	Deduction for net	operati	ng loss. See instructions	6	
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from			7	6,645.
8	Specific deduction	n (genei	ally \$1,000, but see instructions for exceptions)	8	1,000.
9			duction. See instructions	9	
10	Total deductions.	. Add lii	nes 8 and 9	10	1,000.
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero			11	5,645.
Ра	rt II Tax Com	•			1 105
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	1	1,185.
2			ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins			3	
4	Other tax amounts		· · · · · ·	4	
5	Alternative minimu			5	
6			cility income. See instructions	6	1,185.
7			h 6 to line 1 or 2, whichever applies	7	1, 100.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

223701 01-16-23

Form 9	90-T (2022)			Page 2
Part	III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions) 1b			
с	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2	1,1	85.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866			
	Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions).			
	section 1294. Enter tax amount here	4	1,1	85.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a	Payments: A 2021 overpayment credited to 2022			
b	2022 estimated tax payments. Check if section 643(g) election applies 6b			
с	Tax deposited with Form 8868			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d			
е	Backup withholding (see instructions) 6e			
f	Credit for small employer health insurance premiums (attach Form 8941) 6f			
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total 6g			
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		41.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	1,2	26.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
<u>11</u>	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	foreign trust?			X
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$			
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL car	ryover		\vdash
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part	I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
	Business Activity Code Available post-2017 NOL c	arryover		
	\$			
	\$			
6a	Did the organization change its method of accounting? (see instructions)			X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"			
	explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign	Under penalties of perjury, I declare that I have examine correct, and complete. Declaration of preparer (other th				wledge	and belief, it is true,
Here			TREASURER		· ·	the IRS discuss this return with reparer shown below (see
	Signature of officer	Date	Title		instru	uctions)? X Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check] if	PTIN
Paid				self- employ	ed	
Preparer	. SANG AHN					P00540880
Use Only		COBS, P.C.		Firm's EIN		93-0900579
000 0111	121 SW SA	LMON ST., ST	'E 1100			
	Firm's address PORTLAND ,	OR 97204		Phone no.	(5	03) 227-0581
223711 01-16-	23					Form 990-T (2022)

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

1

Open to Public Inspection for 501(c)(3) Organizations Only

1

Α Name of the

ne of the organiz	zation				
OREGON	SYMPHONY	ASSOCIATION	IN	SALEM	

B Employer identification number 93-6031819

1

of

D Sequence:

541800 Unrelated business activity code (see instructions) С

Describe the unrelated trade or business ADVERTISING IN CONCERT PROGRAMS

<u>E</u> [Describe the unrelated trade or business ADVERTISING	IN (CONCERT PROGR	AMS	
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11	8,500.	1,855.	6,645.
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	8,500.	1,855.	6,645.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)		 1	
2	Salaries and wages			
3	Repairs and maintenance			
4	Bad debts			
5	Interest (attach statement). See instructions			
6	Taxes and licenses		 6	
7	Depreciation (attach Form 4562). See instructions	7		
8	Less depreciation claimed in Part III and elsewhere on return		8b	
9	Depletion		 9	
10	Contributions to deferred compensation plans			
11	Employee benefit programs			
12	Excess exempt expenses (Part VIII)			
13	Excess readership costs (Part IX)			
14	Other deductions (attach statement)		 14	
15	Total deductions. Add lines 1 through 14			0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from			
	column (C)		 16	6,645.
17	Deduction for net operating loss. See instructions			0.
18	Unrelated business taxable income. Subtract line 17 from line 16			6,645.
LHA	For Paperwork Reduction Act Notice, see instructions.		Schedu	e A (Form 990-T) 2022

223741 01-16-23

	ule A (Form 990-T) 2022				Page 2
Part		thod of inventory valuat			
1					
2 3	Purchases				
3 4	Cost of labor Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property				Yes No
Part					
1	Description of property (property street address, city,	state, ZIP code). Check	if a dual-use. See instr	uctions.	
	A 🗌				
	в 🗔				
	c 🔄				
	D	1			
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	A through D. Enter here	and on Part L line 6 or	olumn (A)	0.
•	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. E		line 6, column (B)		0.
Part	V Unrelated Debt-Financed Income (s	see instructions)			
1	Description of debt-financed property (street address,	city, state, ZIP code). C	heck if a dual-use. See	instructions.	
	B				
	D	Α	В	С	D
2	Gross income from or allocable to debt-financed	A	D		U
2	property				
3	Deductions directly connected with or allocable				
•	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
с	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6 \dots				
8	Total gross income (add line 7, columns A through D). Enter here and on Pa	rt I, line 7, column (A)	·····	0.
		·			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A th		d on Part I, line 7, colur	nn (B)	
11	Total dividends-received deductions included in line	e 10		.	0.
223721 (01-16-23	53		Schedule	A (Form 990-T) 2022

Page 3 Page 3 Page 3 Page 4 Page 4 Page 3 Page 10 Schedule Organizations (See instructions) Interest, Annuities, Royalties, and Rents from Controlled Organizations 6. Deductions directly connected with income in column 5 (1) 1 (Deductions directly connected with income in column 5 (1) Nonexempt Controlled Organizations 11. Nonexempt Controlled Organizations 11. 10. Deductions directly connected with income in column 10 Nonexempt Controlled Organizations 11. 10. Deductions directly connected with income in column 10 (1) Nonexempt Controlled Organizations 11. Deductions directly connected with income in column 10 <th cols<="" th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>1</th></th>	<th></th> <th>1</th>											1
I. Name of controlled organization 2. Employer identification number 3. Net unrelated income (loss) (see instructions) 4. Total of specified payments made 5. Part of column 4 that is included in the controlling organiza- tion's gross income 6. Deductions directly connected with income in column 5 (1) 1	Sched	ule A (Form 990-T) 2022	uition Dovaltion and D)onto fror	n Control		aonization		· · ·	. ,	Page 3	
1. Name of controlled organization 2. Employer identification number 3. Net unrelated income (loss) (see instructions) 4. Total of specified payments made 5. Part of column 4 this included in the controlling organization income in column 5 6. Deductions directly connected with income in column 5 (1)	Part	VI Interest, Annu					-	· ·				
organization identification number income (loss) (see instructions) payments made that is included in the controlling organiza- tion's gross income connected with income in column 5 (1) Image: Connected with income in column 5 Image: Connected with income in column 5 Image: Connected with income in column 5 (2) Image: Connected with income (loss) Image: Connected with income (loss) Image: Connected with income (loss) 7. Taxable Income 8. Net unrelated 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organizations 11. Deductions directly connected with income in column 10 (1) Image: Connected with income (loss) Image: Connected with income in column 10 Image: Connected with income in column 10 (1) Image: Connected with income in column 10 Image: Connected with income in column 10 Image: Connected with income in column 10 (1) Image: Connected with income in column 10 Image: Connected with income in column 10 Image: Connected with income in column 10 (1) Image: Connected with income in column 10 Image: Connected with income in column 10 Image: Connected with income in column 10 (1) Image: Connected with income in column 10 Image: Connected with income in column 10 I		1. Name of controlle	d 2 . Employer	3. Net	unrelated		•	<u> </u>	,		6. Deductions directly	
Introder (see instructions) tion's gross income Introduction in could in the income in column is gross income (1) (2) (3) (4) (5) (5) (5) (3) (3) (5) (5) (5) (5) (5) (5) (1) (5) (5) (5) (5) (5) (5) (5) (5) (1) (5) (6) (6) (6) (6		organization						that is	included i	in the		
(2) Image: Controlled Organizations (3) Image: Controlled Organizations (4) Image: Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income 11. Deductions directly connected with income in column 10 (1) Image: Controlled Organization Image: Control organization Image: Controled Organization			number	(see ins	structions)						income in column 5	
(3) Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income 11. Deductions directly connected with income in column 10 (1) Add columns 5 and 10. Enter here and on Part I, line 8, column (A) Add columns 6 and 11. Enter here and on Part I, line 8, column (B) Totals 0. 0. Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization income 3. Deductions (attach statement) 5. Total deductions and set-asides (add cols 3 and 4) (1) Add amounts in column 2. Enter here and on Part I, line 8, column (B) Add amounts in column 2. Enter here and on Part I, line 8, column (B) Add amounts in column 5. Enter here and on Part I, line 8, column 0	(1)											
(4) Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income 11. Deductions directly connected with income in column 10 (1)	<u>(2)</u>											
Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income 11. Deductions directly connected with income in column 10 (1)												
7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income 11. Deductions directly connected with income in column 10 (1)	<u>(4)</u>			lonovomat (Controlled Or	 	000					
income (loss) (see instructions) payments made that is included in the controlling organization's gross income connected with income in column 10 (1)		7 Taxable Income				-		of colur	nn 9	11	Deductions directly	
(see instructions) controlling organization's gross income income in column 10 (1)					•		that is inc	luded i	n the		-	
(1)										inc	ome in column 10	
(3)	(1)						<u>g</u> ,		-			
(4) Add columns 5 and 10. Enter here and on Part I, line 8, column (A) Add columns 6 and 11. Enter here and on Part I, line 8, column (B) Totals 0. 0. Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 4. Set-asides (attach statement) 5. Total deductions and set-asides (add cols 3 and 4) (1) 2. Add amounts in column 2. Enter here and on Part I, 4. Set-asides (add cols 3 and 4)												
Add columns 5 and 10. Enter here and on Part I, line 8, column (A) Add columns 6 and 11. Enter here and on Part I, line 8, column (A) Totals 0. 0. Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization income (see instructions) 1. Description of income 2. Amount of income 3. Deductions directly connected (attach statement) 4. Set-asides (attach statement) 5. Total deductions and set-asides (add cols 3 and 4) (1) 4. Set-asides (add cols 3 and 4) 5. Total deductions and set-asides (add cols 3 and 4) (1) 4. Set-asides (add cols 3 and 4) (1) Add amounts in column 2. Enter here and on Part I,	(3)											
Totals Enter here and on Part I, line 8, column (A) Enter here and on Part I, line 8, column (B) Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization I. Description of income 2. Amount of income 3. Deductions directly connected (attach statement) 5. Total deductions and set-asides (add cols 3 and 4) (1)	<u>(4)</u>											
Totals 0. 0. Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 0. 0. 1. Description of income 2. Amount of income 3. Deductions directly connected (attach statement) 4. Set-asides (add cols 3 and 4) (1) (1) (1) (2) (2) (2) (3) (4) (2) (3) (4)												
Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 3. Deductions directly connected (attach statement) 4. Set-asides (attach statement) 5. Total deductions and set-asides (add cols 3 and 4) (1) (1) (2) (2) (3) (4) (4) Add amounts in column 2. Enter here and on Part I, Add amounts in here and on Part I, Add amounts In here and on Part I,									<i>,</i>		,	
Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 3. Deductions directly connected (attach statement) 4. Set-asides (attach statement) 5. Total deductions and set-asides (add cols 3 and 4) (1) (1) (2) (2) (3) (4) (4) Add amounts in column 2. Enter here and on Part I, Add amounts in here and on Part I, Add amounts In here and on Part I,	Totals								0.		0.	
1. Description of income 2. Amount of income 3. Deductions directly connected (attach statement) 4. Set-asides (attach statement) 5. Total deductions and set-asides (add cols 3 and 4) (1)	_		ncome of a Section 5	01(c)(7), (9). or (17)	Orgar	nization (s	ee instr				
(attach statement) (attach statement) (attach statement) (add cols 3 and 4) (1) (attach statement) (add cols 3 and 4) (2) (attach statement) (add cols 3 and 4) (3) (attach statement) (attach statement) (4) (attach statement) (attach statement) Add amounts in column 2. Enter here and on Part I, (attach statement)										asides	5. Total deductions	
(2) (3) (4) Add amounts in column 2. Enter here and on Part I, Add amounts in column 5. Enter here and on Part I,					incon	ne			(attach st	atemen	-	
(3) Image: Constraint of the second												
(4) Add amounts in column 2. Enter here and on Part I, Add amounts in column 5. Enter here and on Part I,												
Add amounts in column 2. Enter Add amounts in column 5. Enter here and on Part I, here and on Part I,												
column 2. Enter column 5. Enter here and on Part I,	(4)				Add amou	ints in		_			Add amounts in	
					column 2	Enter					column 5. Enter	
line 9, column (A) line 9, column (B)												
Totals 0. 0.	Totals					-						
Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)	Part	VIII Exploited E	xempt Activity Income	e, Other 1	han Adve	ertising	g Income ((see ins	tructions)			
1 Description of exploited activity:	1	Description of exploite	ed activity:									
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) 2	2	Gross unrelated busin	ess income from trade or bus	siness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I,	3											
line 10, column (B)	_									3		
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete	4											
lines 5 through 7 4	E	0										
5 Gross income from activity that is not unrelated business income 5 6 Expenses attributable to income entered on line 5 6												
 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 										 +		
4. Enter here and on Part II, line 12										7		

Schedule A (Form 990-T) 2022

223731 01-16-22

rt I	ule A (Form 990-T) 2022					F	age 4
	y				~~	4	
	Name(s) of periodical(s). Check box if reportin	ng two or mo	re periodicals on a con	solidated basis	s. STATEM	IENT 1	
	A X CONCERT PROGRAM						
	В						
	c						
	D						
er a	mounts for each periodical listed above in the	correspondir	ng column.				
			Α	В	С	D	
	Gross advertising income		8,500.				
	Add columns A through D. Enter here and on	n Part I, line 1	1, column (A)			8,5	00.
а							
	Direct advertising costs by periodical		1,855.				
а	Add columns A through D. Enter here and on	n Part I, line 1	1, column (B)			1,8	<u>55</u> .
	Advertising gain (loss). Subtract line 3 from lin	ne					
	2. For any column in line 4 showing a gain,						
	complete lines 5 through 8. For any column in	n					
	line 4 showing a loss or zero, do not complete						
	lines 5 through 7, and enter zero on line 8		6,645.				
	Readership costs						
	Circulation income						
	Excess readership costs. If line 6 is less than						
	line 5, subtract line 6 from line 5. If line 5 is lea	ss					
	than line 6, enter zero						
	Excess readership costs allowed as a						
	deduction. For each column showing a gain o	on					
	line 4, enter the lesser of line 4 or line 7						
а	Add line 8, columns A through D. Enter the gr		line 8a, columns total c	r zero here an	d on		
	Part II, line 13						0.
rt)	X Compensation of Officers, Dir	rectors, a	nd Trustees (see i	nstructions)			
					3. Percentage	4. Compensation	ı
	1. Name		2. Title		of time devoted	attributable to	
					to business	unrelated busines	S
					%		
					%		
					%		
					,,		
					%		
tal.	Enter here and on Part II, line 1						0.
tal. rt)		ee instruction	s)				0.
		ee instruction	s)				0.
		ee instruction	s)				0.
		ee instruction	s)				0.
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		ee instruction	s)				0.
		ee instruction	s)				

223732 01-16-23

	SEPARATE PERIO A CONSOLIDAT		-	STATE	MENT 1
		GROSS INCOME	DIRECT COSTS	CIRC. INCOME	RDRSHIP COSTS
CONCERT PROGRAM	- CONCERT PROGRAMS SUBTOTAL	8,500. 8,500.	1,855. 1,855.	0.	0.

Form	2220
	ment of the Treasur

Name

Underpayment	of Estimated	Tax by	Corporations

FORM 990-T

Attach to the corporation's tax return. F'OR v.irs.gov/Form2220 for instructions and the latest information. г 2022

uu iu	www.ii5.	90v/i 0i	1112220 10	n manu	6110113	anu n	IC IALCO	st mit

Employer identification number 93-6031819

OMB No. 1545-0123

|--|

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

	Part I Required Annual Payment									
1	Total tax (see instructions)						1	1,185.		
•							· ·			
2	a Personal holding company tax (Schedule PH (Form 1120), lin	e 26)	included on line 1	2a	1					
	b Look-back interest included on line 1 under section 460(b)(2)									
	contracts or section 167(g) for depreciation under the income			2b						
		1010								
	c Credit for federal tax paid on fuels (see instructions)			20						
		2	2d							
 d Total. Add lines 2a through 2c 3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation 										
U	does not owe the penalty		3	1,185.						
1	Enter the tax shown on the corporation's 2021 income tax retu	······ ⊢	0							
7	or the tax year was for less than 12 months, skip this line and		4	745.						
		onto				······	-	,130		
5	Required annual payment. Enter the smaller of line 3 or line	∕l If	the cornoration is require	nd to skin line A						
0			5	745.						
	Part II Reasons for Filing - Check the boxes belo		at apply. If any boxes are					/130		
	even if it does not owe a penalty. See instructions.				poration					
6	The corporation is using the adjusted seasonal install	nent	method.							
7	The corporation is using the annualized income installment method.									
8	The corporation is a "large corporation" figuring its first	st rec	uired installment based o	on the prior year'	s tax.					
	Part III Figuring the Underpayment									
			(a)	(b)		(C)		(d)		
9	Installment due dates. Enter in columns (a) through (d) the									
	15th day of the 4th (Form 990-PF filers: Use 5th month),									
	6th, 9th, and 12th months of the corporation's tax year	9	10/15/22	12/15	/22	03/15/23	3	06/15/23		
10	Required installments. If the box on line 6 and/or line 7									
	above is checked, enter the amounts from Sch A, line 38. If									
	the box on line 8 (but not 6 or 7) is checked, see instructions									
	for the amounts to enter. If none of these boxes are checked,									
	enter 25% (0.25) of line 5 above in each column	10	186.		187.	186	5.	186.		
11	Estimated tax paid or credited for each period. For									
	column (a) only, enter the amount from line 11 on line 15.									
	See instructions	11								
	Complete lines 12 through 18 of one column									
	before going to the next column.									
12	Enter amount, if any, from line 18 of the preceding column	12								
	Add lines 11 and 12	13								
14	Add amounts on lines 16 and 17 of the preceding column	14			186.	373	3.	559.		
	Subtract line 14 from line 13. If zero or less, enter -0-	15	0.		0.).	0.		
	If the amount on line 15 is zero, subtract line 13 from line						-	•••		
	14. Otherwise, enter -0-	16			186.	373	3.			
17	Underpayment. If line 15 is less than or equal to line 10,				•		•			
.,	subtract line 15 from line 10. Then go to line 12 of the next									
		17	186.		187.	186	5.	186.		
18	column. Otherwise, go to line 18 Overpayment. If line 10 is less than line 15, subtract line 10		±00•		_ • / •	1 100	••	1001		
10	from line 15. Then go to line 12 of the next column	18								
		1.0		1		1				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2022)

212801 01-24-23

$\texttt{FORM} \quad \texttt{990-T}$

Form 2220 (2022)

OREGON SYMPHONY ASSOCIATION IN SALEM

Part IV Figuring the Penalty

			(a)	(b)	(C)	(d)
9	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19				
20	Number of days from due date of installment on line 9 to the					
	date shown on line 19	20				
1	Number of days on line 20 after 4/15/2022 and before 7/1/2022	21				
2	Underpayment on line 17 x Number of days on line 21 x 4% (0.04)	22	\$	\$	\$	\$
3	Number of days on line 20 after 6/30/2022 and before 10/1/2022	23				
4	Underpayment on line 17 x Number of days on line 23 x 5% (0.05) 365	24	\$	\$	\$	\$
5	Number of days on line 20 after 9/30/2022 and before 1/1/2023	25				
6	Underpayment on line 17 x Number of days on line 25 x 6% (0.06) 365	26	\$	\$	\$	\$
7	Number of days on line 20 after 12/31/2022 and before 4/1/2023	27	SEE	ATTACHED W	ORKSHEET	
8	Underpayment on line 17 x Number of days on line 27 x 7% (0.07) 365	28	\$	\$	\$	 \$
9	Number of days on line 20 after 3/31/2023 and before 7/1/2023	29				
0	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	 \$
1	Number of days on line 20 after 6/30/2023 and before 10/1/2023	31				
2	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	 \$
3	Number of days on line 20 after 9/30/2023 and before 1/1/2024	33				
4	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	 \$
5	Number of days on line 20 after 12/31/2023 and before 3/16/2024	35				
6	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
8	Penalty. Add columns (a) through (d) of line 37. Enter the to	tal he	ere and on Form 1120. lir	ne 34° or the comparable		

These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov**. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2022)

212802 01-24-23

FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

ame(s)				Identifying Num	ber
OREGON SYME	HONY ASSOCIAT	TION IN SALEM		93-6031	L819
(A)	(B)	(C)	(D)	(E)	(F)
*Date	Amount	Adjusted Balance Due	Number Days Balance Due	Daily Penalty Rate	Penalty
		-0-			
10/15/22	186.	186.	61	.000164384	2
12/15/22	187.	373.	16	.000164384	1
12/31/22	0.	373.	74	.000191781	5
03/15/23	186.	559.	92	.000191781	10
06/15/23	186.	745.	107	.000191781	15
09/30/23	0.	745.	46	.000219178	8
	mn F).				41

* Date of estimated tax payment, withholding credit date or installment due date.

212511 04-01-22