

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

THE SAN FRANCISCO SYMPHONY SETS THE HIGHEST POSSIBLE STANDARD FOR EXCELLENCE IN MUSICAL PERFORMANCE AT HOME AND AROUND THE WORLD, ENRICHES, SERVES, AND SHAPES CULTURAL LIFE THROUGHOUT THE SPECTRUM OF BAY AREA COMMUNITIES, MAINTAINS FINANCIAL STABILITY AND GAINS PUBLIC RECOGNITION AS A MEANS OF ENSURING ITS ABILITY TO FULFILL ITS MISSION

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O





| | | | | | | | |
|----|--|--------------|------------|------------------------|-----------|-------------|--------------|
| 4a | (Code | (Expenses \$ | 63,065,034 | including grants of \$ | 115,850) | (Revenue \$ | 31,309,333) |
| | <p>THROUGH ITS ARTISTIC, EDUCATION AND COMMUNITY PROGRAMS, THE SAN FRANCISCO SYMPHONY EACH YEAR SERVES MORE THAN 600,000 BAY AREA RESIDENTS AND VISITORS OF EVERY ECONOMIC AND CULTURAL BACKGROUND IN OVER 200 CONCERTS THE SYMPHONY ADDITIONALLY REACHES MILLIONS OF OTHERS THROUGHOUT THE UNITED STATES AND ABROAD THROUGH TOURING, RECORDING, THE WEB, AND RADIO AND TELEVISION BROADCASTS THE GRAMMY AWARD WINNING SAN FRANCISCO SYMPHONY IS REGARDED INTERNATIONALLY AS ONE OF THE FOREMOST AMERICAN ORCHESTRAS UNDER MUSIC DIRECTOR MICHAEL TILSON THOMAS, THE SYMPHONY OFFERS EXCITING CLASSICAL PROGRAMS WITH INTERNATIONALLY ACCLAIMED GUEST ARTISTS IN ITS 100+ CONCERT SUBSCRIPTION SERIES OTHER ANNUAL SERIES INCLUDE THE GREAT PERFORMERS SERIES, MUSIC FOR FAMILIES AND THE CHAMBER MUSIC SERIES IN ADDITION, THE ORCHESTRA OFFERS FREE COMMUNITY CONCERTS, AN ANNUAL SUMMER FESTIVAL AND DECEMBER HOLIDAY CONCERTS THE SYMPHONY PROVIDES AN EXTENSIVE ARRAY OF MUSIC EDUCATION PROGRAMS FOR YOUTH AND ADULTS, MOST OF WHICH ARE FREE OF CHARGE FOR YOUNG CHILDREN, THERE IS ADVENTURES IN MUSIC, A COMPREHENSIVE MUSIC EDUCATION PROGRAM IN EVERY SAN FRANCISCO PUBLIC ELEMENTARY SCHOOL SERVING OVER 25,000 CHILDREN AND CONCERTS FOR KIDS, REACHING NEARLY 35,000 SCHOOL CHILDREN EACH YEAR FROM AROUND THE GREATER BAY AREA OTHER PROGRAMS INCLUDE A SPECIAL WEB SITE FOR CHILDREN, WWW.SFSKIDS.ORG, OFFERING YOUNGSTERS AROUND THE WORLD AN INTRODUCTION TO MUSIC, THE INSTRUMENT TRAINING PROGRAM FOR MIDDLE AND HIGH SCHOOL MUSIC STUDENTS, THE HOWARD SKINNER STUDENT FORUM, OFFERING GREATLY DISCOUNTED TICKETS TO COLLEGE STUDENTS, AND FREE TICKETS FOR HIGH SCHOOL AND COLLEGE MUSIC STUDENTS FOR ADULTS, THE SYMPHONY PRESENTS INSIDE MUSIC TALKS, WHICH ARE FREE OF CHARGE BEFORE EACH CONCERT OTHER PROGRAMS REACH ECONOMICALLY DISADVANTAGED BAY AREA RESIDENTS AND INCLUDE FREE OUTDOOR CONCERTS AND SEVERAL PROGRAMS DISTRIBUTING DISCOUNTED AND COMPLIMENTARY TICKETS THE SYMPHONY'S WIDE-RANGING RECORDING AND MEDIA PROJECTS MAKE CLASSICAL MUSIC MORE ACCESSIBLE TO PEOPLE OF ALL AGES AND BACKGROUNDS, INCLUDING A NATIONAL PBS-TV SERIES OF DOCUMENTARIES AND CONCERTS, NATIONALLY SYNDICATED RADIO PROGRAMS, AND INTERACTIVE WEBSITES</p> | | | | | | |

[illegible][illegible]

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

Part IV

Checklist of Required Schedules

| | | Yes | No |
|-----|---|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | Yes | |
| 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  | | No |
| 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  | Yes | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | | No |
| 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  | | No |
| 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  | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | Yes | |
| 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  | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | Yes | |
| 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 | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  | Yes | |
| 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  | Yes | |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | | No |
| 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) | Yes | |
| 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  | Yes | |
| 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  | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |

Part IV

Checklist of Required Schedules (continued)

| | | | | |
|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | | No |
| 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? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | No |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | Yes | |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | Yes | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

| | | | | |
|--|------------|------------|---------------|---------------|
| Part V Statements Regarding Other IRS Filings and Tax Compliance | | | | |
| Check if Schedule O contains a response or note to any line in this Part V <input type="checkbox"/> | | | | |
| | | Yes | No | |
| 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a | 284 | | |
| b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c Yes | |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 998 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | 2b Yes |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a Yes | |
| b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> | | | 3b Yes | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | 4a Yes | |
| b If "Yes," enter the name of the foreign country CJ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | No |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | 6a | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | |
| a 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 | Yes |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | Yes |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | No |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | No |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | No |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | 7h | |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | 8 | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | |
| a Did the organization make any taxable distributions under section 4966? | | | 9a | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | |
| 10 Section 501(c)(7) organizations. Enter | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 Section 501(c)(12) organizations. Enter | | | | |
| a Gross income from members or shareholders | 11a | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | | | 13a | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c Enter the amount of reserves on hand | 13c | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | No |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> | | | 14b | |

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

| | | | |
|--|---|-----|-----|
| | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 92 | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | 92 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | Yes |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | No |
| 6 | Did the organization have members or stockholders? | 6 | Yes |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| 8a | The governing body? | 8a | Yes |
| 8b | Each committee with authority to act on behalf of the governing body? | 8b | Yes |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | No |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | | |
|--|--|-----|-----|
| | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | No |
| 10b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | No |
| 11b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | The organization's CEO, Executive Director, or top management official | 15a | Yes |
| 15b | Other officers or key employees of the organization | 15b | Yes |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | No |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | |

Section C. Disclosure

| | |
|----|--|
| 17 | List the States with which a copy of this Form 990 is required to be filed CA |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization JIM KIRK CFO DAVIES SYMPHONY HALL 201 VAN NESS SAN FRANCISCO, CA 941024585 (415) 552-8000 |

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

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

[illegible]

Part VII

| | | | | |
|-----------|--|-----------|---|---------|
| 1b | Sub-Total | | | |
| c | Total from continuation sheets to Part VII, Section A | | | |
| d | Total (add lines 1b and 1c) | 2,629,255 | 0 | 326,443 |

2 Total number of individuals (including but not limited to those I
\$100,000 of reportable compensation from the organization▶9

| | | Yes | No |
|----------|---|----------|-----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | No |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 | Yes |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | No |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| MTT INC 1745 BROADWAY 18TH FLOOR NEW YORK NY 10019 | MUSIC DIRECTOR | 2,105,920 |
| HATHAWAY DINWIDDIE CONSTRUCTION 275 BATTERY STREET SUITE 300 SAN FRANCISCO CA 94111 | CONSTRUCTION SERVICE | 793,972 |
| SD&A TELESERVICES INC 5757 WEST CENTURY BLVD STE 300 LOS ANGELES CA 90045 | PROFESSIONAL FUNDRAISER | 790,743 |
| LAHLOUH INC 1649 ADRIAN ROAD BURLINGAME CA 94010 | PRINTING/MAILING | 651,512 |
| AECOM TECHNICAL SERVICE 4840 COX ROAD GLEN ALLEN VA 20360 | CAPITAL PROJECT CONSULTANTS | 603,361 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶23

Part VIII

Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) |
|--|-----|---|---------------------------|------------------------------------|----------------------------|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a | | | |
| | b | Membership dues | 1b | | | |
| | c | Fundraising events | 1c | 3,649,689 | | |
| | d | Related organizations | 1d | | | |
| | e | Government grants (contributions) | 1e | 920,125 | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 25,407,851 | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | 3,267,880 | | |
| | h | Total. Add lines 1a-1f | | 29,977,665 | | |
| Program Service Revenue | 2a | CONCERT & RELATED REVENUES | Business Code | | | |
| | | | 711130 | 29,661,049 | 29,661,049 | |
| | b | VOLUNTEER COUNCIL | 711130 | 789,601 | 789,601 | |
| | c | SFS MEDIA | 515100 | 259,474 | 259,474 | |
| | d | | | | | |
| | e | | | | | |
| | f | All other program service revenue | | | | |
| | g | Total. Add lines 2a-2f | | 30,710,124 | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 17,015,570 | 27,211 | 16,988,359 |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | |
| | 5 | Royalties | | | | |
| | 6a | Gross rents | (i) Real (ii) Personal | | | |
| | | | | | | |
| | b | Less rental expenses | | | | |
| | | | | | | |
| | c | Rental income or (loss) | | | | |
| | | | | | | |
| | d | Net rental income or (loss) | | 24,332 | 24,332 | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities (ii) Other | | | |
| | | | | | | |
| | b | Less cost or other basis and sales expenses | | | | |
| | | | | | | |
| | c | Gain or (loss) | | | | |
| | | | | | | |
| | d | Net gain or (loss) | | 13,940,307 | | 13,940,307 |
| | 8a | Gross income from fundraising events (not including \$ 3,649,689 of contributions reported on line 1c) See Part IV, line 18 | a | | | |
| | | | | | | |
| | b | Less direct expenses | b | | | |
| | | | | | | |
| | c | Net income or (loss) from fundraising events | | -1,255,505 | | -1,255,505 |
| | 9a | Gross income from gaming activities See Part IV, line 19 | a | | | |
| | | | | | | |
| | b | Less direct expenses | b | | | |
| | | | | | | |
| | c | Net income or (loss) from gaming activities | | | | |
| | 10a | Gross sales of inventory, less returns and allowances | a | | | |
| | | | | | | |
| | b | Less cost of goods sold | b | | | |
| | | | | | | |
| | c | Net income or (loss) from sales of inventory | | 599,209 | 599,209 | |
| | | Miscellaneous Revenue | Business Code | | | |
| | 11a | MISCELLANEOUS | 900099 | 171,943 | | 171,943 |
| | b | | | | | |
| | c | | | | | |
| | d | All other revenue | | | | |
| | e | Total. Add lines 11a-11d | | 171,943 | | |
| | 12 | Total revenue. See Instructions | | 91,183,645 | 31,309,333 | 51,543 |
| | | | | | 29,845,104 | |

Part IX

Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the United States. See Part IV, line 21. | 115,850 | 115,850 | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22. | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. | | | | |
| 4 | Benefits paid to or for members. | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees. | 1,416,589 | 454,719 | 693,601 | 268,269 |
| 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. | 29,278,223 | 25,308,770 | 2,220,522 | 1,748,931 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). | 5,836,128 | 5,547,987 | 207,481 | 80,660 |
| 9 | Other employee benefits. | 5,226,569 | 4,612,216 | 391,418 | 222,935 |
| 10 | Payroll taxes. | 2,075,359 | 1,735,150 | 190,228 | 149,981 |
| 11 | Fees for services (non-employees): | | | | |
| a | Management. | | | | |
| b | Legal. | 243,573 | | 243,573 | |
| c | Accounting. | 178,216 | | 178,216 | |
| d | Lobbying. | 9,503 | 5,669 | 3,834 | |
| e | Professional fundraising services. See Part IV, line 17. | 410,198 | | | 410,198 |
| f | Investment management fees. | 298,134 | | 298,134 | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 3,055,310 | 2,883,085 | 61,186 | 111,039 |
| 12 | Advertising and promotion. | 1,317,768 | 1,129,056 | 15,692 | 173,020 |
| 13 | Office expenses. | 1,126,182 | 806,103 | 195,423 | 124,656 |
| 14 | Information technology. | 374,683 | 22,244 | 323,845 | 28,594 |
| 15 | Royalties. | 306,506 | 306,506 | | |
| 16 | Occupancy. | 740,903 | 219,463 | 467,111 | 54,329 |
| 17 | Travel. | 144,294 | 51,679 | 28,181 | 64,434 |
| 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. | 1,334,821 | 1,165,617 | 60,981 | 108,223 |
| 23 | Insurance. | 451,758 | 73,280 | 378,478 | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O): | | | | |
| a | CONCERT PRODUCTION | 16,399,313 | 16,383,982 | 15,331 | |
| b | OTHER EXPENSES | 2,074,980 | 464,065 | 200,978 | 1,409,937 |
| c | AMORTIZATION | 1,113,787 | 1,112,844 | 265 | 678 |
| d | CREDIT CARD FEES | 654,369 | 485,341 | 20,534 | 148,494 |
| e | All other expenses | 383,112 | 181,408 | 193,971 | 7,733 |
| 25 | Total functional expenses. Add lines 1 through 24e. | 74,566,128 | 63,065,034 | 6,388,983 | 5,112,111 |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | 2,986,998 | 2,170,905 | 311,732 | 504,361 |

Part X

Balance Sheet

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

| | | | | (A) | | (B) |
|-----------------------------|--|---|---------------|-------------------|-----|-------------|
| | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | 4,738,211 | 1 | 7,079,639 |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | 17,109,826 | 3 | 8,334,815 |
| | 4 | Accounts receivable, net | | 567,475 | 4 | 3,015,480 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | | 6 | |
| | 7 | Notes and loans receivable, net | | 2,864,690 | 7 | 3,069,213 |
| | 8 | Inventories for sale or use | | 565,397 | 8 | 657,940 |
| | 9 | Prepaid expenses and deferred charges | | 4,169,827 | 9 | 3,430,711 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a34,540,811 | | | |
| | b | Less: accumulated depreciation | 10b16,446,765 | 18,465,591 | 10c | 18,094,046 |
| | 11 | Investments—publicly traded securities | | 197,397,709 | 11 | 238,578,662 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 61,053,920 | 12 | 50,747,249 |
| | 13 | Investments—program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 8,229,032 | 15 | 8,888,438 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 315,161,678 | 16 | 341,896,193 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 4,212,496 | 17 | 4,171,222 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 12,814,823 | 19 | 12,718,555 |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 2,300,000 | 23 | 6,700,000 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 24,440,840 | 25 | 22,989,245 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 43,768,159 | 26 | 46,579,022 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 | Unrestricted net assets | | 52,507,178 | 27 | 54,112,032 |
| | 28 | Temporarily restricted net assets | | 80,996,645 | 28 | 98,672,567 |
| | 29 | Permanently restricted net assets | | 137,889,696 | 29 | 142,532,572 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 271,393,519 | 33 | 295,317,171 |
| | 34 | Total liabilities and net assets/fund balances | | 315,161,678 | 34 | 341,896,193 |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|---|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 91,183,645 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 74,566,128 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 16,617,517 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 271,393,519 |
| 5 | Net unrealized gains (losses) on investments | 5 | 8,679,341 |
| 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 in Schedule O) | 9 | -1,373,206 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 295,317,171 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|----|--|-----|-----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a | No |
| 2b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2b | Yes |
| 2c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 2c | Yes |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | No |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | |

Additional Data

Software ID:
Software Version:
EIN: 94-1156284
Name: SAN FRANCISCO SYMPHONY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| SAKURAKO FISHER PRESIDENT | 30 00 | X | | X | | | | 0 | 0 | 0 |
| GAIL L COVINGTON VICE PRESIDENT | 3 00 | X | | X | | | | 0 | 0 | 0 |
| TED W HALL VICE PRESIDENT | 3 00 | X | | X | | | | 0 | 0 | 0 |
| DAVID A HOYT VICE PRESIDENT | 3 00 | X | | X | | | | 0 | 0 | 0 |
| RICHARD M KOVACEVICH VICE PRESIDENT | 3 00 | X | | X | | | | 0 | 0 | 0 |
| PAUL S OTELLINI VICE PRESIDENT | 3 00 | X | | X | | | | 0 | 0 | 0 |
| DAVID R STRAND VICE PRESIDENT | 3 00 | X | | X | | | | 0 | 0 | 0 |
| ROBERT R TUFTS SECRETARY | 3 70 | X | | X | | | | 0 | 0 | 0 |
| AIDA M ALVAREZ MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| MICHAEL ANDERS MEMBER, BOARD OF GOVERNORS | 1 30 | X | | | | | | 0 | 0 | 0 |
| NANCY H BECHTLE MEMBER, BOARD OF GOVERNORS | 2 40 | X | | | | | | 0 | 0 | 0 |
| LYDIA I BEEBE MEMBER, BOARD OF GOVERNORS | 1 60 | X | | | | | | 0 | 0 | 0 |
| ATHENA T BLACKBURN MEMBER, BOARD OF GOVERNORS | 1 20 | X | | | | | | 0 | 0 | 0 |
| BARBARA BROOKINS-SCHNEIDER MEMBER, BOARD OF GOVERNORS | 1 50 | X | | | | | | 0 | 0 | 0 |
| CAROL FRANC BUCK MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| MRS HERBERT E CAEN MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| RICHARD A CARRANZA MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| CAROL CASEY MEMBER, BOARD OF GOVERNORS | 1 50 | X | | | | | | 0 | 0 | 0 |
| IRIS CHAN MEMBER, BOARD OF GOVERNORS | 1 50 | X | | | | | | 0 | 0 | 0 |
| JOHN S CHEN MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| DR YANEK S Y CHIU MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| MATT COHLER MEMBER, BOARD OF GOVERNORS | 1 40 | X | | | | | | 0 | 0 | 0 |
| MARGARET LIU COLLINS MEMBER, BOARD OF GOVERNORS | 1 30 | X | | | | | | 0 | 0 | 0 |
| NANCY R CONNER MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| MICHLE BEIGEL CORASH MEMBER, BOARD OF GOVERNORS | 2 40 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| COURTENAY C CORRIGAN MEMBER, BOARD OF GOVERNORS | 1 40 | X | | | | | | 0 | 0 | 0 |
| MRS ROBERT A CORRIGAN MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| DEREK L DEAN MEMBER, BOARD OF GOVERNORS | 2 30 | X | | | | | | 0 | 0 | 0 |
| DIXON R DOLL MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| MARY C FALVEY MEMBER, BOARD OF GOVERNORS | 2 00 | X | | | | | | 0 | 0 | 0 |
| MRS DONALD G FISHER MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| A JOHN GAMBS MEMBER, BOARD OF GOVERNORS | 3 10 | X | | | | | | 0 | 0 | 0 |
| PRISCILLA B GEESLIN MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| CHARLES M GESCHKE MEMBER, BOARD OF GOVERNORS | 1 40 | X | | | | | | 0 | 0 | 0 |
| GORDON P GETTY MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| JOHN D GOLDMAN MEMBER, BOARD OF GOVERNORS | 2 40 | X | | | | | | 0 | 0 | 0 |
| EMMA GOLTZ MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| ANETTE L HARRIS MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| GARY L HEIDENREICH MEMBER, BOARD OF GOVERNORS | 1 30 | X | | | | | | 0 | 0 | 0 |
| JIM HENRY MEMBER, BOARD OF GOVERNORS | 1 50 | X | | | | | | 0 | 0 | 0 |
| KENNETH L HIRSCH MEMBER, BOARD OF GOVERNORS | 1 70 | X | | | | | | 0 | 0 | 0 |
| GREGORY E JOHNSON MEMBER, BOARD OF GOVERNORS | 2 00 | X | | | | | | 0 | 0 | 0 |
| MARK A JUNG MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| JUDI KANTER MEMBER, BOARD OF GOVERNORS | 1 40 | X | | | | | | 0 | 0 | 0 |
| MRS WILLIAM R KIMBALL MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| F CURT KIRSCHNER MEMBER, BOARD OF GOVERNORS | 1 40 | X | | | | | | 0 | 0 | 0 |
| JANET W LAMKIN MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| CHRISTINE E LAMOND MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| MAX LEVCHIN MEMBER, BOARD OF GOVERNORS | 1 40 | X | | | | | | 0 | 0 | 0 |
| FRED M LEVIN MEMBER, BOARD OF GOVERNORS | 1 40 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|---------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| MARYON DAVIES LEWIS MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| RAYMOND K Y LI MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| GORRETTI LO LUI MEMBER, BOARD OF GOVERNORS | 1 20 | X | | | | | | 0 | 0 | 0 |
| MARC T MACAULAY MEMBER, BOARD OF GOVERNORS | 1 60 | X | | | | | | 0 | 0 | 0 |
| REBECCA MACIEIRA-KAUFMANN MEMBER, BOARD OF GOVERNORS | 1 20 | X | | | | | | 0 | 0 | 0 |
| RICHARD B MADDEN MEMBER, BOARD OF GOVERNORS | 1 60 | X | | | | | | 0 | 0 | 0 |
| MRS MERRILL L MAGOWAN MEMBER, BOARD OF GOVERNORS | 1 30 | X | | | | | | 0 | 0 | 0 |
| MRS J STANLEY MATTISON MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| AMY S MCCOMBS MEMBER, BOARD OF GOVERNORS | 1 10 | X | | | | | | 0 | 0 | 0 |
| NAN TUCKER MCEVOY MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| KENNETH P MCNEELY MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| WILLIAM F MEEHAN III MEMBER, BOARD OF GOVERNORS | 1 50 | X | | | | | | 0 | 0 | 0 |
| J WILLIAM MORRIS III MEMBER, BOARD OF GOVERNORS | 2 00 | X | | | | | | 0 | 0 | 0 |
| MRS JOHN F NICOLAI MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| ROBERT G O'DONNELL MEMBER, BOARD OF GOVERNORS | 1 50 | X | | | | | | 0 | 0 | 0 |
| MRS JAMES C PARAS MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| LAURA K PFAFF MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| PAULA B PRETLOW MEMBER, BOARD OF GOVERNORS | 1 70 | X | | | | | | 0 | 0 | 0 |
| RICHARD M ROSENBERG MEMBER, BOARD OF GOVERNORS | 1 80 | X | | | | | | 0 | 0 | 0 |
| DIANE L SCHAFFER MEMBER, BOARD OF GOVERNORS | 1 20 | X | | | | | | 0 | 0 | 0 |
| FREDERIC M SEEGAL MEMBER, BOARD OF GOVERNORS | 1 50 | X | | | | | | 0 | 0 | 0 |
| SHARON L SETO MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| MRS GEORGE P SHULTZ MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| TRINE SORENSEN MEMBER, BOARD OF GOVERNORS | 1 80 | X | | | | | | 0 | 0 | 0 |
| PATRICIA SUGHRUE SPRINCIN MEMBER, BOARD OF GOVERNORS | 1 70 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| NICHOLAS E TOUSSAINT MEMBER, BOARD OF GOVERNORS | 1 50 | X | | | | | | 0 | 0 | 0 |
| TONY TROUSSET MEMBER, BOARD OF GOVERNORS | 1 30 | X | | | | | | 0 | 0 | 0 |
| M ISABEL VALDS MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| GE WANG MEMBER, BOARD OF GOVERNORS | 1 50 | X | | | | | | 0 | 0 | 0 |
| ANITA L WORNICK MEMBER, BOARD OF GOVERNORS | 1 00 | X | | | | | | 0 | 0 | 0 |
| PAUL H BAASTAD LIFE GOVERNOR | 1 20 | X | | | | | | 0 | 0 | 0 |
| ANDREW S BERWICK JR LIFE GOVERNOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| PAUL A BISSINGER JR LIFE GOVERNOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| MRS HAROLD BRUMBAUM LIFE GOVERNOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| MRS W JOHN BUCHANAN LIFE GOVERNOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| RAMON C CORTINES LIFE GOVERNOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| PHILIP S EHRLICH LIFE GOVERNOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| MRS A BARLOW FERGUSON LIFE GOVERNOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| JAMES C HORMEL LIFE GOVERNOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| EFF W MARTIN LIFE GOVERNOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| ELLEN MAGNIN NEWMAN LIFE GOVERNOR | 1 50 | X | | | | | | 0 | 0 | 0 |
| MRS WILLIAM H ORRICK JR LIFE GOVERNOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| CARL F PASCARELLA LIFE GOVERNOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| MRS EVAN R PETERS LIFE GOVERNOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| GENELLE RELFE LIFE GOVERNOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| MRS CHARLES R SCHWAB LIFE GOVERNOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| BARRY H STERLING LIFE GOVERNOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| DONALD T VALENTINE LIFE GOVERNOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| F CLARK WARDEN LIFE GOVERNOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| WILLIAM J ZELLERBACH LIFE GOVERNOR | 1 00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

[illegible]

SCHEDULE A

(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public
Inspection

| | |
|---|---|
| Name of the organization SAN FRANCISCO SYMPHONY | Employer identification number 94-1156284 |
|---|---|

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

| | | |
|----|-------------------------------------|--|
| 1 | <input type="checkbox"/> | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). |
| 2 | <input type="checkbox"/> | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) |
| 3 | <input type="checkbox"/> | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). |
| 4 | <input type="checkbox"/> | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____ |
| 5 | <input type="checkbox"/> | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) |
| 6 | <input type="checkbox"/> | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). |
| 7 | <input checked="" type="checkbox"/> | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) |
| 8 | <input type="checkbox"/> | A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) |
| 9 | <input type="checkbox"/> | An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) |
| 10 | <input type="checkbox"/> | An organization organized and operated exclusively to test for public safety See section 509(a)(4). |
| 11 | <input type="checkbox"/> | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Non-functionally integrated |
| e | <input type="checkbox"/> | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) |
| f | <input type="checkbox"/> | If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box |
| g | <input type="checkbox"/> | Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? |
| h | <input type="checkbox"/> | Provide the following information about the supported organization(s) |

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Part II

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

| Section A. Public Support | | | | | | |
|---|------------|------------|------------|------------|------------|-------------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 30,887,904 | 51,541,717 | 29,724,139 | 33,467,450 | 30,286,451 | 175,907,661 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 30,887,904 | 51,541,717 | 29,724,139 | 33,467,450 | 30,286,451 | 175,907,661 |
| 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) | | | | | | 19,216,619 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 156,691,042 |

| Section B. Total Support | | | | | | |
|--|------------|------------|------------|------------|------------|-------------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 7 Amounts from line 4 | 30,887,904 | 51,541,717 | 29,724,139 | 33,467,450 | 30,286,451 | 175,907,661 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 3,334,967 | 3,184,276 | 3,979,716 | 7,247,759 | 31,179,218 | 48,925,936 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 42,513 | 41,228 | 128,488 | 36,429 | 46,332 | 294,990 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 357,787 | 323,703 | 432,248 | 302,812 | 171,943 | 1,588,493 |
| 11 Total support (Add lines 7 through 10) | | | | | | 226,717,080 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | ▶ |

| Section C. Computation of Public Support Percentage | | |
|--|----|----------|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 69 110 % |
| 15 Public support percentage for 2012 Schedule A, Part II, line 14 | 15 | 76 540 % |
| 16a 33 1/3% support test—2013. 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—2012. 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—2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | ▶ | |
| b 10%-facts-and-circumstances test—2012. 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 IV 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 | ▶ | |

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support | | | | | | |
|--|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| 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 amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

| Section B. Total Support | | | | | | |
|--|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ | | | | | | |

| Section C. Computation of Public Support Percentage | | |
|---|----|--|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | |

| Section D. Computation of Investment Income Percentage | | |
|--|----|--|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | |
| 19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ | | |
| b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ | | |

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

| |
|------------------------------|
| Facts And Circumstances Test |
| |

| Return Reference | Explanation | |
|------------------|-------------|--|
|------------------|-------------|--|

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

| | |
|--|--|
| Name of the organization SAN FRANCISCO SYMPHONY | Employer identification number 94-1156284 |
|--|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

| | | |
|---|--|------|
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part IV | |
| 2 | Political expenditures | ▶ \$ |
| 3 | Volunteer hours | |

Part I-B Complete if the organization is exempt under section 501(c)(3).

| | | |
|----|---|--|
| 1 | Enter the amount of any excise tax incurred by the organization under section 4955 | ▶ \$ |
| 2 | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$ |
| 3 | If the organization incurred a section 4955 tax, did it file Form 4720 for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | If "Yes," describe in Part IV | |

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

| | | |
|---|---|--|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities | ▶ \$ |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities | ▶ \$ |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b | ▶ \$ |
| 4 | Did the filing organization file Form 1120-POL for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV | |

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|--|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | 18,346 | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | 18,346 | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | 62,988,010 | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | 63,006,356 | | | | | | | | | | | | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | | 1,000,000 | | | | | | | | | | | | | |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | 250,000 | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | 0 | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | 0 | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|-----------|-----------|-----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total |
| 2a Lobbying nontaxable amount | | 1,000,000 | 1,000,000 | 1,000,000 | 3,000,000 |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 4,500,000 |
| c Total lobbying expenditures | | 12,251 | 20,038 | 18,346 | 50,635 |
| d Grassroots nontaxable amount | | 250,000 | 250,000 | 250,000 | 750,000 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,125,000 |
| f Grassroots lobbying expenditures | | | | | |

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | | (a) | | (b) |
|---|--|-----|----|--------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c | Media advertisements? | | | |
| d | Mailings to members, legislators, or the public? | | | |
| e | Publications, or published or broadcast statements? | | | |
| f | Grants to other organizations for lobbying purposes? | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i | Other activities? | | | |
| j | Total. Add lines 1c through 1i. | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912. | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912. | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | | | | |
|---|---|---|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | Yes | No |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | | |

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | | |
|---|--|----|--|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a | Current year | 2a | |
| b | Carryover from last year | 2b | |
| c | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SAN FRANCISCO SYMPHONY

Employer identification number
94-1156284

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ 111,500

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a ☒ Public exhibition

b ☐ Scholarly research

c ☒ Preservation for future generations

d ☐ Loan or exchange programs

e ☒ Other REPLICA FOR ANNUAL POSTER
- 4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?

☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | 283,364,803 | 268,040,050 | 262,125,035 | 232,661,245 | 230,679,902 |
| b Contributions | 6,541,564 | 3,998,608 | 3,398,740 | 20,521,288 | 6,872,990 |
| c Net investment earnings, gains, and losses | 39,550,972 | 26,941,005 | 19,729,648 | 24,946,947 | 10,899,942 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 17,236,796 | 15,614,860 | 17,213,373 | 16,004,445 | 15,791,589 |
| f Administrative expenses | | | | | |
| g End of year balance | 312,220,543 | 283,364,803 | 268,040,050 | 262,125,035 | 232,661,245 |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment 26 370 %

b Permanent endowment 45 650 %

c Temporarily restricted endowment 27 980 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

(ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | Yes | |
| 3a(ii) | | No |
| 3b | | |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 17,097,400 | 11,337,383 | 5,760,017 |
| d Equipment | | 16,403,116 | 5,109,382 | 11,293,734 |
| e Other | | 1,040,295 | | 1,040,295 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 18,094,046 |

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 102,852,902 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | 8,679,341 |
| b | Donated services and use of facilities | 2b | 644,118 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | 2,645,474 |
| e | Add lines 2a through 2d | 2e | 11,968,933 |
| 3 | Subtract line 2e from line 1 | 3 | 90,883,969 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 299,676 |
| b | Other (Describe in Part XIII) | 4b | |
| c | Add lines 4a and 4b | 4c | 299,676 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 91,183,645 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 77,556,044 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | 644,118 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | 2,645,474 |
| e | Add lines 2a through 2d | 2e | 3,289,592 |
| 3 | Subtract line 2e from line 1 | 3 | 74,266,452 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 299,676 |
| b | Other (Describe in Part XIII) | 4b | |
| c | Add lines 4a and 4b | 4c | 299,676 |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 74,566,128 |

Part 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.

| Return Reference | Explanation |
|---------------------------------------|---|
| PART III, LINE 1A | THE SYMPHONY RECEIVES A DONATED WATERCOLOR, WHICH IS CAPITALIZED AS PART OF IMPROVEMENTS, FURNITURE, AND EQUIPMENT. THE DONATED WATERCOLOR IS BEING MAINTAINED AS PART OF THE SYMPHONY'S COLLECTION. THE SYMPHONY MAINTAINS OTHER ARTWORK AROUND DAVIES SYMPHONY HALL, BUT NO OTHER ITEMS ARE RECORDED AS ASSETS. |
| PART X, LINE 2 | THE SYMPHONY HAS EVALUATED ITS CURRENT TAX POSITIONS ON UNRELATED BUSINESS INCOME AND HAS CONCLUDED THAT AS OF AUGUST 31, 2014, THE SYMPHONY DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY. |
| PART XI, LINE 2D - OTHER ADJUSTMENTS | SPECIAL EVENTS EXPENSE 2,031,672 COST OF GOODS SOLD 613,802 |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | SPECIAL EVENTS EXPENSE 2,031,672 COST OF GOODS SOLD 613,802 |
| | |
| | |
| | |

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
SAN FRANCISCO SYMPHONY

Employer identification number
94-1156284

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|--|-------------------------------------|--|---|--|--|
| (1) EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 0 | PROGRAM SERVICES | EUROPEAN TOURS | 148,304 |
| (2) CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | INVESTMENTS | | 2,317,723 |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | 0 | 0 | | | 2,466,027 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 2,466,027 |

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶
- 3 Enter total number of other organizations or entities ▶

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes

☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes

☒ No

Additional Data

Software ID:

Software Version:

EIN: 94-1156284

Name: SAN FRANCISCO SYMPHONY

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SAN FRANCISCO SYMPHONY

Employer identification number
94-1156284

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

b

☒

Internet and email solicitations

c

☒

Phone solicitations

d

☒

In-person solicitations

e

☒

Solicitation of non-government grants

f

☒

Solicitation of government grants

g

☒

Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|--|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| 1 SD&A TELESERVICES INC 5757 W CENTURY BLVD SUITE 300 LOS ANGELES, CA 90045 | CONSULT AND SOLICIT FOR TELEFUNDRAISING | | No | 959,071 | 379,598 | 579,473 |
| 2 THE HOLMAN GROUP 6240 PRIMROSE AVENUE LOS ANGELES, CA 90068 | ASSIST IN OBTAINING SPONSORSHIPS WITH CORPORATIONS | | No | 180,000 | 31,285 | 148,715 |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total ▶ | | | | 1,139,071 | 410,883 | 728,188 |

3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to 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.

| Revenue | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | |
|-----------------|------------------------------------|---|---------------------|--------------------|------------------|----------------------|-------------|
| | | | <u>OPENING GALA</u> | <u>SPRING GALA</u> | <u>3</u> | (add col (a) through | |
| | | | (event type) | (event type) | (total number) | col (c)) | |
| | | | | | | | |
| 1 | Gross receipts | . . . | 2,638,684 | 719,844 | 1,067,328 | 4,425,856 | |
| 2 | Less Contributions | . . | 2,322,718 | 669,744 | 657,227 | 3,649,689 | |
| 3 | Gross income (line 1 minus line 2) | . . . | 315,966 | 50,100 | 410,101 | 776,167 | |
| Direct Expenses | 4 | Cash prizes | . . . | | | | |
| | 5 | Noncash prizes | . . | | | | |
| | 6 | Rent/facility costs | . . | 14,840 | 7,240 | 39,700 | 61,780 |
| | 7 | Food and beverages | . | | | | |
| | 8 | Entertainment | . . . | | | | |
| | 9 | Other direct expenses | . | 1,097,074 | 234,184 | 638,634 | 1,969,892 |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | | (2,031,672) |
| | 11 | Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | | -1,255,505 |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|-----------------|---|---|---|---|--|
| | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Non-cash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | | | | | |
| | 6 Volunteer labor | <div><div><div>Yes</div><div>No</div></div><div>%</div></div> | <div><div><div>Yes</div><div>No</div></div><div>%</div></div> | <div><div><div>Yes</div><div>No</div></div><div>%</div></div> | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

Yes

No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes

No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity operated in

| | | |
|--|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶ -----

Address ▶ -----

16 Gaming manager information

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☐ **No**

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
SAN FRANCISCO SYMPHONY

Employer identification number
94-1156284

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| (1) SAN FRANCISCO CONSERVATORY OF MUSIC 50 OAK STREET SAN FRANCISCO,CA 94102 | 94-1156610 | 501(C)(3) | | 31,665 | FMV | TICKETS | TO PROVIDE THE COMMUNITY FREE ACCESS TO SELECT SYMPHONY PERFORMANCES |
| (2) AP GIANNINI MIDDLE SCHOOL 3151 ORTEGA ST SAN FRANCISCO,CA 94122 | 94-6000416 | GOVERNMENT | | 18,145 | FMV | TICKETS | TO PROVIDE THE COMMUNITY FREE ACCESS TO SELECT SYMPHONY PERFORMANCES |
| (3) LOWELL HIGH SCHOOL 1101 EUCALYPTUS DR SAN FRANCISCO,CA 94132 | 94-6000416 | GOVERNMENT | | 12,132 | FMV | TICKETS | TO PROVIDE THE COMMUNITY FREE ACCESS TO SELECT SYMPHONY PERFORMANCES |
| (4) GEORGE WASHINGTON HIGH SCHOOL 600 32ND AVENUE SAN FRANCISCO,CA 94121 | 94-6000416 | GOVERNMENT | | 6,204 | FMV | TICKETS | TO PROVIDE THE COMMUNITY FREE ACCESS TO SELECT SYMPHONY PERFORMANCES |
| (5) KIPP SF BAY ACADEMY 1430 SCOTT STREET 3RD FLOOR SAN FRANCISCO,CA 94115 | 20-5010766 | GOVERNMENT | | 10,542 | FMV | TICKETS | TO PROVIDE THE COMMUNITY FREE ACCESS TO SELECT SYMPHONY PERFORMANCES |
| (6) PRESIDIO MIDDLE SCHOOL 450 30TH AVENUE SAN FRANCISCO,CA 94121 | 94-6000416 | GOVERNMENT | | 37,162 | FMV | TICKETS | TO PROVIDE THE COMMUNITY FREE ACCESS TO SELECT SYMPHONY PERFORMANCES |
| | | | | | | | |
| | | | | | | | |

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

6

3

Enter total number of other organizations listed in the line 1 table

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV

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

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 2 | THE SYMPHONY DONATES TICKETS TO VARIOUS ORGANIZATIONS, PREDOMINANTLY RELATED TO EDUCATION SYMPHONY STAFF MEMBER(S) WORK DIRECTLY WITH THE SCHOOLS AND ATTEND CONCERTS TO PERSONALLY WELCOME THE TEACHERS AND STUDENTS WHO ARE ATTENDING THESE CONCERTS |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SAN FRANCISCO SYMPHONY

Employer identification number
94-1156284

Part I

Questions Regarding Compensation

| | Yes | No |
|---|-----|-----|
| <div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div> | | |
| <div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div> | 1b | |
| <div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div> | 2 | |
| <div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div> | | |
| <div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div> | | |
| <div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div> | 4a | No |
| <div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div> | 4b | Yes |
| <div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div> | 4c | No |
| <div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div> | | |
| <div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div> | | |
| <div><div>a</div><div>The organization?</div></div> | 5a | No |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div> | 5b | No |
| <div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div> | | |
| <div><div>a</div><div>The organization?</div></div> | 6a | No |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div> | 6b | No |
| <div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div> | 7 | No |
| <div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div> | 8 | No |
| <div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div> | 9 | |

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---|-------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1)BRENT ASSINK EXECUTIVE DIRECTOR | (i) (ii) | 471,665 0 | 0 0 | 6,811 0 | 59,793 0 | 19,043 0 | 557,312 0 | 0 0 |
| (2)JAMES KIRK CHIEF FINANCIAL OFFICER | (i) (ii) | 210,714 0 | 0 0 | 129 0 | 10,607 0 | 19,983 0 | 241,433 0 | 0 0 |
| (3)JOHN KIESER GENERAL MANAGER | (i) (ii) | 202,783 0 | 0 0 | 129 0 | 51,081 0 | 894 0 | 254,887 0 | 0 0 |
| (4)ANNE JOHNSON START 012313 DIRECTOR, DEVELOPMENT | (i) (ii) | 265,579 0 | 0 0 | 2,099 0 | 0 0 | 651 0 | 268,329 0 | 0 0 |
| (5)NAN KEETON DIRECTOR OF EXTERNAL AFFAIRS | (i) (ii) | 245,202 0 | 0 0 | 63 0 | 4,292 0 | 20,007 0 | 269,564 0 | 0 0 |
| (6)ALEXANDER BARANTSCHIK CONCERTMASTER | (i) (ii) | 482,631 0 | 0 0 | 792 0 | 42,125 0 | 38,197 0 | 563,745 0 | 0 0 |
| (7)RAGNAR BOHLIN CHORUS DIRECTOR | (i) (ii) | 193,313 0 | 0 0 | 56,045 0 | 11,581 0 | 8,177 0 | 269,116 0 | 0 0 |
| (8)JONATHAN VINOCOUR PRINCIPAL VIOLA | (i) (ii) | 245,365 0 | 0 0 | 96 0 | 0 0 | 16,348 0 | 261,809 0 | 0 0 |
| (9)MARK INOUYE PRINCIPAL TRUMPET | (i) (ii) | 245,719 0 | 0 0 | 120 0 | 12,361 0 | 11,303 0 | 269,503 0 | 0 0 |

Part III **Supplemental Information**

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

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 4B | THE EXECUTIVE DIRECTOR PARTICIPATES IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN SFS CONTRIBUTED \$17,500 TO THE PLAN IN FEBRUARY 2013 |

Additional Data

Software ID:
Software Version:
EIN: 94-1156284
Name: SAN FRANCISCO SYMPHONY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|--|-------------|--|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|--|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | | | | |
| BRENT ASSINK EXECUTIVE DIRECTOR | (i) (ii) | 471,665 0 | 0 0 | 6,811 0 | 59,793 0 | 19,043 0 | 557,312 0 | 0 0 |
| JAMES KIRK CHIEF FINANCIAL OFFICER | (i) (ii) | 210,714 0 | 0 0 | 129 0 | 10,607 0 | 19,983 0 | 241,433 0 | 0 0 |
| JOHN KIESER GENERAL MANAGER | (i) (ii) | 202,783 0 | 0 0 | 129 0 | 51,081 0 | 894 0 | 254,887 0 | 0 0 |
| ANNE JOHNSON START 012313 DIRECTOR, DEVELOPMENT | (i) (ii) | 265,579 0 | 0 0 | 2,099 0 | 0 0 | 651 0 | 268,329 0 | 0 0 |
| NAN KEETON DIRECTOR OF EXTERNAL AFFAIRS | (i) (ii) | 245,202 0 | 0 0 | 63 0 | 4,292 0 | 20,007 0 | 269,564 0 | 0 0 |
| ALEXANDER BARANTSCHIK CONCERTMASTER | (i) (ii) | 482,631 0 | 0 0 | 792 0 | 42,125 0 | 38,197 0 | 563,745 0 | 0 0 |
| RAGNAR BOHLIN CHORUS DIRECTOR | (i) (ii) | 193,313 0 | 0 0 | 56,045 0 | 11,581 0 | 8,177 0 | 269,116 0 | 0 0 |
| JONATHAN VINOCOUR PRINCIPAL VIOLA | (i) (ii) | 245,365 0 | 0 0 | 96 0 | 0 0 | 16,348 0 | 261,809 0 | 0 0 |
| MARK INOUYE PRINCIPAL TRUMPET | (i) (ii) | 245,719 0 | 0 0 | 120 0 | 12,361 0 | 11,303 0 | 269,503 0 | 0 0 |

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
SAN FRANCISCO SYMPHONY

Employer identification number
94-1156284

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|---|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|------------------------|----|
| | | | To | From | | | Yes | No | | Yes | No |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total ▶ \$ | | | | | | | | | | | |

Part III Grants or Assistance Benefitting Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| | | | | |
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Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--|---|----|
| | | | | Yes | No |
| (1) DIXON DOLL | BOARD MEMBER IS A GENERAL PARTNER IN A LIMITED PARTNERSHIP | 155,000 | DURING THE YEAR ENDED AUGUST 31, 2014, THE SYMPHONY INVESTED \$155,000 IN A VENTURE CAPITAL LIMITED PARTNERHSIP, WHICH INVESTS IN A FUND OF WHICH A BOARD MEMBER IS A GENERAL PARTNER THE SYMPHONY'S FUTURE CAPITAL COMMITMENTS RELATED TO THIS PARTNERSHIP AS OF AUGUST 31, 2014, WAS 450,000 | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SAN FRANCISCO SYMPHONY

Employer identification number
94-1156284

Part I

Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------------|--|---|--|
| 1 Art—Works of art | X | 1 | 11,000 | FMV |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 314,540 | ANNUAL SALES REVENUE |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 127 | 2,222,722 | FMV |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 163 | 144,716 | FMV |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (| X | 6 | 529,402 | |
| GOODS & SERVI) | | | | |
| 26 Other ▶ (| X | 1 | 45,500 | FMV |
| PIANO) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2013)

Part III

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference | Explanation |
|--------------------|---|
| PART I, COLUMN (B) | THE ORGANIZATION REPORTS THE NUMBER OF CONTRIBUTORS |

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
SAN FRANCISCO SYMPHONY

Employer identification number

94-1156284

| Return Reference | Explanation |
|--------------------------------------|---|
| FORM 990, PART VI, SECTION A, LINE 2 | TWO MEMBERS OF THE BOARD, DORIS FISHER AND SAKURAKO FISHER, ARE RELATED BY MARRIAGE |

| Return Reference | Explanation |
|--------------------------------------|---|
| FORM 990, PART VI, SECTION A, LINE 6 | THE BYLAWS STATE THAT EACH PERSON OR ENTITY WHO OR WHICH HAS SUBSCRIBED TO AT LEAST THREE CONCERTS IN ANY REGULAR SEASON SYMPHONY SERIES OF THE CORPORATION AND HAS CONTRIBUTED AT LEAST \$350 00 TO THE CORPORATION DURING A PERIOD OF TWELVE MONTHS ENDING UPON THE 60TH DAY BEFORE THE ANNUAL OR ANY SPECIAL MEETING OF VOTING MEMBERS SHALL BE A VOTING MEMBER, ENTITLED TO ONE VOTE, AT SUCH ANNUAL OR SPECIAL MEETING |

| Return Reference | Explanation |
|---------------------------------------|---|
| FORM 990, PART VI, SECTION A, LINE 7A | EACH PERSON OR ENTITY WHO OR WHICH HAS SUBSCRIBED TO AT LEAST THREE CONCERTS IN ANY REGULAR SEASON SYMPHONY SERIES AND HAS CONTRIBUTED AT LEAST \$350 00 TO THE CORPORATION DURING A PERIOD OF TWELVE MONTHS ENDING UPON THE 60TH DAY BEFORE THE ANNUAL MEETING SHALL BE A VOTING MEMBER THE VOTING MEMBERS, AT EACH OF THEIR ANNUAL MEETINGS, SHALL ELECT APPROXIMATELY ONE-THIRD OF THE TOTAL NUMBER OF GOVERNORS, ROUNDED TO SUCH NEAREST WHOLE NUMBER AS DETERMINED BY THE BOARD OF GOVERNORS |

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 11 | ON BEHALF OF THE BOARD OF GOVERNORS, THE AUDIT COMMITTEE SHALL HAVE THE RESPONSIBILITY TO REVIEW THE SYMPHONY'S FORM 990 BEFORE FILING WITH THE INTERNAL REVENUE SERVICE. THE COMMITTEE IS PROVIDED WITH A COMPLETE COPY OF THE FILING, INCLUDING ALL SUPPORTING SCHEDULES AND ATTACHMENTS. A MEETING OF THE AUDIT COMMITTEE (EITHER IN PERSON OR VIA ELECTRONIC MEANS) SHALL BE HELD TO REVIEW THE 990 FORM WITH MANAGEMENT AND/OR THE PREPARERS. ALL QUESTIONS, COMMENTS AND SUGGESTED REVISIONS SET FORTH BY THE AUDIT COMMITTEE WILL BE DOCUMENTED ALONG WITH THE RESPONSES, IF APPLICABLE, AND THE FILING UPDATED OR REVISED AS NECESSARY. |

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 12C | THE SYMPHONY'S CONFLICT OF INTEREST POLICY COVERS GOVERNORS, OFFICERS, EMPLOYEES, AND VOLUNTEERS OF THE SAN FRANCISCO SYMPHONY THE POLICY IS REVIEWED ANNUALLY BY THE AUDIT COMMITTEE, WHO SHALL HAVE FINAL AUTHORITY TO DETERMINE WHAT MAY BE A CONFLICT OF INTEREST AND HOW TO ADDRESS THE CONFLICT EACH GOVERNOR, COMMITTEE MEMBER, OFFICER AND KEY EMPLOYEE IS REQUIRED TO ANNUALLY COMPLETE A DISCLOSURE FORM IDENTIFYING CONFLICTS OF INTEREST ONCE IDENTIFIED, CONFLICTS OF INTEREST ARE ADDRESSED AS ESTABLISHED IN THE SYMPHONY'S CONFLICT OF INTEREST POLICY THE CHIEF FINANCIAL OFFICER OF THE SYMPHONY MAINTAINS THE DISCLOSURE FORMS AND INSURES COMPLIANCE OF THE ESTABLISHED POLICY GENERALLY, A CONFLICTED PARTY MAY NOT PARTICIPATE IN ANY DISCUSSIONS OR DECISIONS ON MATTERS WHERE THEY MAY BE CONFLICTED THE CONFLICTED PARTY IS REQUIRED TO DISCLOSE ANY CONFLICTS OR POTENTIAL CONFLICTS ON THE MATTER BEING CONSIDERED |

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 15 | THE HUMAN RESOURCES COMMITTEE (COMMITTEE) OF THE BOARD OF GOVERNORS DETERMINES THE COMPENSATION PACKAGE OF THE EXECUTIVE DIRECTOR (ED) AND THE CHIEF FINANCIAL OFFICER (CFO) OF THE SYMPHONY THE COMMITTEE WILL MEET ANNUALLY TO REVIEW AND APPROVE THE COMPENSATION AND BENEFIT PACKAGES FOR THE ED AND CFO THE COMMITTEE RELIES ON COMPARABILITY DATA PREPARED BY THE DIRECTOR OF HUMAN RESOURCES FOR THE SAME OR SIMILAR POSITIONS IN COMPARABLE ORCHESTRAS IN THE UNITED STATES AND SIMILAR POSITIONS FOR NON-PROFITS IN THE SAN FRANCISCO BAY AREA THE ED AND CFO ARE NOT PRESENT FOR ANY DELIBERATIONS OF THE COMMITTEE NOR DO THEY HAVE ACCESS TO THE INFORMATION PRESENTED TO THE COMMITTEE BY THE DIRECTOR OF HUMAN RESOURCES |

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION C, LINE 19 | THE REQUIRED ORGANIZATIONAL DOCUMENTS OF THE SYMPHONY WILL BE AVAILABLE (FOR INSPECTION OR COPYING) AT DAVIES SYMPHONY HALL DURING NORMAL BUSINESS HOURS AT NO CHARGE. THE PUBLIC INSPECTION COPY OF THE SYMPHONY'S FORM 990 AND THE AUDITED FINANCIAL REPORTS, FROM THE PREVIOUS THREE YEARS (AT A MINIMUM), WILL BE AVAILABLE (FOR INSPECTION OR COPYING) AT DAVIES SYMPHONY HALL DURING NORMAL BUSINESS HOURS AT NO CHARGE. WHEN RESPONDING TO A PUBLIC INSPECTION REQUEST FOR FINANCIAL STATEMENTS OR THE FORM 990 BY ANYONE, THE SYMPHONY SHALL FULFILL SUCH REQUEST IN A TIMELY FASHION WITHOUT INQUIRING AS TO THE REASON FOR THE PUBLIC INSPECTION REQUEST. IN ADDITION, THE SYMPHONY'S FORM 990 IS AVAILABLE TO THE PUBLIC ON THE INTERNET AT GUIDESTAR. |

| Return Reference | Explanation |
|---------------------------|--|
| FORM 990, PART XI, LINE 9 | CHANGE IN PENSION BENEFIT LIABILITIES -1,373,206 |

| Return Reference | Explanation |
|-----------------------------|---|
| FORM 990, PART XII, LINE 2C | THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR |

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SAN FRANCISCO SYMPHONY

Employer identification number
94-1156284

| Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. | | | | | |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. | | | | | | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? |
| | | | | | | Yes No |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Identification of Related Organizations Taxable as a Corporation or Trust

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

| (a) Name, address, and EIN of related organization | (b) 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 end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) POOLED INCOME FUND DAVIES SYMPHONY HALL 201 VAN NESS A SAN FRANCISCO, CA 94102 | TRUST | CA | | T | | | | | No |
| (2) CRUT #1 DAVIES SYMPHONY HALL 201 VAN NESS A SAN FRANCISCO, CA 94102 | TRUST | CA | | T | | | | | No |
| (3) UNITRUST DAVIES SYMPHONY HALL 201 VAN NESS A SAN FRANCISCO, CA 94102 | TRUST | CA | | T | | | | | No |
| (4) CHARITABLE REMAINDER TRUST (6) DAVIES SYMPHONY HALL 201 VAN NESS A SAN FRANCISCO, CA 94102 | TRUST | CA | | T | | | | | No |
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Part V

Transactions With Related Organizations

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

Note. Complete line 1 if any entity is listed in Parts II, III, 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? | | Yes | No |
| a | Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | No |
| b | Gift, grant, or capital contribution to related organization(s) | | No |
| c | Gift, grant, or capital contribution from related organization(s) | | No |
| d | Loans or loan guarantees to or for related organization(s) | | No |
| e | Loans or loan guarantees by related organization(s) | | No |
| | | | |
| f | Dividends from related organization(s) | | No |
| g | Sale of assets to related organization(s) | | No |
| h | Purchase of assets from related organization(s) | | No |
| i | Exchange of assets with related organization(s) | | No |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | No |
| | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | No |
| l | Performance of services or membership or fundraising solicitations for related organization(s) | | No |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | | No |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | No |
| o | Sharing of paid employees with related organization(s) | | No |
| | | | |
| p | Reimbursement paid to related organization(s) for expenses | | No |
| q | Reimbursement paid by related organization(s) for expenses | | No |
| | | | |
| r | Other transfer of cash or property to related organization(s) | | No |
| s | Other transfer of cash or property from related organization(s) | | No |

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 | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
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Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|