

PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

2015
Open to Public Inspection

A For the **2015** calendar year, or tax year beginning **SEP 1, 2015** and ending **AUG 31, 2016**

| | | |
|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization SAN FRANCISCO SYMPHONY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite DAVIES SYMPHONY HALL, 201 VAN NESS City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94102-4585 F Name and address of principal officer: SAKURAKO FISHER SAME AS C ABOVE | D Employer identification number 94-1156284 E Telephone number (415) 552-8000 G Gross receipts \$ 112,532,519. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.SFSYMPHONY.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1910 |
| | | M State of legal domicile: CA |

Part I Summary

| | | | | |
|------------------------------------|----------------|---|---|--------------------|
| | 1 | Briefly describe the organization's mission or most significant activities: TO ENRICH, SERVE, AND SHAPE CULTURAL LIFE THROUGHOUT THE SPECTRUM OF BAY AREA COMMUNITIES. | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| Activities & Governance | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 76 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 76 |
| | 5 | Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 | 1006 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 2533 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 435,784. |
| | 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 367,885. |
| | Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year |
| 9 | | Program service revenue (Part VIII, line 2g) | 31,646,868. | 31,602,376. |
| 10 | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 31,343,913. | 31,730,782. |
| 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 3,568,257. | 17,309,904. |
| 12 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -569,191. | -1,058,076. |
| 12 | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 65,989,847. | 79,584,986. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 73,569. | 49,185. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 44,345,861. | 43,624,903. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 238,346. | 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,616,617. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 34,208,328. | 31,937,560. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 78,866,104. | 75,611,648. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | -12,876,257. | 3,973,338. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | 327,799,634. | 337,677,352. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 60,435,411. | 77,046,983. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 267,364,223. | 260,630,369. |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | |
|-------------------------------|--|--|
| Sign Here | Signature of officer JIM KIRK, CFO Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name KATY BROWN | Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00650274 |
| | Firm's name ▶ ARMANINO LLP Firm's address ▶ 12657 ALCOSTA BLVD, STE. 500 SAN RAMON, CA 94583-4600 | Firm's EIN ▶ 94-6214841 Phone no. 925-790-2600 |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE 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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 64,389,957. including grants of \$ 49,185.) (Revenue \$ 32,284,000.) 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

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 64,389,957.

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)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | X | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | X | |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | X | |
| 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? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | X | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 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? <i>If "Yes," complete Schedule G, Part I</i> | X | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 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> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 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? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 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> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 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> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | X | |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 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> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 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> | X | |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 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> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 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> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 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> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sub-questions for backup withholding, employee reporting, foreign accounts, and charitable contributions.

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

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 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. | | |
| | 1a 76 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 1b 76 | | |
| 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? | X | |
| 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? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

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? | | X |
| b | 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? | | X |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 12c | | | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 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? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization | X | |
| | 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? | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |
| 16b | | | |

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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, address, and telephone number of the person who possesses the organization's books and records: **JIM KIRK, CFO - (415) 552-8000**
DAVIES SYMPHONY HALL, 201 VAN NESS, SAN FRANCISCO, CA 94102-4585

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below 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 | | | |
| (1) SAKURAKO FISHER PRESIDENT | 30.00 | X | | X | | | | 0. | 0. | 0. |
| (2) GAIL L. COVINGTON VICE PRESIDENT | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (3) PAUL S. OTELLINI VICE PRESIDENT | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (4) DAVID R. STRAND VICE PRESIDENT | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (5) ROBERT R. TUFTS SECRETARY | 1.69 | X | | X | | | | 0. | 0. | 0. |
| (6) LYDIA I. BEEBE SECRETARY | 3.69 | X | | X | | | | 0. | 0. | 0. |
| (7) AIDA M. ALVAREZ MEMBER, BOARD OF GOVERNORS | 1.48 | X | | | | | | 0. | 0. | 0. |
| (8) MICHAEL ANDERS MEMBER, BOARD OF GOVERNORS | 1.91 | X | | | | | | 0. | 0. | 0. |
| (9) NANCY H. BECHTLE MEMBER, BOARD OF GOVERNORS | 2.59 | X | | | | | | 0. | 0. | 0. |
| (10) ATHENA T. BLACKBURN MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) JEFF BLEICH MEMBER, BOARD OF GOVERNORS | 1.29 | X | | | | | | 0. | 0. | 0. |
| (12) BARBARA BROOKINS MEMBER, BOARD OF GOVERNORS | 1.24 | X | | | | | | 0. | 0. | 0. |
| (13) CAROL FRANC BUCK MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) KELLY LYNN CANADY MEMBER, BOARD OF GOVERNORS | 1.38 | X | | | | | | 0. | 0. | 0. |
| (15) RICHARD A. CARRANZA MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) CAROL CASEY MEMBER, BOARD OF GOVERNORS | 1.87 | X | | | | | | 0. | 0. | 0. |
| (17) DEAN CASH MEMBER, BOARD OF GOVERNORS | 1.10 | X | | | | | | 0. | 0. | 0. |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below 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 | | | |
| (18) IRIS CHAN MEMBER, BOARD OF GOVERNORS | 1.43 | X | | | | | | 0. | 0. | 0. |
| (19) JOHN S. CHEN MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) DR. YANEK S. Y. CHIU MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) MATT COHLER MEMBER, BOARD OF GOVERNORS | 1.87 | X | | | | | | 0. | 0. | 0. |
| (22) MARGARET LIU COLLINS MEMBER, BOARD OF GOVERNORS | 1.91 | X | | | | | | 0. | 0. | 0. |
| (23) NANCY R. CONNER MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) MICHELE BEIGEL CORASH MEMBER, BOARD OF GOVERNORS | 1.38 | X | | | | | | 0. | 0. | 0. |
| (25) COURTENAY C. CORRIGAN MEMBER, BOARD OF GOVERNORS | 1.29 | X | | | | | | 0. | 0. | 0. |
| (26) MRS. ROBERT A. CORRIGAN MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 2,983,426. | 0. | 404,386. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,983,426. | 0. | 404,386. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **10**

| | 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> | | X |
| 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> | X | |
| 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> | | X |

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 | 2,600,275. |
| TOUR ARTS, 700 LARKSPUR LANDING CIRCLE, SUITE 199-25, LARKSPUR, CA 9493 | TOURING SERVICES | 1,691,745. |
| EVENTS MANAGEMENT, INC., 2525 16TH STREET, SUITE 311, SAN FRANCISCO, CA 94103 | CATERING/MEALS | 684,462. |
| SD&A TELESERVICES INC., 5757 WEST CENTURY BLVD., SUITE 300, LOS ANGELES, CA 90045 | PROFESSIONAL FUNDRAISER | 677,597. |
| OPUS 3 ARTISTS, 470 PARK AVENUE SOUTH, 9TH FLOOR, NEW YORK, NY 10016 | ARTISTIC MANAGEMENT | 544,489. |

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 **61**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (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 | | | |
| (27) ROBERTA DENNING MEMBER, BOARD OF GOVERNORS | 1.10 | X | | | | | | 0. | 0. | 0. |
| (28) MARY C. FALVEY MEMBER, BOARD OF GOVERNORS | 2.25 | X | | | | | | 0. | 0. | 0. |
| (29) MRS. DONALD G. FISHER MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (30) MARY FRANCIS MEMBER, BOARD OF GOVERNORS | 1.43 | X | | | | | | 0. | 0. | 0. |
| (31) DAVID A. FRIEDBERG MEMBER, BOARD OF GOVERNORS | 1.29 | X | | | | | | 0. | 0. | 0. |
| (32) A. JOHN GAMBS MEMBER, BOARD OF GOVERNORS | 2.83 | X | | | | | | 0. | 0. | 0. |
| (33) PRISCILLA B. GEESLIN MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (34) CHARLES M. GESCHKE MEMBER, BOARD OF GOVERNORS | 1.29 | X | | | | | | 0. | 0. | 0. |
| (35) GORDON P. GETTY MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (36) JOHN D. GOLDMAN MEMBER, BOARD OF GOVERNORS | 3.07 | X | | | | | | 0. | 0. | 0. |
| (37) EMMA GOLTZ MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (38) JIM HENRY MEMBER, BOARD OF GOVERNORS | 1.67 | X | | | | | | 0. | 0. | 0. |
| (39) GREGORY E. JOHNSON MEMBER, BOARD OF GOVERNORS | 2.25 | X | | | | | | 0. | 0. | 0. |
| (40) MARK A. JUNG MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (41) JUDI KANTER MEMBER, BOARD OF GOVERNORS | 1.48 | X | | | | | | 0. | 0. | 0. |
| (42) MRS. WILLIAM R. KIMBALL MEMBER, BOARD OF GOVERNORS | 1.38 | X | | | | | | 0. | 0. | 0. |
| (43) F. CURT KIRSCHNER MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (44) RICHARD M. KOVACEVICH MEMBER, BOARD OF GOVERNORS | 1.87 | X | | | | | | 0. | 0. | 0. |
| (45) CHRISTINE E. LAMOND MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (46) PATRICIA LEE-HOFFMANN MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (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 | | | |
| (47) MAX LEVCHIN MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (48) FRED M. LEVIN MEMBER, BOARD OF GOVERNORS | 1.87 | X | | | | | | 0. | 0. | 0. |
| (49) MARYON DAVIES LEWIS MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (50) DR. RAYMOND K. Y. LI MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (51) GORRETTI LO LUI MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (52) MARC T. MACAULAY MEMBER, BOARD OF GOVERNORS | 1.53 | X | | | | | | 0. | 0. | 0. |
| (53) REBECCA MACIEIRA-KAUFMANN MEMBER, BOARD OF GOVERNORS | 1.24 | X | | | | | | 0. | 0. | 0. |
| (54) MRS. MERRILL L. MAGOWAN MEMBER, BOARD OF GOVERNORS | 1.43 | X | | | | | | 0. | 0. | 0. |
| (55) MRS. J. STANLEY MATTISON MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (56) WILLIAM F. MEEHAN III MEMBER, BOARD OF GOVERNORS | 1.48 | X | | | | | | 0. | 0. | 0. |
| (57) J. WILLIAM MORRIS III MEMBER, BOARD OF GOVERNORS | 2.15 | X | | | | | | 0. | 0. | 0. |
| (58) MRS. JOHN F. NICOLAI MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (59) ROBERT G. O'DONNELL MEMBER, BOARD OF GOVERNORS | 1.43 | X | | | | | | 0. | 0. | 0. |
| (60) MRS. JAMES C. PARAS MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (61) PERRY PELOS MEMBER, BOARD OF GOVERNORS | 1.43 | X | | | | | | 0. | 0. | 0. |
| (62) MARK A. PERRY MEMBER, BOARD OF GOVERNORS | 1.43 | X | | | | | | 0. | 0. | 0. |
| (63) LAURA K. PFAFF MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (64) PAULA B. PRETLOW MEMBER, BOARD OF GOVERNORS | 1.43 | X | | | | | | 0. | 0. | 0. |
| (65) KAUSIK RAJGOPAL MEMBER, BOARD OF GOVERNORS | 1.82 | X | | | | | | 0. | 0. | 0. |
| (66) RICHARD M. ROSENBERG MEMBER, BOARD OF GOVERNORS | 2.25 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (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 | | | |
| (67) FREDERIC M. SEEGAL MEMBER, BOARD OF GOVERNORS | 1.10 | X | | | | | | 0. | 0. | 0. |
| (68) SHARON L. SETO MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (69) MRS. GEORGE P. SHULTZ MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (70) TRINE SORENSEN MEMBER, BOARD OF GOVERNORS | 1.67 | X | | | | | | 0. | 0. | 0. |
| (71) PATRICIA SUGHRUE SPRINCIN MEMBER, BOARD OF GOVERNORS | 1.38 | X | | | | | | 0. | 0. | 0. |
| (72) TONY TROUSSET MEMBER, BOARD OF GOVERNORS | 1.43 | X | | | | | | 0. | 0. | 0. |
| (73) M. ISABEL VALDES MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (74) JACK WILLIAM VAN GEEM MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (75) GE WANG MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (76) ANITA L. WORNICK MEMBER, BOARD OF GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (77) PAUL H. BAASTAD LIFE GOVERNORS | 1.24 | X | | | | | | 0. | 0. | 0. |
| (78) ANDREW S. BERWICK, JR. LIFE GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (79) PAUL A. BISSINGER, JR. LIFE GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (80) MRS. HAROLD BRUMBAUM LIFE GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (81) MRS. W. JOHN BUCHANAN LIFE GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (82) MRS. HERBERT E. CAEN LIFE GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (83) RAMON C. CORTINES LIFE GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (84) PHILIP S. EHRLICH LIFE GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (85) MRS. A. BARLOW FERGUSON LIFE GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (86) ELIZABETH J. FOLGER LIFE GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (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 | | | |
| (87) ROBERT D. GLYNN, JR. LIFE GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (88) JAMES C. HORMEL LIFE GOVERNORS | 1.48 | X | | | | | | 0. | 0. | 0. |
| (89) RICHARD B. MADDEN LIFE GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (90) EFF W. MARTIN LIFE GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (91) ELLEN MAGNIN NEWMAN LIFE GOVERNORS | 1.48 | X | | | | | | 0. | 0. | 0. |
| (92) MRS. WILLIAM H. ORRICK, JR. LIFE GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (93) CARL F. PASCARELLA LIFE GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (94) MRS. EVAN R. PETERS LIFE GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (95) GENELLE RELFE LIFE GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (96) GEORGE R. ROBERTS LIFE GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (97) MRS. CHARLES R. SCHWAB LIFE GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (98) BARRY H. STERLING LIFE GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (99) DONALD T. VALENTINE LIFE GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (100) F. CLARK WARDEN LIFE GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (101) WILLIAM J. ZELLERBACH LIFE GOVERNORS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (102) DEREK L. DEAN MEMBER, BOARD OF GOVERNORS | 1.58 | X | | | | | | 0. | 0. | 0. |
| (103) ANETTE L. HARRIS MEMBER, BOARD OF GOVERNORS | 1.48 | X | | | | | | 0. | 0. | 0. |
| (104) GARY L. HEIDENREICH MEMBER, BOARD OF GOVERNORS | 1.43 | X | | | | | | 0. | 0. | 0. |
| (105) KENNETH L. HIRSCH MEMBER, BOARD OF GOVERNORS | 1.43 | X | | | | | | 0. | 0. | 0. |
| (106) DAVID HOYT MEMBER, BOARD OF GOVERNORS | 1.67 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (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 | | | |
| (107) ERIC X. LI MEMBER, BOARD OF GOVERNORS | 1.43 | X | | | | | | 0. | 0. | 0. |
| (108) ALI ROWGHANI MEMBER, BOARD OF GOVERNORS | 1.10 | X | | | | | | 0. | 0. | 0. |
| (109) BRENT ASSINK EXECUTIVE DIRECTOR | 60.00 | | | X | | | | 504,452. | 0. | 86,072. |
| (110) JAMES KIRK CHIEF FINANCIAL OFFICER | 60.00 | | | X | | | | 234,292. | 0. | 33,489. |
| (111) JOHN KIESER GENERAL MANAGER | 60.00 | | | | X | | | 265,818. | 0. | 36,259. |
| (112) DEREK DEAN CHIEF OPERATING OFFICER | 60.00 | | | | X | | | 166,680. | 0. | 8,849. |
| (113) RUSSELL KELBAN CHIEF MARKETING DIRECTOR | 60.00 | | | | X | | | 264,180. | 0. | 17,435. |
| (114) ALEXANDER BARANTSCHIK CONCERTMASTER | 60.00 | | | | | X | | 507,093. | 0. | 76,897. |
| (115) CAREY BELL PRINCIPAL CLARINET | 60.00 | | | | | X | | 265,746. | 0. | 25,751. |
| (116) JONATHAN VINOCOUR PRINCIPAL VIOLA | 60.00 | | | | | X | | 257,274. | 0. | 9,853. |
| (117) MARK INOUYE PRINCIPAL TRUMPET | 60.00 | | | | | X | | 265,850. | 0. | 28,162. |
| (118) NADYA TICHMAN ASSOCIATE CONCERTMASTER | 60.00 | | | | | X | | 252,041. | 0. | 81,619. |
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| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | 2,983,426. | | 404,386. |

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 | 1 a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | 3,751,300. | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 649,600. | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 27,201,476. | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | 2,162,915. | | | |
| | h | Total. Add lines 1a-1f | | 31,602,376. | | | |
| | Program Service Revenue | 2 a | CONCERT & RELATED REVE | Business Code | | | |
| | | | 711130 | 30,368,280. | 30,368,280. | | |
| b | | VOLUNTEER COUNCIL | 711130 | 1,173,050. | 1,173,050. | | |
| c | | SFS MEDIA | 515100 | 189,452. | 189,452. | | |
| d | | | | | | | |
| e | | | | | | | |
| f | | All other program service revenue | | | | | |
| g | | Total. Add lines 2a-2f | | 31,730,782. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 4,542,842. | | 4,139,804. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6 a | Gross rents | (i) Real | (ii) Personal | | | |
| | | | | 32,746. | | | |
| | | | Less: rental expenses | 0. | | | |
| | | | Rental income or (loss) | 32,746. | | | |
| | d | Net rental income or (loss) | | 32,746. | | 32,746. | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | | | 42,474,122. | | | | |
| | | | Less: cost or other basis and sales expenses | 29,705,532. | 1,528. | | |
| | | | Gain or (loss) | 12,768,590. | -1,528. | | |
| | d | Net gain or (loss) | | 12,767,062. | | 12,767,062. | |
| | 8 a | Gross income from fundraising events (not including \$ 3,751,300. of contributions reported on line 1c). See Part IV, line 18 | a | 864,350. | | | |
| | | | b | Less: direct expenses | b | 2,561,440. | |
| c | | | Net income or (loss) from fundraising events | | -1,697,090. | | -1,697,090. |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | | b | Less: direct expenses | b | | | |
| | | c | Net income or (loss) from gaming activities | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | a | 1,232,251. | | | | |
| | | b | Less: cost of goods sold | b | 679,033. | | |
| | | c | Net income or (loss) from sales of inventory | | 553,218. | 553,218. | |
| Miscellaneous Revenue | | | Business Code | | | | |
| 11 a | MISCELLANEOUS | | 900099 | 53,050. | | 53,050. | |
| | | b | | | | | |
| | | c | | | | | |
| | | d | All other revenue | | | | |
| e | Total. Add lines 11a-11d | | | 53,050. | | | |
| 12 | Total revenue. See instructions. | | | 79,584,986. | 32,284,000. | 435,784. | |

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 domestic organizations and domestic governments. See Part IV, line 21 ... | 49,185. | 49,185. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,445,679. | 702,227. | 743,452. | |
| 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 | 30,656,503. | 26,380,527. | 2,297,938. | 1,978,038. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 3,916,411. | 3,628,562. | 254,754. | 33,095. |
| 9 Other employee benefits | 5,384,718. | 4,645,146. | 478,654. | 260,918. |
| 10 Payroll taxes | 2,221,592. | 1,868,031. | 198,963. | 154,598. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 109,927. | | 109,927. | |
| c Accounting | 187,657. | | 187,657. | |
| d Lobbying | 33,248. | 33,248. | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 473,228. | | 473,228. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 3,381,181. | 3,049,938. | 264,855. | 66,388. |
| 12 Advertising and promotion | 1,086,111. | 928,036. | 8,051. | 150,024. |
| 13 Office expenses | 950,609. | 640,911. | 266,924. | 42,774. |
| 14 Information technology | 413,485. | 76,312. | 305,772. | 31,401. |
| 15 Royalties | 10,856. | 10,856. | | |
| 16 Occupancy | 400,583. | 200,667. | 162,724. | 37,192. |
| 17 Travel | 114,075. | 57,788. | 16,833. | 39,454. |
| 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 | 1,181,599. | 1,029,392. | 80,437. | 71,770. |
| 23 Insurance | 458,934. | 69,048. | 386,886. | 3,000. |
| 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 | 19,643,168. | 19,643,168. | | |
| b OTHER EXPENSES | 2,356,012. | 588,504. | 109,571. | 1,657,937. |
| c CREDIT CARD FEES | 696,380. | 585,114. | 23,513. | 87,753. |
| d EQUIPMENT RENTAL AND MA | 250,844. | 186,451. | 63,296. | 1,097. |
| e All other expenses | 189,663. | 16,846. | 171,639. | 1,178. |
| 25 Total functional expenses. Add lines 1 through 24e | 75,611,648. | 64,389,957. | 6,605,074. | 4,616,617. |
| 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) | 3,057,487. | 2,164,663. | 350,250. | 542,574. |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|--------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 5,672,070. | 1 | 4,087,004. |
| | 2 Savings and temporary cash investments | | 2 | 1,109,252. |
| | 3 Pledges and grants receivable, net | 9,528,196. | 3 | 13,593,239. |
| | 4 Accounts receivable, net | 1,252,249. | 4 | 621,600. |
| | 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 instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | 3,054,198. | 7 | 2,883,202. |
| | 8 Inventories for sale or use | 625,810. | 8 | 646,908. |
| | 9 Prepaid expenses and deferred charges | 4,950,717. | 9 | 2,740,028. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 37,492,863. | | |
| | b Less: accumulated depreciation | 10b 18,788,393. | | |
| | 11 Investments - publicly traded securities | 17,788,670. | 10c | 18,704,470. |
| | 12 Investments - other securities. See Part IV, line 11 | 197,896,593. | 11 | 202,899,413. |
| | 13 Investments - program-related. See Part IV, line 11 | 78,586,513. | 12 | 81,347,549. |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | | 14 | 1,119,977. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 8,444,618. | 15 | 7,924,710. | |
| | 327,799,634. | 16 | 337,677,352. | |
| Liabilities | 17 Accounts payable and accrued expenses | 4,451,981. | 17 | 4,285,653. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 12,297,408. | 19 | 12,308,452. |
| | 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 | 11,000,000. | 23 | 15,000,000. |
| | 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 | 32,686,022. | 25 | 45,452,878. |
| | 26 Total liabilities. Add lines 17 through 25 | 60,435,411. | 26 | 77,046,983. |
| 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 | 31,959,267. | 27 | 16,173,194. |
| | 28 Temporarily restricted net assets | 91,673,796. | 28 | 97,563,943. |
| | 29 Permanently restricted net assets | 143,731,160. | 29 | 146,893,232. |
| | 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 | 267,364,223. | 33 | 260,630,369. | |
| 34 Total liabilities and net assets/fund balances | 327,799,634. | 34 | 337,677,352. | |

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 | 79,584,986. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 75,611,648. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 3,973,338. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 267,364,223. |
| 5 | Net unrealized gains (losses) on investments | 5 | 2,495,248. |
| 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 | -13,202,440. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 260,630,369. |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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.
- 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?
- b** 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

| | Yes | No |
|-----------|-----|----|
| | | |
| 2a | | X |
| | | |
| 2b | X | |
| | | |
| 2c | X | |
| | | |
| 3a | | X |
| | | |
| 3b | | |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | 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) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 29,724,139. | 33,467,450. | 29,977,665. | 31,646,868. | 31,602,376. | 156,418,498. |
| 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 | 29,724,139. | 33,467,450. | 29,977,665. | 31,646,868. | 31,602,376. | 156,418,498. |
| 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) | | | | | | 23,345,689. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 133,072,809. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 29,724,139. | 33,467,450. | 29,977,665. | 31,646,868. | 31,602,376. | 156,418,498. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 3,979,716. | 7,247,759. | 31,179,218. | 4,522,968. | 4,139,804. | 51,069,465. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 128,488. | 36,429. | 46,332. | 84,999. | 373,531. | 669,779. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 3,605,863. | 2,207,304. | 948,110. | 1,361,503. | 917,400. | 9,040,180. |
| 11 Total support. Add lines 7 through 10 | | | | | | 217,197,922. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 150,206,208. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | 61.27 % |
| 15 Public support percentage from 2014 Schedule A, Part II, line 14 | 15 | 71.83 % |
| 16a 33 1/3% support test - 2015. 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 | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2014. 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 | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 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) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (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 VI.) | | | | | | |
| 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 section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2015. 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 - 2014. 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 Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | |
|---|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | (A) Prior Year | Current Year |
|----------------------------------|---|----------------|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2015 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015: | | | |
| a | | | |
| b | | | |
| c | | | |
| d From 2013 | | | |
| e From 2014 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2015 distributable amount | | | |
| i Carryover from 2010 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2015 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2015 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | |
| 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). | | | |
| 7 Excess distributions carryover to 2016. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b | | | |
| c Excess from 2013 | | | |
| d Excess from 2014 | | | |
| e Excess from 2015 | | | |

Schedule A (Form 990 or 990-EZ) 2015

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2015

Name of the organization

SAN FRANCISCO SYMPHONY

Employer identification number

94-1156284

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | <hr/> <hr/> <hr/> | \$ 1,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ 668,853. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ 1,030,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ 10,066,040. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ 649,600. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | <hr/> <hr/> <hr/> | \$ 655,006. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | <hr/> <hr/> <hr/> | \$ 750,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

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

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| | | | |
|---|---------------------|--|-------------------------------------|
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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

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

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

| | |
|---|---|
| Name of organization <p style="text-align: center;">SAN FRANCISCO SYMPHONY</p> | Employer identification number <p style="text-align: center;">94-1156284</p> |
|---|---|

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? Yes No
- 4a Was a correction made? Yes 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? Yes 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) | 33,248. | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 33,248. | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 75,358,976. | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 75,392,224. | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 1,000,000. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </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 separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|------------|------------|------------|------------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) Total |
| 2a Lobbying nontaxable amount | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000. |
| c Total lobbying expenditures | 20,038. | 18,346. | 21,260. | 33,248. | 92,892. |
| d Grassroots nontaxable amount | 250,000. | 250,000. | 250,000. | 250,000. | 1,000,000. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000. |
| 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)).

| | (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).

| | Yes | No |
|--|----------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 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, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015 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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 8/17/06), and questions about monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures, and a table for revenue and assets included.

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" on 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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 297,415,006. | 312,220,543. | 283,364,803. | 268,040,050. | 262,125,035. |
| b Contributions | 4,305,898. | 2,865,945. | 6,541,564. | 3,998,608. | 3,398,740. |
| c Net investment earnings, gains, and losses | 19,803,541. | -1,729,305. | 39,550,972. | 26,941,005. | 19,729,648. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 17,608,054. | 15,942,177. | 17,236,796. | 15,614,860. | 17,213,373. |
| f Administrative expenses | | | | | |
| g End of year balance | 303,916,391. | 297,415,006. | 312,220,543. | 283,364,803. | 268,040,050. |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 24.36 %
- b Permanent endowment 48.33 %
- c Temporarily restricted endowment 27.31 %

The percentages on 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) | X | |
| 3a(ii) | | X |
| 3b | | |

b If "Yes" on line 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" on 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 | | 19,277,728. | 12,913,311. | 6,364,417. |
| d Equipment | | 17,825,266. | 5,875,082. | 11,950,184. |
| e Other | | 389,869. | | 389,869. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 18,704,470. |

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) LIMITED PARTNERSHIPS AND OTHERS | 81,347,549. | END-OF-YEAR MARKET VALUE |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 81,347,549. | |

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) LIABILITES TO BENEFICIARY OF SPLIT INT. AGREEMENTS | 3,338,591. |
| (3) PENSION BENEFIT LIABILITIES | 37,614,287. |
| (4) UNEARNED CHALLENGE GRANT | 4,500,000. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 45,452,878. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 85,326,782. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 2,495,248. |
| b | Donated services and use of facilities | 2b | 6,075. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 3,240,473. |
| e | Add lines 2a through 2d | 2e | 5,741,796. |
| 3 | Subtract line 2e from line 1 | 3 | 79,584,986. |
| 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 | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 79,584,986. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 78,858,196. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 6,075. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 3,240,473. |
| e | Add lines 2a through 2d | 2e | 3,246,548. |
| 3 | Subtract line 2e from line 1 | 3 | 75,611,648. |
| 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 | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 75,611,648. |

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.

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 V, LINE 4:

THE SYMPHONY'S ENDOWMENT PLAYS A VITAL ROLE IN PROVIDING THE FINANCIAL SUPPORT AND STABILITY THAT FURTHER THE SYMPHONY'S MISSION: TO SET THE HIGHEST POSSIBLE STANDARD IN MUSICAL PERFORMANCE AND TO SERVE AND SHAPE

Part XIII Supplemental Information *(continued)*

CULTURAL LIFE THROUGHOUT THE BAY AREA'S DIVERSE COMMUNITIES. THE SYMPHONY'S

ENDOWMENT PROVIDES A STEADY, STABLE, AND PREDICTABLE REVENUE STREAM THAT

ALLOWS US TO PLAN FOR THE SYMPHONY'S ENRICHING PROGRAMS.

PART X, LINE 2:

THE SYMPHONY HAS RECEIVED RULINGS FROM THE INTERNAL REVENUE SERVICE UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM THE STATE OF

CALIFORNIA FRANCHISE TAX BOARD GRANTING EXEMPTION FROM INCOME TAXATION.

THE SYMPHONY HAS EVALUATED ITS CURRENT TAX POSITIONS ON UNRELATED BUSINESS

INCOME AND HAS CONCLUDED THAT AS OF AUGUST 31, 2016, THE SYMPHONY DOES NOT

HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE

NECESSARY. FOR STATE TAX PURPOSES, THE SYMPHONY IS GENERALLY NO LONGER

SUBJECT TO TAX EXAMINATIONS FOR YEARS PRIOR TO 2011. FOR FEDERAL TAX

PURPOSES, THE SYMPHONY IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR YEARS

PRIOR TO 2012.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

| | |
|------------------------|------------|
| SPECIAL EVENTS EXPENSE | 2,561,440. |
|------------------------|------------|

| | |
|--------------------|----------|
| COST OF GOODS SOLD | 679,033. |
|--------------------|----------|

| | |
|---------------------------------------|------------|
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 3,240,473. |
|---------------------------------------|------------|

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|------------------------|------------|
| SPECIAL EVENTS EXPENSE | 2,561,440. |
|------------------------|------------|

| | |
|--------------------|----------|
| COST OF GOODS SOLD | 679,033. |
|--------------------|----------|

| | |
|--|------------|
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 3,240,473. |
|--|------------|

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

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" on 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 |
|---|-------------------------------------|--|---|--|--|
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 0 | PROGRAM SERVICES | SYMPHONY TOURS | 1,596,009. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Sub-total | 0 | 0 | | | 1,596,009. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 1,596,009. |

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 separately 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; do not file with Form 990)* 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) | |
|-----------------|--|---|-------------------------------|---------------------|--|------------|
| | | OPENING GALA (event type) | DECK THE HALL (event type) | 2 (total number) | | |
| Revenue | 1 | Gross receipts | 3,552,097. | 498,788. | 564,765. | 4,615,650. |
| | 2 | Less: Contributions | 3,162,775. | 259,023. | 329,502. | 3,751,300. |
| | 3 | Gross income (line 1 minus line 2) | 389,322. | 239,765. | 235,263. | 864,350. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | 72,427. | 11,050. | 10,010. | 93,487. |
| | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 1,650,853. | 292,599. | 524,501. | 2,467,953. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 2,561,440. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | -1,697,090. | |

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

| | | (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 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

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

a Is the organization licensed to conduct gaming activities in each of these states? 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: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|-----|---|
| 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 to be 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 provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: SD&A TELESERVICES, INC.

(I) ADDRESS OF FUNDRAISER:

5757 WEST CENTURY BLVD., SUITE 300, LOS ANGELES, CA 90045

(I) NAME OF FUNDRAISER: THE HOLMAN GROUP

(I) ADDRESS OF FUNDRAISER: 6240 PRIMROSE AVENUE, LOS ANGELES, CA 90068

(II) ACTIVITY: ASSIST IN OBTAINING SPONSORSHIPS WITH CORPORATIONS

**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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2015

**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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| AP GIANNINI MIDDLE SCHOOL 3151 ORTEGA STREET SAN FRANCISCO, CA 94122 | 94-6000416 | GOVERNMENT | 0. | 16,940. | FMV | TICKETS | TO PROVIDE THE COMMUNITY FREE ACCESS TO SELECT SYMPHONY PERFORMANCES |
| LOWELL HIGH SCHOOL 1101 EUCALYPTUS DRIVE SAN FRANCISCO, CA 94132 | 94-6000416 | GOVERNMENT | 0. | 12,025. | FMV | TICKETS | TO PROVIDE THE COMMUNITY FREE ACCESS TO SELECT SYMPHONY PERFORMANCES |
| PRESIDIO MIDDLE SCHOOL 450 30TH AVENUE SAN FRANCISCO, CA 94121 | 94-6000416 | GOVERNMENT | 0. | 20,220. | 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 ▶ 3.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2015)

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

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

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

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)**

Compensation Information

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SAN FRANCISCO SYMPHONY

Employer identification number
94-1156284

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | X |
| 4b | X | |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2015

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

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

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

| (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 in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) BRENT ASSINK EXECUTIVE DIRECTOR | (i) | 496,241. | 0. | 8,211. | 65,450. | 20,622. | 590,524. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) JAMES KIRK CHIEF FINANCIAL OFFICER | (i) | 234,163. | 0. | 129. | 12,765. | 20,724. | 267,781. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) JOHN KIESER GENERAL MANAGER | (i) | 265,801. | 0. | 17. | 36,187. | 72. | 302,077. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) DEREK DEAN CHIEF OPERATING OFFICER | (i) | 166,641. | 0. | 39. | 0. | 8,849. | 175,529. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) RUSSELL KELBAN CHIEF MARKETING DIRECTOR | (i) | 264,051. | 0. | 129. | 3,812. | 13,623. | 281,615. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) ALEXANDER BARANTSCHIK CONCERTMASTER | (i) | 506,301. | 0. | 792. | 37,266. | 39,631. | 583,990. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) CAREY BELL PRINCIPAL CLARINET | (i) | 265,626. | 0. | 120. | 9,294. | 16,457. | 291,497. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) JONATHAN VINOCOUR PRINCIPAL VIOLA | (i) | 257,166. | 0. | 108. | 6,519. | 3,334. | 267,127. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) MARK INOUYE PRINCIPAL TRUMPET | (i) | 265,730. | 0. | 120. | 16,153. | 12,009. | 294,012. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) NADYA TICHMAN ASSOCIATE CONCERTMASTER | (i) | 251,525. | 0. | 516. | 41,988. | 39,631. | 333,660. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 4B:

4B - THE EXECUTIVE DIRECTOR PARTICIPATES IN A SUPPLEMENTAL NONQUALIFIED

RETIREMENT PLAN. SFS CONTRIBUTED \$18,000 TO THE PLAN IN 2015.

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 |
| DAVID HOYT & PERRY PELOS | FORMER BOARD MEMBER | 111,276. | MR. HOYT IS | | X |
| JOHN GAMBS | BOARD MEMBER | 32,060. | THE SYMPHON | | X |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DAVID HOYT & PERRY PELOS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FORMER BOARD MEMBER / BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: MR. HOYT IS A FORMER SENIOR EXECUTIVE VP

AND MR. PELOS IS HEAD OF COMMERCIAL BANK OF SAME BANK THAT PROVIDES

SERVICES AT MARKET RATES. TOTAL TRANSACTIONS INCLUDE BANK FEES

(\$23,922.88) AND INTEREST EXPENSE (\$87,353.19) ON LINE OF CREDIT. MR.

HOYT LEFT THE BOARD IN 2015.

(A) NAME OF PERSON: JOHN GAMBS

(D) DESCRIPTION OF TRANSACTION: THE SYMPHONY ADVERTISES ON THE WEBSITE

OF SF CLASSICAL VOICE IN WHICH A BOARD MEMBER IS THE BOARD PRESIDENT AT

SF CLASSICAL VOICE AND ANOTHER BOARD MEMBER IS THE BOARD TREASURER AT SF

CLASSICAL VOICE. THE SYMPHONY HAS ALSO ENTERED INTO AN AGREEMENT TO

DEVELOP AND PRESENT COMMUNITY OF MUSIC MAKERS CONTENT ON THEIR WEBSITE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization **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 | 15,000. | FMV |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 323,282. | ANNUAL SALES REVENUE |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 75 | 1,330,810. | 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 | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (FOOD/GOODS) | X | 182 | 493,823. | FMV |
| 26 Other ▶ () | | | | |
| 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 **29**

- 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?
- 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?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- 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.

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | X | |
| 32a | | X |

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

SCHEDULE M, PART I, COLUMN (B):

THIS NUMBER REFLECTS THE NUMBER OF CONTRIBUTORS, NOT THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

SAN FRANCISCO SYMPHONY

Employer identification number

94-1156284

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

RECOGNITION AS A MEANS OF ENSURING ITS ABILITY TO FULFILL ITS MISSION.

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

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 ARE 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

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

532211
09-02-15

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

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

OF DOCUMENTARIES AND CONCERTS, NATIONALLY SYNDICATED RADIO PROGRAMS,
AND INTERACTIVE WEBSITES.

FORM 990, PART VI, SECTION A, LINE 2:

TWO MEMBERS OF THE BOARD, DORIS FISHER AND SAKURAKO FISHER, ARE RELATED BY
MARRIAGE.

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.

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 AT LEAST 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

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

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.

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). THE

MUSIC DIRECTOR, THE CHIEF FINANCIAL OFFICER (CFO) AND THE CHIEF OPERATING

OFFICER (COO) OF THE SYMPHONY.

THE COMMITTEE WILL MEET ANNUALLY TO REVIEW AND APPROVE THE COMPENSATION AND

BENEFIT PACKAGES FOR THE ED, COO 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.

SIMILARLY, THE COMMITTEE PROVIDES GUIDELINES FOR NEGOTIATION OF COLLECTIVE

BARGAINING AGREEMENTS, INCLUDING TOTAL COST GUIDELINES DEVELOPED IN

CONSULTATION WITH THE FINANCE COMMITTEE.

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

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

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

| | |
|---------------------------------------|--------------|
| CHANGE IN PENSION BENEFIT LIABILITIES | -13,202,440. |
|---------------------------------------|--------------|

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.

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

OMB No. 1545-0047

2015

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

Schedule R (Form 990) 2015

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 | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

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 |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2015 or other tax year beginning SEP 1, 2015, and ending AUG 31, 2016

2015

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

| | | | |
|--|-----------------------------|--|---|
| <p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> | <p>Print or Type</p> | <p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) SAN FRANCISCO SYMPHONY</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. DAVIES SYMPHONY HALL, 201 VAN NESS</p> <p>City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94102-4585</p> | <p>D Employer identification number (Employees' trust, see instructions.) 94-1156284</p> <p>E Unrelated business activity codes (See instructions.) 900002 900099</p> |
|--|-----------------------------|--|---|

C Book value of all assets at end of year: 337,677,352.

F Group exemption number (See instructions.)

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶ **RENT OF MUSICAL INSTRUMENTS/EQUIPMENT AND PARTNERSHIP INVESTMENTS**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **JIM KIRK, CFO** Telephone number ▶ **(415) 552-8000**

| Part I Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|---|--------------------|--------------|----------|
| 1 a Gross receipts or sales | | | |
| b Less returns and allowances | | | |
| c Balance | 1c | | |
| 2 Cost of goods sold (Schedule A, line 7) | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | |
| 4 a Capital gain net income (attach Schedule D) | 4a | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | |
| c Capital loss deduction for trusts | 4c | | |
| 5 Income (loss) from partnerships and S corporations (attach statement) | 5 391,204. | | 391,204. |
| 6 Rent income (Schedule C) | 6 32,746. | | 32,746. |
| 7 Unrelated debt-financed income (Schedule E) | 7 | | |
| 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) | 8 | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | |
| 10 Exploited exempt activity income (Schedule I) | 10 | | |
| 11 Advertising income (Schedule J) | 11 | | |
| 12 Other income (See instructions; attach schedule) | 12 | | |
| 13 Total. Combine lines 3 through 12 | 13 423,950. | | 423,950. |

| Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) | 14-28 | 29-34 |
|---|------------|------------|
| 14 Compensation of officers, directors, and trustees (Schedule K) | 14 | |
| 15 Salaries and wages | 15 | 6,843. |
| 16 Repairs and maintenance | 16 | |
| 17 Bad debts | 17 | |
| 18 Interest (attach schedule) | 18 | |
| 19 Taxes and licenses | 19 | 4,196. |
| 20 Charitable contributions (See instructions for limitation rules) STATEMENT 3 SEE STATEMENT 1 | 20 | 40,876. |
| 21 Depreciation (attach Form 4562) | 21 | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22a | 22b |
| 23 Depletion | 23 | |
| 24 Contributions to deferred compensation plans | 24 | |
| 25 Employee benefit programs | 25 | |
| 26 Excess exempt expenses (Schedule I) | 26 | |
| 27 Excess readership costs (Schedule J) | 27 | |
| 28 Other deductions (attach schedule) SEE STATEMENT 2 | 28 | 3,150. |
| 29 Total deductions. Add lines 14 through 28 | 29 | 55,065. |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | 368,885. |
| 31 Net operating loss deduction (limited to the amount on line 30) | 31 | |
| 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | 32 | 368,885. |
| 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) | 33 | 1,000. |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34 | 367,885. |

Part III Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 35 (Organizations Taxable as Corporations), 36 (Trusts Taxable at Trust Rates), 37 (Proxy tax), 38 (Alternative minimum tax), and 39 (Total).

Part IV Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 40a-40e (Credits), 41-42 (Taxes), 43 (Total tax), 44a-44g (Payments), 45 (Total payments), 46 (Estimated tax penalty), 47 (Tax due), 48 (Overpayment), and 49 (Refund).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No columns. Includes questions 1, 2, and 3 regarding foreign accounts and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 3 columns: Line number, Description, and Amount. Includes lines 1-5 (Inventory and Costs) and lines 6-8 (Cost of goods sold and Section 263A).

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer, Date, CFO Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Table for Preparer Information. Includes fields for Preparer's name (KATY BROWN), signature, date, firm's name (ARMANINO LLP), address (12657 ALCOSTA BLVD, STE. 500, SAN RAMON, CA 94583-4600), and phone number (925-790-2600).

COPY

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

| | | | |
|---|--|--|---|
| (1) EQUIPMENT/ INSTRUMENT RENTAL | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| 2. Rent received or accrued | | | |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) | |
| (1) | 32,746. | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| Total | 0. | Total | 32,746. |
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ | | 32,746. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ 0. |

Schedule E - Unrelated Debt-Financed Income (see instructions)

| | | | | |
|--|---|--|--|---|
| 1. Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | | |
| | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals ▶ | | | 0. | 0. |
| Total dividends-received deductions included in column 8 ▶ | | | | 0. |

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| | | | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| | | | | |
|--|---|-------------------------------------|--|--|
| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals ▶ | | | 0. | 0. |

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|---|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | | Enter here and on page 1, Part I, line 9, column (A). 0. | | Enter here and on page 1, Part I, line 9, column (B). 0. |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals | | Enter here and on page 1, Part I, line 10, col. (A). 0. | Enter here and on page 1, Part I, line 10, col. (B). 0. | | | Enter here and on page 1, Part II, line 26. 0. |

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | | 0. | 0. | | | 0. |

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|--|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | | 0. | 0. | | | 0. |
| Totals, Part II (lines 1-5) | | Enter here and on page 1, Part I, line 11, col. (A). 0. | Enter here and on page 1, Part I, line 11, col. (B). 0. | | | Enter here and on page 1, Part II, line 27. 0. |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1) | | | % |
| (2) | | | % |
| (3) | | | % |
| (4) | | | % |
| Total. Enter here and on page 1, Part II, line 14 | | | 0. |

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

2015

| | | |
|--|--|---|
| Name SAN FRANCISCO SYMPHONY | | Employer identification number 94-1156284 |
| Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e). | | |
| 1 | Taxable income or (loss) before net operating loss deduction | 367,885. |
| 2 | Adjustments and preferences: | |
| a | Depreciation of post-1986 property | 2a |
| b | Amortization of certified pollution control facilities | 2b |
| c | Amortization of mining exploration and development costs | 2c |
| d | Amortization of circulation expenditures (personal holding companies only) | 2d |
| e | Adjusted gain or loss | 2e |
| f | Long-term contracts | 2f |
| g | Merchant marine capital construction funds | 2g |
| h | Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) | 2h |
| i | Tax shelter farm activities (personal service corporations only) | 2i |
| j | Passive activities (closely held corporations and personal service corporations only) | 2j |
| k | Loss limitations | 2k |
| l | Depletion | 2l |
| m | Tax-exempt interest income from specified private activity bonds | 2m |
| n | Intangible drilling costs | 2n |
| o | Other adjustments and preferences | 2o |
| 3 | Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o | 367,885. |
| 4 | Adjusted current earnings (ACE) adjustment: | |
| a | ACE from line 10 of the ACE worksheet in the instructions | 367,885. |
| b | Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions) | 0. |
| c | Multiply line 4b by 75% (.75). Enter the result as a positive amount | |
| d | Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). Note: You must enter an amount on line 4d (even if line 4b is positive) | |
| e | ACE adjustment. <ul style="list-style-type: none"> • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount | 0. |
| 5 | Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT | 367,885. |
| 6 | Alternative tax net operating loss deduction (see instructions) | 6 |
| 7 | Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions | 367,885. |
| 8 | Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c): | |
| a | Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- | 8a |
| b | Multiply line 8a by 25% (.25) | 8b |
| c | Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- | 0. |
| 9 | Subtract line 8c from line 7. If zero or less, enter -0- | 367,885. |
| 10 | Multiply line 9 by 20% (.20) | 73,577. |
| 11 | Alternative minimum tax foreign tax credit (AMTFTC) (see instructions) | 11 |
| 12 | Tentative minimum tax. Subtract line 11 from line 10 | 73,577. |
| 13 | Regular tax liability before applying all credits except the foreign tax credit | 125,081. |
| 14 | Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return | 0. |

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2015)

* SEE ALSO

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

| | | | |
|--|--|-------|----------|
| 1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626 | | 1 | 367,885. |
| 2 ACE depreciation adjustment: | | | |
| a | AMT depreciation | 2a | |
| b ACE depreciation: | | | |
| (1) | Post-1993 property | 2b(1) | |
| (2) | Post-1989, pre-1994 property | 2b(2) | |
| (3) | Pre-1990 MACRS property | 2b(3) | |
| (4) | Pre-1990 original ACRS property | 2b(4) | |
| (5) | Property described in sections 168(f)(1) through (4) | 2b(5) | |
| (6) | Other property | 2b(6) | |
| (7) | Total ACE depreciation. Add lines 2b(1) through 2b(6) | 2b(7) | |
| c | ACE depreciation adjustment. Subtract line 2b(7) from line 2a | 2c | |
| 3 Inclusion in ACE of items included in earnings and profits (E&P): | | | |
| a | Tax-exempt interest income | 3a | |
| b | Death benefits from life insurance contracts | 3b | |
| c | All other distributions from life insurance contracts (including surrenders) | 3c | |
| d | Inside buildup of undistributed income in life insurance contracts | 3d | |
| e | Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list) | 3e | |
| f | Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e | 3f | |
| 4 Disallowance of items not deductible from E&P: | | | |
| a | Certain dividends received | 4a | |
| b | Dividends paid on certain preferred stock of public utilities that are deductible under section 247 | 4b | |
| c | Dividends paid to an ESOP that are deductible under section 404(k) | 4c | |
| d | Nonpatronage dividends that are paid and deductible under section 1382(c) | 4d | |
| e | Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) | 4e | |
| f | Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e | 4f | |
| 5 Other adjustments based on rules for figuring E&P: | | | |
| a | Intangible drilling costs | 5a | |
| b | Circulation expenditures | 5b | |
| c | Organizational expenditures | 5c | |
| d | LIFO inventory adjustments | 5d | |
| e | Installment sales | 5e | |
| f | Total other E&P adjustments. Combine lines 5a through 5e | 5f | |
| 6 | Disallowance of loss on exchange of debt pools | 6 | |
| 7 | Acquisition expenses of life insurance companies for qualified foreign contracts | 7 | |
| 8 | Depletion | 8 | |
| 9 | Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property | 9 | |
| 10 | Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626 | 10 | 367,885. |

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY

METHOD USED TO DETERMINE FMV

AMOUNT

SAN FRANCISCO UNIFIED SCHOOL
DISTRICT

N/A

49,185.

TOTAL TO FORM 990-T, PAGE 1, LINE 20

49,185.

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION

AMOUNT

TAX PREPARATION FEES

3,150.

TOTAL TO FORM 990-T, PAGE 1, LINE 28

3,150.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

 QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2010

FOR TAX YEAR 2011

FOR TAX YEAR 2012

FOR TAX YEAR 2013

FOR TAX YEAR 2014

64,125

TOTAL CARRYOVER

64,125

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

49,185

TOTAL CONTRIBUTIONS AVAILABLE

113,310

TAXABLE INCOME LIMITATION AS ADJUSTED

40,876

EXCESS 10% CONTRIBUTIONS

72,434

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

72,434

ALLOWABLE CONTRIBUTIONS DEDUCTION

40,876

TOTAL CONTRIBUTION DEDUCTION

40,876

FORM 990-T

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 4

| PARTNERSHIP NAME | GROSS INCOME | DEDUCTIONS | NET INCOME OR (LOSS) |
|---|-----------------|----------------|-------------------------|
| 250 POST ST. LTD. | 31,276. | 0. | 31,276. |
| MESIROW FINANCIAL CAPITAL PARTNERS X, LP | -3,981. | 0. | -3,981. |
| MCP X AIV LP | 385,933. | 11,825. | 374,108. |
| SPECIAL SITUATIONS PARTNERS II | -10,396. | 0. | -10,396. |
| NORTHWOOD REAL ESTATE PARTNERS TE FEEDER (AIV 8) | 158. | 7. | 151. |
| NORTHWOOD REAL ESTATE PARTNERS TE FEEDER (AIV 7) | 48. | 2. | 46. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 5 | 403,038. | 11,834. | 391,204. |

FORM 4626

AMT CONTRIBUTIONS

STATEMENT 5

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2010

FOR TAX YEAR 2011

FOR TAX YEAR 2012

FOR TAX YEAR 2013

FOR TAX YEAR 2014

64,125

TOTAL CARRYOVER

64,125

CURRENT YEAR CONTRIBUTIONS

49,185

TOTAL CONTRIBUTIONS

113,310

10% OF TAXABLE INCOME AS ADJUSTED

40,876

EXCESS CONTRIBUTIONS

72,434

ALLOWABLE CONTRIBUTIONS

40,876

AMT CHARITABLE DEDUCTION

40,876

REGULAR CONTRIBUTION DEDUCTION

40,876

AMT CONTRIBUTION ADJUSTMENT

0

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return.

FORM 990-T

▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

2015

| | |
|---------------------------------------|---|
| Name SAN FRANCISCO SYMPHONY | Employer identification number 94-1156284 |
|---------------------------------------|---|

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

| Part I Required Annual Payment | | | |
|---|-----------|----------|----------|
| 1 Total tax (see instructions) | | 1 | 125,081. |
| 2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 | 2a | | |
| b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method | 2b | | |
| c Credit for federal tax paid on fuels (see instructions) | 2c | | |
| d Total. Add lines 2a through 2c | 2d | | |
| 3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty | 3 | | 125,081. |
| 4 Enter the tax shown on the corporation's 2014 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 | 4 | | 17,150. |
| 5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 | 5 | | 17,150. |

| Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty (see instructions). | |
|--|--|
| 6 | <input type="checkbox"/> The corporation is using the adjusted seasonal installment method. |
| 7 | <input type="checkbox"/> The corporation is using the annualized income installment method. |
| 8 | <input type="checkbox"/> The corporation is a "large corporation" figuring its first required installment based on the prior year's tax. |

| Part III Figuring the Underpayment | | | | | |
|--|-----------|----------|----------|----------|----------|
| | | (a) | (b) | (c) | (d) |
| 9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (<i>Form 990-PF filers:</i> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year | 9 | 12/15/15 | 02/15/16 | 05/15/16 | 08/15/16 |
| 10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. | 10 | 4,288. | 4,287. | 4,288. | 4,287. |
| 11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 | 11 | 4,491. | | | 12,800. |
| <i>Complete lines 12 through 18 of one column before going to the next column.</i> | | | | | |
| 12 Enter amount, if any, from line 18 of the preceding column | 12 | | 203. | | |
| 13 Add lines 11 and 12 | 13 | | 203. | | 12,800. |
| 14 Add amounts on lines 16 and 17 of the preceding column | 14 | | | 4,084. | 8,372. |
| 15 Subtract line 14 from line 13. If zero or less, enter -0- | 15 | 4,491. | 203. | 0. | 4,428. |
| 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- | 16 | | 0. | 4,084. | |
| 17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 | 17 | | 4,084. | 4,288. | |
| 18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column | 18 | 203. | | | |

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

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part IV Figuring the Penalty

| | (a) | (b) | (c) | (d) |
|---|-----------|------------------------|-----|------|
| 19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.) | 19 | | | |
| 20 Number of days from due date of installment on line 9 to the date shown on line 19 | 20 | | | |
| 21 Number of days on line 20 after 4/15/2015 and before 7/1/2015 | 21 | | | |
| 22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\%}{365}$ | 22 | \$ | \$ | \$ |
| 23 Number of days on line 20 after 06/30/2015 and before 10/1/2015 | 23 | | | |
| 24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\%}{365}$ | 24 | \$ | \$ | \$ |
| 25 Number of days on line 20 after 9/30/2015 and before 1/1/2016 | 25 | | | |
| 26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\%}{365}$ | 26 | \$ | \$ | \$ |
| 27 Number of days on line 20 after 12/31/2015 and before 4/1/2016 | 27 | SEE ATTACHED WORKSHEET | | |
| 28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\%}{366}$ | 28 | \$ | \$ | \$ |
| 29 Number of days on line 20 after 3/31/2016 and before 7/1/2016 | 29 | | | |
| 30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$ | 30 | \$ | \$ | \$ |
| 31 Number of days on line 20 after 6/30/2016 and before 10/01/2016 | 31 | | | |
| 32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$ | 32 | \$ | \$ | \$ |
| 33 Number of days on line 20 after 9/30/2016 and before 1/1/2017 | 33 | | | |
| 34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$ | 34 | \$ | \$ | \$ |
| 35 Number of days on line 20 after 12/31/2016 and before 2/16/2017 | 35 | | | |
| 36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ | 36 | \$ | \$ | \$ |
| 37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36 | 37 | \$ | \$ | \$ |
| 38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns | 38 | | \$ | 116. |

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

