

# **PUBLIC DISCLOSURE COPY**

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**ARMANINO <sup>LLP</sup>**

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Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the **2018** calendar year, or tax year beginning **SEP 1, 2018** and ending **AUG 31, 2019**

<b>B</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	<b>C</b> Name of organization <b>SAN FRANCISCO SYMPHONY</b>		<b>D</b> Employer identification number <b>94-1156284</b>
	Doing business as		<b>E</b> Telephone number <b>(415) 552-8000</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>DAVIES SYMPHONY HALL, 201 VAN NESS</b>		<b>G</b> Gross receipts \$ <b>139,170,059.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>SAN FRANCISCO, CA 94102-4585</b>		
<b>F</b> Name and address of principal officer: <b>SAKURAKO FISHER</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.SFSYMPHONY.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1910** **M** State of legal domicile: **CA**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO ENRICH, SERVE, AND SHAPE CULTURAL LIFE THROUGHOUT THE SPECTRUM OF BAY AREA COMMUNITIES.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>70</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>70</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>1164</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1800</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>98,825.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>76,799.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>41,942,469.</b>	<b>42,113,427.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>26,296,266.</b>	<b>26,453,944.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>19,879,472.</b>	<b>26,573,280.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-881,806.</b>	<b>-1,505,688.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>87,236,401.</b>	<b>93,634,963.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>55,500.</b>	<b>125,277.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>53,859,915.</b>	<b>52,749,127.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>127,461.</b>	<b>117,334.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>6,410,983.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>23,878,289.</b>	<b>26,794,574.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>77,921,165.</b>	<b>79,786,312.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>9,315,236.</b>	<b>13,848,651.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>348,290,090.</b>	<b>340,027,013.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>26,425,652.</b>	<b>50,704,539.</b>
		<b>321,864,438.</b>	<b>289,322,474.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date		
	ELIZABETH PESCH, CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KATY BROWN</b>	Preparer's signature <b>KATY BROWN</b>	Date <b>06/05/20</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00650274</b>
	Firm's name ▶ <b>ARMANINO LLP</b>	Firm's EIN ▶ <b>94-6214841</b>		Phone no. <b>925-790-2600</b>	
	Firm's address ▶ <b>12657 ALCOSTA BLVD, STE. 500 SAN RAMON, CA 94583-4600</b>				

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? [X] Yes [ ] 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 \$ 62,210,226. including grants of \$ 125,277. ) (Revenue \$ 24,577,510. ) THROUGH ITS ARTISTIC, EDUCATION AND COMMUNITY PROGRAMS, THE SAN FRANCISCO SYMPHONY EACH YEAR SERVES MORE THAN 400,000 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 \$ 4,386,332. including grants of \$ ) (Revenue \$ 1,936,189. ) IN PARTNERSHIP WITH THE SAN FRANCISCO UNIFIED SCHOOL DISTRICT, THE SAN FRANCISCO SYMPHONY PROVIDES COMPREHENSIVE MUSIC EDUCATION TO EVERY STUDENT IN GRADES 1-5 IN SAN FRANCISCO'S PUBLIC ELEMENTARY SCHOOLS THROUGH ADVENTURES IN MUSIC, AND SUPPORTS EVERY PUBLIC MIDDLE AND HIGH SCHOOL BAND AND ORCHESTRA PROGRAM THROUGH MUSIC AND MENTORS.

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 66,596,558.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> 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	
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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	
<b>9</b> 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
<b>10</b> 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	
<b>11</b> 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.		
<b>a</b> 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>b</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	
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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	
<b>12a</b> 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>b</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
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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	
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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	
<b>18</b> 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	
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

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 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (70), 1b (70), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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

**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) PRISCILLA B. GEESLIN VICE PRESIDENT	3.00	X		X				0.	0.	0.
(3) GORRETTI LO LUI VICE PRESIDENT	3.00	X		X				0.	0.	0.
(4) A. JOHN GAMBS VICE PRESIDENT/TREASURER	3.00	X		X				0.	0.	0.
(5) LYDIA I. BEEBE SECRETARY	3.00	X		X				0.	0.	0.
(6) AIDA M. ALVAREZ MEMBER, BOARD OF GOVERNORS	1.90	X						0.	0.	0.
(7) MICHAEL ANDERS MEMBER, BOARD OF GOVERNORS	1.60	X						0.	0.	0.
(8) NANCY H. BECHTLE MEMBER, BOARD OF GOVERNORS	2.30	X						0.	0.	0.
(9) DAVID J. BERGER MEMBER, BOARD OF GOVERNORS	1.90	X						0.	0.	0.
(10) ATHENA T. BLACKBURN MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(11) PAULA B. BLANK MEMBER, BOARD OF GOVERNORS	1.40	X						0.	0.	0.
(12) CAROL CASEY MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(13) DEAN CASH MEMBER, BOARD OF GOVERNORS	1.10	X						0.	0.	0.
(14) IRIS CHAN MEMBER, BOARD OF GOVERNORS	1.58	X						0.	0.	0.
(15) JOHN S. CHEN MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(16) MATT COHLER MEMBER, BOARD OF GOVERNORS	1.60	X						0.	0.	0.
(17) MARGARET LIU COLLINS MEMBER, BOARD OF GOVERNORS	1.20	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) NANCY R. CONNER MEMBER, BOARD OF GOVERNORS	1.00	X					0.	0.	0.	
(19) DAN COOPERMAN MEMBER, BOARD OF GOVERNORS	1.60	X					0.	0.	0.	
(20) MICHELE BEIGEL CORASH MEMBER, BOARD OF GOVERNORS	1.80	X					0.	0.	0.	
(21) MRS. ROBERT A. CORRIGAN MEMBER, BOARD OF GOVERNORS	1.00	X					0.	0.	0.	
(22) GAIL L COVINGTON MEMBER, BOARD OF GOVERNORS	2.30	X					0.	0.	0.	
(23) ROBERTA DENNING MEMBER, BOARD OF GOVERNORS	1.50	X					0.	0.	0.	
(24) MARY C. FALVEY MEMBER, BOARD OF GOVERNORS	2.20	X					0.	0.	0.	
(25) MRS. DONALD G. FISHER MEMBER, BOARD OF GOVERNORS	1.00	X					0.	0.	0.	
(26) MARY A. FRANCIS MEMBER, BOARD OF GOVERNORS	1.80	X					0.	0.	0.	
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							2,963,301.	0.	243,931.	
<b>d Total (add lines 1b and 1c)</b>							2,963,301.	0.	243,931.	

**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 133

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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., 1675 BROADWAY, 20TH FLOOR, NEW YORK, NY 10019	CONDUCTOR	2,139,720.
EVENTS MANAGEMENT, INC., 2525 16TH STREET, SUITE 311, SAN FRANCISCO, CA 94103	CATERER	699,524.
COLUMBIA ARTISTS MGMT LLC, 1790 BROADWAY, 16TH FLOOR, NEW YORK, NY 10019	ARTIST AGENT	629,638.
HEARST COMMUNICATIONS, SAN FRANCISCO CHRONI 901 MISSION STREET, SAN FRANCISCO, CA 94103	ADVERTISING	532,920.
OPUS 3 ARTISTS, 470 PARK AVENUE SOUTH, 9TH FLOOR, NEW YORK, NY 10016	ARTIST AGENT	526,547.

**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 26

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) DAVID A. FRIEDBERG MEMBER, BOARD OF GOVERNORS	1.20	X						0.	0.	0.
(28) GORDON P. GETTY MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(29) JOHN D. GOLDMAN MEMBER, BOARD OF GOVERNORS	2.30	X						0.	0.	0.
(30) JIM HENRY MEMBER, BOARD OF GOVERNORS	2.30	X						0.	0.	0.
(31) BASHEER JANJUA MEMBER, BOARD OF GOVERNORS	1.38	X						0.	0.	0.
(32) GREGORY E. JOHNSON MEMBER, BOARD OF GOVERNORS	1.96	X						0.	0.	0.
(33) MARK A. JUNG MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(34) JUDI KANTER MEMBER, BOARD OF GOVERNORS	1.50	X						0.	0.	0.
(35) MRS. WILLIAM R. KIMBALL MEMBER, BOARD OF GOVERNORS	1.20	X						0.	0.	0.
(36) F. CURT KIRSCHNER MEMBER, BOARD OF GOVERNORS	1.70	X						0.	0.	0.
(37) METTA KRACH MEMBER, BOARD OF GOVERNORS	1.40	X						0.	0.	0.
(38) CHRISTINE E. LAMOND MEMBER, BOARD OF GOVERNORS	1.20	X						0.	0.	0.
(39) PATRICIA LEE-HOFFMANN MEMBER, BOARD OF GOVERNORS	1.50	X						0.	0.	0.
(40) MAX LEVCHIN MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(41) FRED M. LEVIN MEMBER, BOARD OF GOVERNORS	1.80	X						0.	0.	0.
(42) MARYON DAVIES LEWIS MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(43) ERIC X. LI MEMBER, BOARD OF GOVERNORS	1.90	X						0.	0.	0.
(44) DR. RAYMOND K. Y. LI MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(45) MARC T. MACAULAY MEMBER, BOARD OF GOVERNORS	2.39	X						0.	0.	0.
(46) REBECCA MACIEIRA-KAUFMANN MEMBER, BOARD OF GOVERNORS	1.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

<b>Part VII</b> Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(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) CHRISTINE MATTISON MEMBER, BOARD OF GOVERNORS	1.00	X					0.	0.	0.	
(48) J. WILLIAM MORRIS III MEMBER, BOARD OF GOVERNORS	2.30	X					0.	0.	0.	
(49) ROBERT G. O'DONNELL MEMBER, BOARD OF GOVERNORS	1.60	X					0.	0.	0.	
(50) MRS. JAMES C. PARAS MEMBER, BOARD OF GOVERNORS	1.20	X					0.	0.	0.	
(51) MARK C. PERRY MEMBER, BOARD OF GOVERNORS	1.60	X					0.	0.	0.	
(52) KAUSIK RAJGOPAL MEMBER, BOARD OF GOVERNORS	1.40	X					0.	0.	0.	
(53) RICHARD M. ROSENBERG MEMBER, BOARD OF GOVERNORS	2.00	X					0.	0.	0.	
(54) FREDERIC M. SEEGAL MEMBER, BOARD OF GOVERNORS	1.10	X					0.	0.	0.	
(55) MRS. GEORGE P. SHULTZ MEMBER, BOARD OF GOVERNORS	1.00	X					0.	0.	0.	
(56) TRINE SORENSEN MEMBER, BOARD OF GOVERNORS	1.90	X					0.	0.	0.	
(57) ROBERT B. THOMPSON MEMBER, BOARD OF GOVERNORS	2.00	X					0.	0.	0.	
(58) ZACHARY TOWNSEND MEMBER, BOARD OF GOVERNORS	2.20	X					0.	0.	0.	
(59) ROBERT R. TUFTS MEMBER, BOARD OF GOVERNORS	1.10	X					0.	0.	0.	
(60) M. ISABEL VALDES MEMBER, BOARD OF GOVERNORS	1.20	X					0.	0.	0.	
(61) JACK WILLIAM VAN GEEM MEMBER, BOARD OF GOVERNORS	1.00	X					0.	0.	0.	
(62) GE WANG MEMBER, BOARD OF GOVERNORS	1.10	X					0.	0.	0.	
(63) DAVID J. WEBER MEMBER, BOARD OF GOVERNORS	1.60	X					0.	0.	0.	
(64) ANITA L. WORNICK MEMBER, BOARD OF GOVERNORS	1.20	X					0.	0.	0.	
(65) JEFF BLEICH (LEFT 12/18) MEMBER, BOARD OF GOVERNORS	1.00	X					0.	0.	0.	
(66) TIM FITZPATRICK (LEFT 12/18) MEMBER, BOARD OF GOVERNORS	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	4,114,968.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	4,202,883.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	33,795,576.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		2,001,933.				
	<b>h Total.</b> Add lines 1a-1f .....		42,113,427.				
	<b>Program Service Revenue</b>	<b>2 a</b> CONCERT & RELATED REVE	<b>Business Code</b> 711130	26,130,677.	26,130,677.		
<b>b</b> VOLUNTEER COUNCIL		711130	234,263.	234,263.			
<b>c</b> SFS MEDIA		515100	89,004.	89,004.			
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			26,453,944.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		5,395,583.		35,582.	5,360,001.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		9,908.			9,908.	
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
			63,243.				
		<b>b</b> Less: rental expenses .....		0.			
		<b>c</b> Rental income or (loss) .....		63,243.			
	<b>d</b> Net rental income or (loss) .....		63,243.		63,243.		
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
			63,270,000.				
		<b>b</b> Less: cost or other basis and sales expenses .....		42,092,303.			
		<b>c</b> Gain or (loss) .....		21,177,697.			
	<b>d</b> Net gain or (loss) .....		21,177,697.			21,177,697.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 4,114,968. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	836,561.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	2,506,871.			
<b>c</b> Net income or (loss) from fundraising events .....			-1,670,310.			-1,670,310.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>	995,677.					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>	935,922.				
	<b>c</b> Net income or (loss) from sales of inventory .....		59,755.	59,755.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS		900099	31,716.			31,716.	
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			31,716.			
<b>12 Total revenue.</b> See instructions .....			93,634,963.	26,513,699.	98,825.	24,909,012.	

**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  X

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	125,277.	125,277.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,191,684.		827,518.	364,166.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	40,189,642.	36,388,097.	1,865,793.	1,935,752.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,891,320.	2,608,320.	225,780.	57,220.
<b>9</b> Other employee benefits .....	5,744,181.	4,961,641.	489,154.	293,386.
<b>10</b> Payroll taxes .....	2,732,300.	2,325,176.	210,043.	197,081.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....	628,921.	618,219.	10,702.	
<b>b</b> Legal .....	82,150.		82,150.	
<b>c</b> Accounting .....	243,247.		243,247.	
<b>d</b> Lobbying .....	49,400.		49,400.	
<b>e</b> Professional fundraising services. See Part IV, line 17	117,334.			117,334.
<b>f</b> Investment management fees .....	349,320.		349,320.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	8,763,176.	7,969,160.	195,016.	599,000.
<b>12</b> Advertising and promotion .....	3,599,664.	3,315,304.		284,360.
<b>13</b> Office expenses .....	818,348.	406,011.	130,623.	281,714.
<b>14</b> Information technology .....	699,120.	139,598.	522,104.	37,418.
<b>15</b> Royalties .....	5,334.	5,334.		
<b>16</b> Occupancy .....	1,713,648.	942,009.	693,149.	78,490.
<b>17</b> Travel .....	4,073,692.	2,850,093.	86,756.	1,136,843.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	2,239,914.	2,239,914.		
<b>23</b> Insurance .....				
<b>24</b> 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.)				
<b>a</b> OTHER EXPENSES	2,436,252.	1,008,839.	746,861.	680,552.
<b>b</b> CONCERT PRODUCTION	1,092,388.	693,566.	51,155.	347,667.
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	79,786,312.	66,596,558.	6,778,771.	6,410,983.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,945,083.	<b>1</b>	3,867,069.
	<b>2</b> Savings and temporary cash investments .....	4,517,828.	<b>2</b>	297,578.
	<b>3</b> Pledges and grants receivable, net .....	13,408,922.	<b>3</b>	15,989,403.
	<b>4</b> Accounts receivable, net .....	785,841.	<b>4</b>	4,280,629.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....	524,445.	<b>5</b>	544,444.
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	2,931,767.	<b>7</b>	2,638,954.
	<b>8</b> Inventories for sale or use .....	604,727.	<b>8</b>	368,119.
	<b>9</b> Prepaid expenses and deferred charges .....	2,514,314.	<b>9</b>	2,620,483.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 39,247,978.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 21,765,854.		
	<b>11</b> Investments - publicly traded securities .....	195,727,859.	<b>11</b>	210,695,000.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	95,823,828.	<b>12</b>	72,948,970.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	9,145,271.	<b>15</b>	8,294,240.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	348,290,090.	<b>16</b>	340,027,013.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,636,877.	<b>17</b>	5,934,621.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	11,481,606.	<b>19</b>	11,188,319.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	1,000,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	81,085.	<b>24</b>	
	<b>25</b> 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 .....	10,226,084.	<b>25</b>	32,581,599.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	26,425,652.	<b>26</b>	50,704,539.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	43,071,711.	<b>27</b>	-4,112,783.
	<b>28</b> Temporarily restricted net assets .....	114,537,990.	<b>28</b>	15,640,467.
	<b>29</b> Permanently restricted net assets .....	164,254,737.	<b>29</b>	277,794,790.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	321,864,438.	<b>33</b>	289,322,474.	
<b>34</b> Total liabilities and net assets/fund balances .....	348,290,090.	<b>34</b>	340,027,013.	

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	93,634,963.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	79,786,312.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	13,848,651.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	321,864,438.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-21,992,193.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	-1,839,685.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-22,558,737.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	289,322,474.

**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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

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**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	31,646,868.	31,602,376.	29,263,278.	41,942,469.	42,113,427.	176,568,418.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	31,646,868.	31,602,376.	29,263,278.	41,942,469.	42,113,427.	176,568,418.
<b>5</b> 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) .....						30,174,043.
<b>6 Public support.</b> Subtract line 5 from line 4.						146,394,375.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	31,646,868.	31,602,376.	29,263,278.	41,942,469.	42,113,427.	176,568,418.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	4,522,968.	4,139,804.	4,897,507.	4,860,874.	5,360,001.	23,781,154.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	84,999.	373,531.	495,041.	132,276.	98,825.	1,184,672.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1,361,503.	917,400.	842,473.	907,323.	878,185.	4,906,884.
<b>11 Total support.</b> Add lines 7 through 10						206,441,128.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	152,932,436.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	70.91 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	62.89 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>		
<b>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>b</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 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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) 2018

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018





# 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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2018

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  SAN FRANCISCO SYMPHONY	Employer identification number  94-1156284
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**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/>	\$ 6,008,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 3,478,883.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 3,021,312.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 2,000,000.	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/>	\$ 1,003,738.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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
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**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
7	925 SHARES ALPHABET INC. (GOOGLE) _____ _____ _____	\$ 1,003,738.	11/09/18
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

**2018**

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**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 campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**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-.

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule C (Form 990 or 990-EZ) 2018**

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	49,400.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	49,400.													
<b>d</b>	Other exempt purpose expenditures .....	79,736,912.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	79,786,312.													
<b>f</b>	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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	33,248.	36,361.	18,750.	49,400.	137,759.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> 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
<i>For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	<b>2a</b>
<b>b</b> Carryover from last year	<b>2b</b>
<b>c</b> Total	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>
<b>4</b> 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?	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>

**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.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**  
**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.

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

**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	
d Additions during the year	
e Distributions during the year	
f Ending balance	

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	301,999,893.	314,808,035.	303,916,391.	297,415,006.	312,220,543.
b Contributions	785,026.	6,910,962.	5,532,430.	4,305,898.	2,865,945.
c Net investment earnings, gains, and losses	4,104,155.	26,116,171.	36,874,167.	19,803,541.	-1,729,305.
d Grants or scholarships					
e Other expenditures for facilities and programs	26,250,126.	45,835,275.	31,514,953.	17,608,054.	15,942,177.
f Administrative expenses					
g End of year balance	280,638,948.	301,999,893.	314,808,035.	303,916,391.	297,415,006.

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

- a Board designated or quasi-endowment  2.67 %
- b Permanent endowment  97.33 %
- c Temporarily restricted endowment  %

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		19,392,716.	15,324,894.	4,067,822.
d Equipment		19,585,467.	6,440,960.	13,144,507.
e Other		269,795.		269,795.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				17,482,124.

**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	72,948,970.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	72,948,970.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	3,131,993.
(3) PENSION BENEFIT LIABILITIES	29,449,606.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	32,581,599.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	73,130,679.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-21,992,193.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	266,280.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,570,949.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-20,154,964.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	93,285,643.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	349,320.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	349,320.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	93,634,963.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	81,274,221.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	266,280.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,570,949.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,837,229.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	79,436,992.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	349,320.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	349,320.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	79,786,312.

**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 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 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 SFS IS A NONPROFIT ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE SECTION 501(C)(3) AND THE STATE OF CALIFORNIA EQUIVALENT LEGISLATION AND, ACCORDINGLY, IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON INCOME

**Part XIII** Supplemental Information (continued)

RELATED TO ITS TAX-EXEMPT PURPOSE.

THE SFS EVALUATED ITS CURRENT TAX POSITIONS AND CONCLUDED THAT AS OF AUGUST 31, 2019 AND 2018, THE SFS DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY. FOR STATE TAX PURPOSES, THE SFS IS GENERALLY NO LONGER SUBJECT TO TAX EXAMINATIONS FOR YEARS PRIOR TO 2015. FOR FEDERAL TAX PURPOSES, THE SFS IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR YEARS PRIOR TO 2016.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE	2,506,871.
COST OF GOODS SOLD	-935,922.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,570,949.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE	2,506,871.
COST OF GOODS SOLD	-935,922.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,570,949.

SCHEDULE D PART V LINE 1E COLUMN A

AS A RESULT OF MARKET DECLINES, THE FAIR VALUE OF THE DONOR-RESTRICTED ENDOWMENTS MAY FALL BELOW ORIGINAL CONTRIBUTED VALUE. DEFICIENCIES CAN RESULT FROM UNFAVORABLE MARKET FLUCTUATIONS THAT OCCUR WHILE CONTINUED APPROPRIATIONS ARE DEEMED PRUDENT BY THE BOARD. SFS HAS ONE FUND WITH AN AGGREGATE MARKET VALUE OF \$2,312 AT AUGUST 31, 2019 THAT IS BELOW THE VALUES OF THE ORIGINAL GIFTS AND IT WILL NOT DRAW ON SUCH FUND UNTIL THE BALANCE IS RESTORED TO THAT OF THE ORIGINAL GIFTS. THERE WAS NO SUCH FUND AS AUGUST 31, 2018. THESE UNREALIZED LOSSES HAVE BEEN RECORDED AS REDUCTIONS IN NET ASSETS WITH DONOR RESTRICTIONS. FUTURE MARKET GAINS WILL

**Part XIII** Supplemental Information (continued)

BE USED TO RESTORE THIS REDUCTION IN NET ASSETS.

FOR FINANCIAL REPORTING PURPOSES, DONOR-RESTRICTED ENDOWMENT FUND

APPRECIATION, GAINS, AND INCOME EXCEEDING DONOR RESTRICTIONS ARE

CLASSIFIED AS NET ASSETS WITH DONOR RESTRICTIONS UNTIL THOSE AMOUNTS ARE

APPROPRIATED FOR EXPENDITURE BY THE BOARD. UPON APPROPRIATION,

APPRECIATION AND EARNINGS ARE RECLASSIFIED AS NET ASSETS WITHOUT DONOR

RESTRICTIONS.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization <b>SAN FRANCISCO SYMPHONY</b>	Employer identification number <b>94-1156284</b>
-----------------------------------------------------------	-----------------------------------------------------

**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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	PASSIVE INVESTMENTS		18,116,379.
EAST ASIA AND THE PACIFIC	0	0	PASSIVE INVESTMENTS		26,560,261.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PASSIVE INVESTMENTS		36,027,790.
NORTH AMERICA	0	0	PASSIVE INVESTMENTS		7,418,508.
RUSSIA AND NEIGHBORING STATES	0	0	PASSIVE INVESTMENTS		1,008,350.
SOUTH AMERICA	0	0	PASSIVE INVESTMENTS		3,810,383.
<b>3 a</b> Subtotal .....	0	0			92,941,671.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			92,941,671.

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

Schedule F (Form 990) 2018







**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; don't 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; don't file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2018

**Part V Supplemental Information**

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

Multiple horizontal lines for supplemental information.



**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 CHRISTMAS (event type)	1 (total number)		
Revenue	1	Gross receipts	3,432,978.	646,131.	872,420.	4,951,529.
	2	Less: Contributions	3,016,895.	379,367.	718,706.	4,114,968.
	3	Gross income (line 1 minus line 2)	416,083.	266,764.	153,714.	836,561.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	20,490.	19,900.	12,375.	52,765.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	1,647,040.	326,986.	480,080.	2,454,106.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				2,506,871.
11	Net income summary. Subtract line 10 from line 3, column (d)				-1,670,310.	

**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))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	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: ARTSMARKETING SERVICES

(I) ADDRESS OF FUNDRAISER:

260 KING STREET EAST, SUITE 500, TORONTO, CANADA M5A 4L5



**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AP GIANNINI MIDDLE SCHOOL 3151 ORTEGA STREET SAN FRANCISCO, CA 94122	94-6000416	GOVERNMENT	0.	18,771.	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.	18,656.	FMV	TICKETS	TO PROVIDE THE COMMUNITY FREE ACCESS TO SELECT SYMPHONY PERFORMANCES
VETERAN TICKETS FOUNDATION 1255 W. RIO SALADO TEMPE, AZ 85281	26-2291955	501(C)(3)	0.	87,850.	FMV	TICKETS	TO PROVIDE VETERANS FREE ACCESS TO 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) (2018)



**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 noncash 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

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2018**

Open to Public Inspection

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 (such as maid, chauffeur, chef) |

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

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

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

<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? ..... **4a**

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**

**c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**

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? ..... **5a**

**b** Any related organization? ..... **5b**

If "Yes" on line 5a or 5b, describe in Part III.

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

**a** The organization? ..... **6a**

**b** Any related organization? ..... **6b**

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

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

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

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

(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) MARK HANSON CEO	(i)	867,308.	0.	63,410.	0.	37,389.	968,107.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES KIRK CFO	(i)	242,832.	0.	198.	7,124.	28,527.	278,681.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALEXANDER BARANTSCHIK CONCERTMASTER	(i)	539,822.	0.	1,524.	0.	46,530.	587,876.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) EUGENE IZOTOV PRINCIPAL OBOE	(i)	346,838.	0.	180.	0.	46,530.	393,548.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SCOTT PINGEL PRINCIPAL BASS	(i)	308,875.	0.	120.	0.	19,102.	328,097.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) EDWARD STEPHAN PRINCIPAL TIMPANI	(i)	300,688.	0.	120.	0.	12,199.	313,007.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARK INOUYE PRINCIPAL TRUMPET	(i)	291,206.	0.	180.	0.	46,530.	337,916.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2018**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
MARK C HANSON	OFFICER	RELOCATI		X	500,000.	444,444.		X	X		X	
SCOTT J PINGEL	HIGHEST	HOUSING		X	100,000.	40,000.		X		X	X	
EDWARD STEPHAN	HIGHEST	HOUSING		X	100,000.	60,000.		X		X	X	
<b>Total</b> .....						▶ \$	544,444.					

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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

SEE PART V FOR CONTINUATIONS

**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

**Part V Supplemental Information.**

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: MARK C HANSON

(C) PURPOSE OF LOAN: RELOCATION ASSISTANCE

(A) NAME OF PERSON: SCOTT J PINGEL

(B) RELATIONSHIP WITH ORGANIZATION: HIGHEST COMPENSATED EMPLOYEE

(C) PURPOSE OF LOAN: HOUSING ASSISTANCE

(A) NAME OF PERSON: EDWARD STEPHAN

(B) RELATIONSHIP WITH ORGANIZATION: HIGHEST COMPENSATED EMPLOYEE

(C) PURPOSE OF LOAN: HOUSING ASSISTANCE

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

SFS'S BOARD-APPROVED AGREEMENT OF AUTHORITY DOES NOT REQUIRE SPECIFIC

APPROVAL FROM THE BOARD AND/OR COMMITTEES.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	32	1,629,921.	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 ( INSTRUMENTS )	X	1	254,274.	FMV
26 Other ( FOOD/GOODS )	X	10	117,738.	FMV
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** 66

	Yes	No
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 isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

**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 REPRESENTS THE NUMBER OF CONTRIBUTIONS MADE, NOT THE NUMBER OF ITEMS CONTRIBUTED.

Multiple horizontal lines for data entry.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

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 2, NEW PROGRAM SERVICES:

REFERENCE FORM 990, PART III, LINE 4B FOR DETAILED DESCRIPTION.

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 IS ADVENTURES IN MUSIC, A COMPREHENSIVE MUSIC EDUCATION

PROGRAM IN EVERY SAN FRANCISCO PUBLIC ELEMENTARY SCHOOL SERVING OVER

25,000 CHILDREN AND CONCERTS FOR KIDS, REACHING NEARLY 35,000 SCHOOL

CHILDREN EACH YEAR FROM AROUND THE GREATER BAY AREA. OTHER PROGRAMS

INCLUDE A SPECIAL WEB SITE FOR CHILDREN, [WWW.SFSKIDS.ORG](http://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.

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization SAN FRANCISCO SYMPHONY	Employer identification number 94-1156284
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THE SYMPHONY'S WIDE-RANGING RECORDING AND MEDIA PROJECTS MAKE CLASSICAL  
MUSIC MORE ACCESSIBLE TO PEOPLE OF ALL AGES AND BACKGROUNDS, INCLUDING  
A NATIONAL PBS-TV SERIES OF DOCUMENTARIES AND CONCERTS, NATIONALLY  
SYNDICATED RADIO PROGRAMS, AND INTERACTIVE WEBSITES.

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 11B:  
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 MEMBERS OF THE BOARD OF  
GOVERNORS AND THE EXECUTIVE LEADERSHIP TEAM. THE POLICY IS REVIEWED  
ANNUALLY BY THE AUDIT COMMITTEE. PER THE POLICY, EACH BOARD MEMBER AND  
EXECUTIVE TEAM MEMBER COMPLETE AN ANNUAL DISCLOSURE FORM TO IDENTIFY  
EXISTING OR POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

Name of the organization SAN FRANCISCO SYMPHONY	Employer identification number 94-1156284
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THE HUMAN RESOURCES COMMITTEE (COMMITTEE) OF THE BOARD OF GOVERNORS

DETERMINES THE COMPENSATION PACKAGE OF THE CHIEF EXECUTIVE OFFICER (CEO),

THE MUSIC DIRECTOR, AND THE CHIEF FINANCIAL OFFICER (CFO) OF THE SYMPHONY.

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

BENEFIT PACKAGES FOR THE CEO 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

HOURS AT NO CHARGE. THE PUBLIC INSPECTION COPY OF THE SYMPHONY'S FORM 990

AND THE AUDITED FINANCIAL REPORTS, FROM THE PREVIOUS FIVE 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

AND ON THE COMPANY'S MAIN WEBSITE.

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

Name of the organization SAN FRANCISCO SYMPHONY	Employer identification number 94-1156284
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GUESTS ARTISTS AND CONDUCTORS:

PROGRAM SERVICE EXPENSES	5,500,465.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	169,169.
TOTAL EXPENSES	5,669,634.

CONSULTING:

PROGRAM SERVICE EXPENSES	2,468,695.
MANAGEMENT AND GENERAL EXPENSES	195,016.
FUNDRAISING EXPENSES	429,831.
TOTAL EXPENSES	3,093,542.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 8,763,176.

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

CHANGE IN PENSION BENEFIT LIABILITIES -22,558,737.

FORM 990, PART XI, LINE 8, PRIOR PERIOD ADJUSTMENTS:

DURING THE FISCAL YEAR ENDED AUGUST 31, 2019, MANAGEMENT ENGAGED THE  
 ADVICE OF EXTERNAL LEGAL COUNSEL AND CONDUCTED A DETAILED INTERNAL  
 REVIEW OF HISTORICAL GIFT AGREEMENTS AND THE ASSOCIATED ACCOUNTING  
 TREATMENT OF SUCH GIFTS. AS A RESULT OF THIS REVIEW, MANAGEMENT  
 CONCLUDED THAT CERTAIN DONOR DOCUMENTATION COULD BE INTERPRETED AS  
 REQUIRING CLASSIFICATION AS "WITH DONOR RESTRICTIONS" UNDER U.S. GAAP.  
 AS SUCH, CERTAIN PRIOR YEAR GIFTS THAT WERE ORIGINALLY DEEMED WITHOUT  
 DONOR RESTRICTIONS AND INCLUDED AS PART OF THE BOARD DESIGNATED  
 ENDOWMENT, WERE RECATEGORIZED TO THE ENDOWMENT NET ASSETS WITH DONOR  
 RESTRICTIONS BASED ON THE LEGAL INTERPRETATION OF DONOR INTENT.

MANAGEMENT ALSO DETERMINED THAT CERTAIN CAPITALIZED COSTS IN PRIOR

Name of the organization SAN FRANCISCO SYMPHONY	Employer identification number 94-1156284
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FISCAL YEARS RELATED TO WORK IN PROGRESS SHOULD HAVE BEEN RECORDED AS  
 EXPENSE. AS A RESULT, PROPERTY AND EQUIPMENT AND NET ASSETS WITHOUT  
 DONOR RESTRICTIONS - PROPERTY FUND WERE RESTATED.

FORM 990, PART XII, LINE 2C:  
 THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.