# **PUBLIC DISCLOSURE COPY**

PLEASE FILE IN A SAFE PLACE

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

15950 Dallas Parkway, Suite 600 Dallas, TX 75248 ph 972-661-1843 fx 972-490-4120

| Form <b>990</b> |
|-----------------|
|-----------------|

#### \*\* PUBLIC DISCLOSURE COPY \*\* **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 8 **Open to Public** Inspection

| Department of the Treasury |  |
|----------------------------|--|
| Internal Revenue Service   |  |

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning SEP 1 2018 and ending AUG 31 2019

| B c  | heck if<br>oplicat | C Name of organization   |              | D Employer identif   | ication number              |
|--|--------------------|--|--------------|--|-----------------------------|
|  | Addr               |  |              |  |                             |
|  | Name               |  |              | 94-1   | 156284                      |
|  | Initia             |  | Room/suite   | E Telephone numbe  | er                          |
|  | _<br> Final        | DAVIES SYMPHONY HALL 201 VAN NESS  | loon, outo   |  |                             |
|  | termi              | · · · · · · · · · · · · · · · · · · ·  |              | <b>G</b> Gross receipts \$   | 139,170,059.                |
|  | Amer               | ded GAN EDANGIGGO CA 94102 4595  |              |  | eturn                       |
|  | _<br>Appli         |  |              | • • • •  |                             |
|  |                    | <sup>ng</sup> SAME AS C ABOVE  |              |  |                             |
| IT   | ax-ex              | empt status: $X = 501(c)(3) = 501(c) ( ) = (insert no) = 4947(a)(1) or$              | r 527        | 1 ` '  |                             |
|  |                    |  |              | 1 '  |                             |
|  |                    |  | I Year       | (415) 552-8000         G Gross receipts \$       139,170,01         H(a) Is this a group return<br>for subordinates?       Yes X         H(b) Are all subordinates included?       Yes |                             |
|  |                    | Summary  |              |  | an olato ol logal dollario. |
|  | 1                  | Briefly describe the organization's mission or most significant activities: TO ENRIC | CH, SERV     | E, AND SHAPE   |                             |
| Ce   | -                  |  |              |  |                             |
| nar  | 2                  | Check this box      if the organization discontinued its operations or dispose       | ed of more   | than 25% of its net as   | sets.                       |
| ver  |                    |  |              |  | 70                          |
| ဗီ   | 4                  |  |              |  | 70                          |
| ې<br>د   | 5                  |  |              |  | 1164                        |
| itie   |                    |  |              |  | 1800                        |
| ₹i   |                    |  |              |  | 98,825.                     |
| Ă  |                    |  |              |  |                             |
|  |                    | ,  |              |  | Current Year                |
|  | 8                  | Contributions and grants (Part VIII. line 1h)  |              | 41,942,469.  | 42,113,427.                 |
| nue  | 9                  |  |              | 26,296,266.  | 26,453,944.                 |
| eve  | 10                 |  |              | 19,879,472.  | 26,573,280.                 |
| Ř  | 11                 |  |              | -881,806.  | -1,505,688.                 |
|  | 12                 |  |              | 87,236,401.  | 93,634,963.                 |
|  | 13                 |  |              | 55,500.  | 125,277.                    |
|  | 14                 |  |              | ٥.   | 0.                          |
| ŝ  | 15                 |  |              | 53,859,915.  | 52,749,127.                 |
| Ise  |                    |  |              | 127,461.   | 117,334.                    |
| per  |                    | Total fundraising expenses (Part IX, column (D), line 25)                            | 83.          |  |                             |
| ы  |                    |  |              | 23,878,289.  | 26,794,574.                 |
|  |                    |  |              | 77,921,165.  | 79,786,312.                 |
|  | 19                 |  |              | 9,315,236.   | 13,848,651.                 |
| or   |                    |  |              | ginning of Current Year  | End of Year                 |
| sets<br>lanc   | 20                 | Total assets (Part X, line 16)   |              | 348,290,090.   | 340,027,013.                |
| Ass<br>JBa   | 21                 |  |              | 26,425,652.  | 50,704,539.                 |
| BAR PRANCISCO STAPHONY       94-1156284         Interpret Network       Number and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         Interpret Network       Accessed       City or town, state or province, country, and ZIP or foreign postal code       G constructions       G constructions       City or town, state or province, country, and ZIP or foreign postal code       G constructions       Field       H(a) is this a group return       For SZ         Interpret Network       SAM PRANCISCO, CA 94102-4585       H(b) are all ascondantes includent' (esticulates)       If "No," attach a list. (see instructions         Interpret Network       SAM PRANCISCO, CA 94102-4585       H(b) are all ascondantes includent' (esticulates)       If "No," attach a list. (see instructions         Interpret Network       Same As C ABOVE       H(b) are all ascondantes includent' (esticulates)       If "No," attach a list. (see instructions         Interpret Network       Money and address of principal officer: SAKURAKO PISHER       H(b) are all ascondantes includent' (estimation: Interpret Network)       M(b) are all ascondantes includent' (estimation: Interpret Network)         Interpret Network       Money and address of principal officer: SAKURAKO PISHER       H(b) are all ascondantes includent' (estimation: Interpret Network)         Interpret Network       Money and address of principal officer: SAKURAKO PISHER       Intely and addres of principal officer: SAKURAKO PISHER <td>289,322,474.</td> |                    |  | 289,322,474. |  |                             |
| Pa   | rt II              | Signature Block  | •            | ·  | •                           |
|  |                    |  |              |  |                             |

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

| Sign                              | Signature of officer                                |                        | Date   |   |
|-----------------------------------|---|------------------------|--|---|
| Here                              | ELIZABETH PESCH, CFO                                |                        |  |   |
|                                   | Type or print name and title                        |                        |  |   |
|                                   | Print/Type preparer's name                          | Preparer's signature   | Date Check PTIN                                |   |
| Paid                              | KATY BROWN  | KATY BROWN             | 06/05/20 <sup>If</sup> self-employed P00650274 |   |
| Preparer Firm's name ARMANINO LLP |   |                        | Firm's EIN <b>94–6214841</b>                   |   |
| Use Only                          | Firm's address 🕨 12657 ALCOSTA BLVD, STE.           | 500                    |  |   |
|                                   | SAN RAMON, CA 94583-4600                            |                        | Phone no.925-790-2600                          |   |
| May the II                        | RS discuss this return with the preparer shown abov | /e? (see instructions) | X Yes N  | ю |
|                                   |   |                        | 000  |   |

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

| Par | 990 (2018) SAN FRANCISCO SYMPHONY<br>t III Statement of Program Service Accomplishments   | 94-1156284        | Page                                    |
|-----|---|-------------------|---|
|     |   |                   | X                                       |
| 1   | Check if Schedule O contains a response or note to any line in this Part III  | <u></u>           |   |
|     | Briefly describe the organization's mission:<br>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                                |                   |   |
| 2   |   | x                 | Yes 🗌 No                                |
|     | prior Form 990 or 990-EZ?<br>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                                |
| 0   | 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 m                            | heasured by expen | 202                                     |
| •   | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others                         |                   |   |
|     | revenue, if any, for each program service reported.   |                   | , <b>5</b> , and                        |
| 4a  | (Code:) (Expenses \$ 62,210,226. including grants of \$ 125,277.) (Revenue  | 24                | ,577,510.                               |
| Ha  | 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  | 4 200 220   | 1                 | ,936,189.                               |
| 40  | (Code:) (Expenses \$4, 386, 332. including grants of \$) (Revenue<br>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  | e \$              |   |
|     |   |                   |   |
|     |   |                   |   |
|     |   |                   |   |
|     |   |                   |   |
|     |   |                   |   |
|     |   |                   |   |
|     |   |                   |   |
|     |   |                   |   |
|     |   |                   |   |
|     |   |                   |   |
|     |   |                   |   |
|     |   |                   |   |
| 4d  | Other program services (Describe in Schedule O.)  |                   |   |
|     | (Expenses \$ including grants of \$ ) (Revenue \$   | )                 |   |
|     |   | /                 |   |
| 4e  | lotal program service expenses  |                   |   |
| 4e  | Total program service expenses     66,596,558.  | Fo                | rm <b>990</b> (2018                     |

| Earm | 000 | (0010) |  |
|------|-----|--------|--|
| Form | 990 | (2018) |  |

SAN FRANCISCO SYMPHONY

| Par     | t IV Checklist of Required Schedules  |            |      | ugo      |
|---------|---|------------|------|----------|
|         |   |            | Yes  | No       |
| 1       | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |            |      |          |
|         | If "Yes," complete Schedule A   | 1          | х    |          |
| 2       | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2          | Х    |          |
| 3       | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |            |      |          |
|         | public office? If "Yes," complete Schedule C, Part I  | 3          |      | x        |
| 4       | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |            |      |          |
|         | during the tax year? If "Yes," complete Schedule C, Part II   | 4          | Х    |          |
| 5       | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  |            |      |          |
|         | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5          |      | x        |
| 6       | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   |            |      |          |
|         | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6          |      | x        |
| 7       | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |            |      |          |
|         | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7          |      | x        |
| 8       | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  |            |      |          |
|         | Schedule D, Part III  | 8          | Х    |          |
| 9       | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for   |            |      |          |
|         | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?   |            |      |          |
|         | If "Yes," complete Schedule D, Part IV  | 9          |      | x        |
| 10      | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent   |            |      |          |
|         | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10         | X    |          |
| 11      | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X  |            |      |          |
|         | as applicable.  |            |      |          |
| а       | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,   |            |      |          |
|         | Part VI   | 11a        | Х    |          |
| b       | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total   |            |      |          |
|         | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b        | Х    |          |
| С       | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total  |            |      |          |
|         | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c        |      | X        |
| d       | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in  |            |      |          |
|         | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d        |      | X        |
| е       | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e        | Х    | <u> </u> |
| f       | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |            |      |          |
|         | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f        | X    | <u> </u> |
| 12a     | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |            |      |          |
|         | Schedule D, Parts XI and XII  | 12a        | X    |          |
| b       | Was the organization included in consolidated, independent audited financial statements for the tax year?   |            |      |          |
|         | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b        |      | X        |
| 13      | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13         |      | X        |
| 14a     | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a        |      | X        |
| b       | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,   |            |      |          |
|         | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000  |            | v    |          |
| 45      | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b        | X    | <u> </u> |
| 15      | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any   |            |      | v        |
| 40      | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15         |      | X        |
| 16      | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to  |            |      | x        |
| 47      | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16         |      |          |
| 17      | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   | 47         | х    |          |
| 10      | column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>  | 17         | - 25 |          |
| 18      | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  | 40         | х    |          |
| 10      | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18         | - 25 | <u> </u> |
| 19      | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"   | 10         |      | x        |
| 20-     | complete Schedule G, Part III   | 19<br>20a  |      | X        |
|         | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a<br>20b |      | <u> </u> |
| b<br>21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?<br>Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200        |      |          |
| 21      | domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>   | 21         | x    |          |
| 832003  | 12-31-18  |            |      | (2018)   |
| 002000  |   |            |      | ()       |

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3 2018.05091 SAN FRANCISCO SYMPHONY 1

Page 3

94-1156284

| Form | 990 | (2018 | ) |
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|      |     |       |   |

SAN FRANCISCO SYMPHONY

| Pa     | t IV Checklist of Required Schedules (continued)  |            |     |          |
|--------|---|------------|-----|----------|
|        |   |            | Yes | No       |
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on   |            |     |          |
| LL     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22         |     | x        |
| 23     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current                                |            |     |          |
| 20     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  |            |     |          |
|        |   | 23         | х   |          |
| 04 -   | Schedule J  | 23         |     |          |
| 248    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the                                   |            |     |          |
|        | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete  |            |     | x        |
|        | Schedule K. If "No," go to line 25a   | 24a        |     |          |
|        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b        |     |          |
| С      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease                                      |            |     |          |
|        | any tax-exempt bonds?   | 24c        |     |          |
|        | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d        |     |          |
| 25a    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  |            |     |          |
|        | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a        |     | X        |
| b      | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and                                |            |     |          |
|        | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete                                     |            |     |          |
|        | Schedule L, Part I  | 25b        |     | X        |
| 26     | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or                                     |            |     |          |
|        | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"                                    |            |     | 1        |
|        | complete Schedule L, Part II  | 26         | Х   |          |
| 27     | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial                                      |            |     |          |
|        | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member                                       |            |     |          |
|        | of any of these persons? If "Yes," complete Schedule L, Part III  | 27         |     | x        |
| 28     | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV   |            |     |          |
|        | instructions for applicable filing thresholds, conditions, and exceptions):   |            |     |          |
| а      | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a        |     | x        |
|        | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                                | 28b        |     | x        |
|        | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,                           |            |     |          |
|        | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c        |     | x        |
| 29     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29         | х   |          |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation                               |            |     |          |
| 00     | contributions? If "Yes," complete Schedule M  | 30         |     | x        |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations?  |            |     |          |
| 01     |   | 31         |     | x        |
| 32     | If "Yes," complete Schedule N, Part I<br>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete |            |     |          |
| 52     |   | 32         |     | x        |
| 22     | Schedule N, Part II<br>Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                         | 32         |     |          |
| 33     |   | 22         |     | x        |
| 24     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33         |     | <u> </u> |
| 34     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and                                 |            |     | x        |
| 9E -   | Part V, line 1  | 34         |     | X        |
|        | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | <u>35a</u> |     |          |
| a      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity                                 | 05         |     | 1        |
| ~~     | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b        |     |          |
| 36     | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?                                |            |     | v        |
|        | If "Yes," complete Schedule R, Part V, line 2   | 36         |     | x        |
| 37     | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |            |     |          |
|        | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37         |     | X        |
| 38     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  |            |     |          |
| Da     | Note. All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance             | 38         | Х   | L        |
| Pa     |   |            |     |          |
|        | Check if Schedule O contains a response or note to any line in this Part V  | <u></u>    |     |          |
|        |   |            | Yes | No       |
|        | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 256   |            |     |          |
|        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b  |            |     |          |
| с      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |            | v   |          |
|        | (gambling) winnings to prize winners?   | 1c         | X   | <u> </u> |
| 832004 | ↓ 12-31-18<br><b>4</b>  | ⊦orm       | 990 | (2018)   |

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2018.05091 SAN FRANCISCO SYMPHONY 102

Page 4

| Form | 990 (2018) SAN FRANCISCO SYMPHONY 94-115628   | 4   | Р        | age <b>5</b> |
|------|---|-----|----------|--------------|
| Par  | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)   |     |          |              |
|      |   |     | Yes      | No           |
| 2a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |     |          |              |
|      | filed for the calendar year ending with or within the year covered by this return 2a 1164   |     |          |              |
| b    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                  | 2b  | х        |              |
|      | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)                                |     |          |              |
| 3a   | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a  | х        |              |
| b    | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O                                     | 3b  | Х        |              |
|      | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                       |     |          |              |
|      | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                | 4a  |          | x            |
| b    | If "Yes," enter the name of the foreign country:  |     |          |              |
|      | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                             |     |          |              |
| 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a  |          | x            |
| b    | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                | 5b  |          | х            |
| с    | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c  |          |              |
|      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit                     |     |          |              |
|      | any contributions that were not tax deductible as charitable contributions?   | 6a  |          | x            |
| b    | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts                            |     |          |              |
|      | were not tax deductible?  | 6b  |          |              |
| 7    | Organizations that may receive deductible contributions under section 170(c).   |     |          |              |
| а    | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a  | х        |              |
| b    | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b  | х        |              |
| с    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required                               |     |          |              |
|      | to file Form 8282?  | 7c  |          | x            |
| d    | If "Yes," indicate the number of Forms 8282 filed during the year 7d  |     |          |              |
| е    | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                 | 7e  |          | x            |
| f    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                    | 7f  |          | х            |
| g    | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                | 7g  |          |              |
| h    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?              | 7h  |          |              |
| 8    | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  |     |          |              |
|      | sponsoring organization have excess business holdings at any time during the year?  | 8   |          |              |
| 9    | Sponsoring organizations maintaining donor advised funds.   |     |          |              |
| а    | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a  |          |              |
| b    | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b  |          |              |
| 10   | Section 501(c)(7) organizations. Enter:   |     |          |              |
| а    | Initiation fees and capital contributions included on Part VIII, line 12 10a  |     |          |              |
| b    | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   |     |          |              |
| 11   | Section 501(c)(12) organizations. Enter:  |     |          |              |
| а    | Gross income from members or shareholders 11a   |     |          |              |
| b    | Gross income from other sources (Do not net amounts due or paid to other sources against  |     |          |              |
|      | amounts due or received from them.)   |     |          |              |
| 12a  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                      | 12a |          |              |
| b    | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b   |     |          |              |
| 13   | Section 501(c)(29) qualified nonprofit health insurance issuers.  |     |          |              |
| а    | Is the organization licensed to issue qualified health plans in more than one state?  | 13a |          |              |
|      | Note. See the instructions for additional information the organization must report on Schedule O.   |     |          |              |
| b    | Enter the amount of reserves the organization is required to maintain by the states in which the  |     |          |              |
|      | organization is licensed to issue qualified health plans 13b  |     |          |              |
| С    | Enter the amount of reserves on hand 13c  |     |          |              |
| 14a  | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a | <u> </u> | X            |
| b    | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                       | 14b |          |              |
| 15   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                                   |     |          |              |
|      | excess parachute payment(s) during the year?  | 15  |          | x            |
|      | If "Yes," see instructions and file Form 4720, Schedule N.  |     |          |              |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                                 | 16  |          | X            |
|      | If "Yes," complete Form 4720, Schedule O.   |     | 0000     | (0010)       |
|      |   | E   | . uun    | (0040)       |

| Form <b>990</b> (2018 |
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832005 12-31-18

|      | 990 (2018) SAN FRANCISCO SYMPHONY 94-11562  |           | Р           | age <b>6</b> |
|------|---|-----------|-------------|--------------|
|      | t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a                          | a "No" re | espons      | e            |
|      | 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            |
| ec   | tion A. Governing Body and Management   |           |             |              |
|      |   |           | Yes         | No           |
| 1a   | Enter the number of voting members of the governing body at the end of the tax year 1a 7  | 0         |             |              |
|      | If there are material differences in voting rights among members of the governing body, or if the governing                         |           |             |              |
|      | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.                               |           |             |              |
| b    |   | 0         |             |              |
| 2    | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other            |           |             |              |
|      | officer, director, trustee, or key employee?  | 2         | Х           |              |
| 3    | Did the organization delegate control over management duties customarily performed by or under the direct supervision               |           |             |              |
|      | of officers, directors, or trustees, or key employees to a management company or other person?                                      | 3         |             | X            |
| 4    | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4         |             | X            |
| 5    | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5         |             | Х            |
| 6    | Did the organization have members or stockholders?  | 6         |             | Х            |
| 7a   | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or                      |           |             |              |
|      | more members of the governing body?   | 7a        |             | Х            |
| b    | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                  |           |             |              |
|      | persons other than the governing body?  | 7b        |             | Х            |
| 8    | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |           |             |              |
| а    | The governing body?   | 8a        | Х           |              |
| b    | Each committee with authority to act on behalf of the governing body?   | 8b        | Х           |              |
| 9    | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                |           |             |              |
|      | organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9         |             | Х            |
| ec   | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                    |           |             |              |
|      |   |           | Yes         | No           |
| 0a   | Did the organization have local chapters, branches, or affiliates?  | 10a       |             | х            |
| b    | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,          |           |             |              |
|      | and branches to ensure their operations are consistent with the organization's exempt purposes?                                     | 10b       |             |              |
|      | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         | 11a       | Х           |              |
|      | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                       |           |             |              |
| 2a   | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a       | Х           |              |
| b    | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b       | Х           |              |
| С    | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                  |           |             |              |
|      | in Schedule O how this was done   | 12c       | X           |              |
| 3    | Did the organization have a written whistleblower policy?   | 13        | X           |              |
| 4    | Did the organization have a written document retention and destruction policy?  | 14        | Х           |              |
| 5    | Did the process for determining compensation of the following persons include a review and approval by independent                  |           |             |              |
|      | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                   |           |             |              |
| а    | The organization's CEO, Executive Director, or top management official  | 15a       | Х           |              |
| b    | Other officers or key employees of the organization   | 15b       | Х           |              |
|      | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |           |             |              |
| 6a   | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a               |           |             |              |
|      | taxable entity during the year?   | 16a       |             | х            |
| b    | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation        |           |             |              |
|      | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                      |           |             |              |
|      | exempt status with respect to such arrangements?  | 16b       |             |              |
| ec   | tion C. Disclosure  |           |             |              |
| 7    | List the states with which a copy of this Form 990 is required to be filed CA   |           |             |              |
| 8    | 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)  | availat     | ole          |
|      | for public inspection. Indicate how you made these available. Check all that apply.   |           |             |              |
|      | X Own website Another's website X Upon request Other (explain in Schedule O)  |           |             |              |
| 9    | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an      | d financ  | ial         |              |
|      | statements available to the public during the tax year.   |           |             |              |
| 0    | State the name, address, and telephone number of the person who possesses the organization's books and records                      |           |             |              |
|      | JUDI SANDERLIN, CONTROLLER - (415) 552-8000   |           |             |              |
|      | DAVIES SYMPHONY HALL, 201 VAN NESS, SAN FRANCISCO, CA 94102-4585  |           |             |              |
| 2006 | 12-31-18  | Form      | 9 <b>90</b> | (2018        |
| _    | 6   |           | <u>.</u>    |              |
| 06   | 05 701245 102384 2018.05091 SAN FRANCISCO SYMPHON   | IΥ        | 10          | 238          |

| Form 990 (2018)   | SAN FRANCISCO SYMPHONY   | 94-1156284 Page  |
|-------------------|--|------------------|
| Part VII Com      | pensation of Officers, Directors, Trustees, Key Employees, Higl                      | hest Compensated |
| Emp               | loyees, and Independent Contractors  |                  |
| Check             | if Schedule O contains a response or note to any line in this Part VII               |                  |
| Section A. Offic  | ers, Directors, Trustees, Key Employees, and Highest Compensated Employee            | S                |
| de Commelate this | table for all persons required to be listed. Depart comparential for the colorday is |                  |

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)                        | (B)  |                                |                        | _ (0             |              |                                 |        | (D)                                    | (E)  | (F)  |
|----------------------------|--|--------------------------------|------------------------|------------------|--------------|---------------------------------|--------|--|--|--|
| Name and Title             | Average<br>hours per<br>week   | box                            | not c<br>, unles       | heck i<br>ss per | rson i       | than o<br>s both<br>r/trus      | n an   | Reportable<br>compensation<br>from     | Reportable<br>compensation<br>from related | Estimated<br>amount of<br>other  |
|                            | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | In stitutional trustee | Officer          | Key employee | Highest compensated<br>employee | Former | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)           | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) SAKURAKO FISHER        | 30.00  |                                |                        |                  |              |                                 |        |  |  |  |
| PRESIDENT                  |  | Х                              |                        | Х                |              |                                 |        | 0.                                     | 0.   | 0.   |
| (2) PRISCILLA B. GEESLIN   | 3.00   |                                |                        |                  |              |                                 |        |  |  |  |
| VICE PRESIDENT             |  | Х                              |                        | Х                |              |                                 |        | 0.                                     | 0.   | 0.   |
| (3) GORRETTI LO LUI        | 3.00   |                                |                        |                  |              |                                 |        |  |  |  |
| VICE PRESIDENT             |  | Х                              |                        | х                |              |                                 |        | 0.                                     | 0.   | 0.   |
| (4) A. JOHN GAMBS          | 3.00   |                                |                        |                  |              |                                 |        |  |  |  |
| VICE PRESIDENT/TREASURER   |  | Х                              |                        | х                |              |                                 |        | 0.                                     | 0.   | 0.   |
| (5) LYDIA I. BEEBE         | 3.00   |                                |                        |                  |              |                                 |        |  |  |  |
| SECRETARY                  |  | Х                              |                        | х                |              |                                 |        | 0.                                     | 0.   | 0.   |
| (6) AIDA M. ALVAREZ        | 1.90   |                                |                        |                  |              |                                 |        |  |  |  |
| MEMBER, BOARD OF GOVERNORS |  | х                              |                        |                  |              |                                 |        | 0.                                     | 0.   | 0.   |
| (7) MICHAEL ANDERS         | 1.60   |                                |                        |                  |              |                                 |        |  |  |  |
| MEMBER, BOARD OF GOVERNORS |  | х                              |                        |                  |              |                                 |        | 0.                                     | 0.   | 0.   |
| (8) NANCY H. BECHTLE       | 2.30   |                                |                        |                  |              |                                 |        |  |  |  |
| MEMBER, BOARD OF GOVERNORS |  | х                              |                        |                  |              |                                 |        | 0.                                     | 0.   | 0.   |
| (9) DAVID J. BERGER        | 1.90   |                                |                        |                  |              |                                 |        |  | _  |  |
| MEMBER, BOARD OF GOVERNORS |  | х                              |                        |                  |              |                                 |        | 0.                                     | 0.   | 0.   |
| (10) ATHENA T. BLACKBURN   | 1.00   |                                |                        |                  |              |                                 |        |  | _  |  |
| MEMBER, BOARD OF GOVERNORS |  | х                              |                        |                  |              |                                 |        | 0.                                     | 0.   | 0.   |
| (11) PAULA B. BLANK        | 1.40   |                                |                        |                  |              |                                 |        |  | _  |  |
| MEMBER, BOARD OF GOVERNORS |  | х                              |                        |                  |              |                                 |        | 0.                                     | 0.   | 0.   |
| (12) CAROL CASEY           | 1.00   |                                |                        |                  |              |                                 |        |  |  |  |
| MEMBER, BOARD OF GOVERNORS |  | х                              |                        |                  |              |                                 |        | 0.                                     | 0.   | 0.   |
| (13) DEAN CASH             | 1.10   |                                |                        |                  |              |                                 |        |  |  |  |
| MEMBER, BOARD OF GOVERNORS |  | х                              |                        |                  |              |                                 |        | 0.                                     | 0.   | 0.   |
| (14) IRIS CHAN             | 1.58   |                                |                        |                  |              |                                 |        |  | _  |  |
| MEMBER, BOARD OF GOVERNORS |  | Х                              |                        |                  |              | -                               |        | 0.                                     | 0.   | 0.   |
| (15) JOHN S. CHEN          | 1.00   |                                |                        |                  |              |                                 |        |  |  |  |
| MEMBER, BOARD OF GOVERNORS | 1.00   | Х                              |                        |                  |              |                                 |        | 0.                                     | 0.   | 0.   |
| (16) MATT COHLER           | 1.60   |                                |                        |                  |              |                                 |        |  | _  |  |
| MEMBER, BOARD OF GOVERNORS | 1.00   | Х                              |                        |                  |              |                                 |        | 0.                                     | 0.   | 0.   |
| (17) MARGARET LIU COLLINS  | 1.20   |                                |                        |                  |              |                                 |        |  |  |  |
| MEMBER, BOARD OF GOVERNORS |  | Х                              |                        |                  |              |                                 |        | 0.                                     | 0.   | 0.<br>Form <b>990</b> (2018)   |

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832007 12-31-18

Form 990 (2018)

12180605 701245 102384

2018.05091 SAN FRANCISCO SYMPHONY

| Form 990 (2018) SAN FRANCISCO   | SYMPHONY   |                                |                       |   |                        |                                 |        |  | 94-115628   | 34              | Pa  | age <b>8</b>   |
|---|--|--------------------------------|-----------------------|---|------------------------|---------------------------------|--------|--|---|-----------------|---|----------------|
| Part VII Section A. Officers, Directors, Trust  | ees, Key Em  | oloy                           | ees,                  | and   | Hig                    | ghes                            | t C    | ompensated Employee                              | s (continued)                                     |                 |   |                |
| (A)<br>Name and title   | <b>(B)</b><br>Average<br>hours per<br>week                           | box                            | not c<br>, unle:      | (C<br>Posi<br>heck r<br>ss pers<br>id a dir | tion<br>nore<br>son is | than o<br>s both                | an     | <b>(D)</b><br>Reportable<br>compensation<br>from | (E)<br>Reportable<br>compensation<br>from related |                 | (F)<br>stimate<br>nount o<br>other                  |                |
|   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer                                     | Key employee           | Highest compensated<br>employee | Former | the<br>organization<br>(W-2/1099-MISC)           | organizations<br>(W-2/1099-MISC)                  | fi<br>org<br>an | pensa<br>rom the<br>anizati<br>d relate<br>anizatio | e<br>ion<br>ed |
| (18) NANCY R. CONNER  | 1.00   |                                |                       |   |                        |                                 |        |  |   |                 |   |                |
| MEMBER, BOARD OF GOVERNORS  |  | Х                              |                       |   |                        |                                 |        | 0.   | 0.  |                 |   | 0.             |
| (19) DAN COOPERMAN<br>MEMBER, BOARD OF GOVERNORS  | 1.60   | x                              |                       |   |                        |                                 |        | 0.   | 0.  |                 |   | Ο.             |
| (20) MICHELE BEIGEL CORASH  | 1.80   |                                |                       |   |                        |                                 |        |  |   |                 |   |                |
| MEMBER, BOARD OF GOVERNORS  |  | х                              |                       |   |                        |                                 |        | 0.   | 0.  |                 |   | ٥.             |
| (21) MRS. ROBERT A. CORRIGAN  | 1.00   |                                |                       |   |                        |                                 |        |  |   |                 |   |                |
| MEMBER, BOARD OF GOVERNORS  |  | х                              |                       |   |                        |                                 |        | 0.   | 0.  |                 |   | ٥.             |
| (22) GAIL L COVINGTON   | 2.30   |                                |                       |   |                        |                                 |        |  |   |                 |   |                |
| MEMBER, BOARD OF GOVERNORS  |  | Х                              |                       |   |                        |                                 |        | 0.   | 0.  |                 |   | 0.             |
| (23) ROBERTA DENNING  | 1.50   |                                |                       |   |                        |                                 |        |  |   |                 |   |                |
| MEMBER, BOARD OF GOVERNORS  |  | Х                              |                       |   |                        |                                 |        | 0.   | 0.  |                 |   | 0.             |
| (24) MARY C. FALVEY<br>MEMBER, BOARD OF GOVERNORS   | 2.20   | x                              |                       |   |                        |                                 |        | 0.   | 0.  |                 |   | ٥.             |
| (25) MRS. DONALD G. FISHER  | 1.00   |                                |                       |   |                        |                                 |        |  |   |                 |   |                |
| MEMBER, BOARD OF GOVERNORS  |  | х                              |                       |   |                        |                                 |        | 0.   | 0.  |                 |   | ٥.             |
| (26) MARY A. FRANCIS  | 1.80   |                                |                       |   |                        |                                 |        |  |   |                 |   |                |
| MEMBER, BOARD OF GOVERNORS  |  | Х                              |                       |   |                        |                                 |        | 0.   | 0.  |                 |   | ٥.             |
| 1b Sub-total  |  |                                |                       |   |                        |                                 |        | 0.   | 0.  |                 |   | 0.             |
| c Total from continuation sheets to Part VII  |  |                                |                       |   |                        |                                 |        | 2,963,301.                                       | 0.  |                 | 243,  |                |
| d Total (add lines 1b and 1c)   |  |                                |                       |   |                        |                                 |        | 2,963,301.                                       | 0.  |                 | 243,  | 931.           |
| 2 Total number of individuals (including but no   | ot limited to th   | ose                            | liste                 | d ad  | ove                    | ) who                           | o re   | eceived more than \$100,                         | UUU of reportable                                 |                 |   | 133            |
| compensation from the organization  |  |                                |                       |   |                        |                                 |        |  |   |                 | Yes   | No             |
| 3 Did the organization list any former officer,   | -  |                                |                       |   | •                      | •                               |        | •  |   |                 |   |                |
| line 1a? If "Yes," complete Schedule J for su   |  |                                |                       |   |                        |                                 |        |  |   | 3               |   | X              |
| 4 For any individual listed on line 1a, is the su   | -  |                                |                       |   |                        |                                 |        |  | -   |                 |   |                |
| and related organizations greater than \$150  |  |                                |                       |   |                        |                                 |        |  |   | 4               | X   |                |
| 5 Did any person listed on line 1a receive or a   | -  |                                |                       |   | -                      |                                 |        | -  |   | -               |   | х              |
| rendered to the organization? <i>If</i> "Yes," <i>com</i><br>Section B. Independent Contractors | plete Schedule   | e J fe                         | or sl                 | ich p                                       | berse                  | <u>on</u> .                     |        |  |   | 5               |   | 21             |
| 1 Complete this table for your five highest cor   | npensated inc  | lepe                           | nder                  | nt co                                       | ontra                  | actor                           | s th   | nat received more than \$                        | 100.000 of compensa                               | tion fro        | om  |                |
| the organization. Report compensation for t   |  |                                |                       |   |                        |                                 |        |  |   |                 |   |                |
| (A)   |  |                                |                       |   |                        |                                 |        | (B)  |   | (0              | C)  |                |
| Name and business   | address  |                                |                       |   |                        |                                 |        | Description of s                                 | ervices (   | Compe           | nsatior   | n              |
| MTT INC., 1675 BROADWAY, 20TH FLOOR,  | NEW  |                                |                       |   |                        |                                 |        |  |   |                 |   |                |
| YORK, NY 10019  |  |                                |                       |   |                        |                                 | _      | CONDUCTOR  |   | 2               | ,139,   | 720.           |
| EVENTS MANAGEMENT, INC., 2525 16TH ST   | REET,  |                                |                       |   |                        |                                 |        |  |   |                 |   |                |
| SUITE 311, SAN FRANCISCO, CA 94103  |  |                                |                       |   |                        |                                 | _      | CATERER  |   |                 | 699,  | 524.           |
| COLUMBIA ARTISTS MGMT LLC, 1790 BROAD   | JWAY,  |                                |                       |   |                        |                                 |        |  |   |                 | 620   | 620            |
| 16TH FLOOR, NEW YORK, NY 10019<br>HEARST COMMUNICATIONS, SAN FRANCISCO                          | CHRONT   |                                |                       |   |                        |                                 | f      | ARTIST AGENT                                     |   |                 | 629,  | 030.           |
| 901 MISSION STREET, SAN FRANCISCO, CA   |  |                                |                       |   |                        |                                 |        | ADVERTISING                                      |   |                 | 532,  | 920.           |
| OPUS 3 ARTISTS, 470 PARK AVENUE SOUTH   |  |                                |                       |   |                        |                                 |        |  |   |                 | /   |                |
| ,<br>FLOOR, NEW YORK, NY 10016  | -  |                                |                       |   |                        |                                 |        | ARTIST AGENT                                     |   |                 | 526,  | 547.           |
| 2 Total number of independent contractors (ir   | cluding but n  | ot lin                         | nited                 | d to t                                      | hos                    | e list                          | ed     | above) who received mo                           | ore than  |                 | ,   |                |
| \$100,000 of compensation from the organiz  | •  |                                |                       |   | 26                     |                                 |        | ·  |   |                 |   |                |
| SEE PART VII, SECTION A CONTINU   | JATION SHEE  | TS                             |                       |   |                        |                                 |        |  |   | Form            | <b>990</b> (2                                       | 2018)          |
| 832008 12-31-18   |  |                                |                       |   |                        |                                 |        |  |   |                 |   |                |

12180605 701245 102384

| Part VII Section A. Officers, Directors, Tru | ustees, Key Er       | nplo                           | yee                   | s, ai   | nd H         | lighe                           | est (  | Compensated Employe | es (continued)  |                             |
|--|----------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|---------------------|-----------------|-----------------------------|
| (A)  | (B)                  |                                |                       | (0      | C)           |                                 |        | (D)                 | (E)             | (F)                         |
| Name and title                               | Average              |                                |                       | Pos     | ition        |                                 |        | Reportable          | Reportable      | Estimated                   |
|  | hours                | (cl                            | neck                  | all t   | that         | app                             | ly)    | compensation        | compensation    | amount of                   |
|  | per                  |                                |                       |         |              |                                 |        | from                | from related    | other                       |
|  | week                 | 5                              |                       |         |              | loyee                           |        | the                 | organizations   | compensation                |
|  | (list any            | irecto                         |                       |         |              | emp                             |        | organization        | (W-2/1099-MISC) | from the                    |
|  | hours for<br>related | e or d                         | tee                   |         |              | sated                           |        | (W-2/1099-MISC)     |                 | organization<br>and related |
|  | organizations        | ruste                          | al trus               |         | yee          | mpen                            |        |                     |                 | organizations               |
|  | below                | Individual trustee or director | Institutional trustee | 5       | Key employee | Highest com pen sated em ployee | er     |                     |                 | organizatione               |
|  | line)                | Indivi                         | Instit                | Officer | Key e        | Highe                           | Former |                     |                 |                             |
| 27) DAVID A. FRIEDBERG                       | 1.20                 |                                |                       |         |              |                                 |        |                     |                 |                             |
| MEMBER, BOARD OF GOVERNORS                   |                      | х                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| 28) GORDON P. GETTY                          | 1.00                 |                                |                       |         |              |                                 |        |                     |                 |                             |
| MEMBER, BOARD OF GOVERNORS                   |                      | Х                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| (29) JOHN D. GOLDMAN                         | 2.30                 |                                |                       |         |              |                                 |        |                     |                 |                             |
| MEMBER, BOARD OF GOVERNORS                   |                      | х                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| (30) JIM HENRY                               | 2.30                 | x                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| MEMBER, BOARD OF GOVERNORS                   | 1.38                 | ^                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| MEMBER, BOARD OF GOVERNORS                   | 1.50                 | x                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| (32) GREGORY E. JOHNSON                      | 1.96                 |                                |                       |         |              |                                 |        |                     | ••              |                             |
| IEMBER, BOARD OF GOVERNORS                   |                      | x                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| 33) MARK A. JUNG                             | 1.00                 |                                |                       |         |              |                                 |        |                     |                 |                             |
| MEMBER, BOARD OF GOVERNORS                   |                      | х                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| (34) JUDI KANTER                             | 1.50                 |                                |                       |         |              |                                 |        |                     |                 |                             |
| MEMBER, BOARD OF GOVERNORS                   |                      | х                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| (35) MRS. WILLIAM R. KIMBALL                 | 1.20                 |                                |                       |         |              |                                 |        |                     |                 |                             |
| MEMBER, BOARD OF GOVERNORS                   |                      | Х                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| (36) F. CURT KIRSCHNER                       | 1.70                 |                                |                       |         |              |                                 |        |                     |                 |                             |
| EMBER, BOARD OF GOVERNORS                    |                      | Х                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| (37) METTA KRACH                             | 1.40                 |                                |                       |         |              |                                 |        |                     |                 |                             |
| MEMBER, BOARD OF GOVERNORS                   | 1.00                 | х                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| (38) CHRISTINE E. LAMOND                     | 1.20                 |                                |                       |         |              |                                 |        |                     | 0               |                             |
| MEMBER, BOARD OF GOVERNORS                   | 1 50                 | X                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| 39) PATRICIA LEE-HOFFMANN                    | 1.50                 |                                |                       |         |              |                                 |        | 0                   | 0               |                             |
| MEMBER, BOARD OF GOVERNORS                   | 1.00                 | Х                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| EMBER, BOARD OF GOVERNORS                    | 1.00                 | x                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| (41) FRED M. LEVIN                           | 1.80                 |                                |                       |         |              |                                 |        |                     | ••              |                             |
| MEMBER, BOARD OF GOVERNORS                   |                      | x                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| 42) MARYON DAVIES LEWIS                      | 1.00                 |                                |                       |         |              |                                 |        |                     | -•              |                             |
| MEMBER, BOARD OF GOVERNORS                   |                      | x                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| 43) ERIC X. LI                               | 1.90                 |                                |                       |         |              |                                 |        |                     |                 |                             |
| IEMBER, BOARD OF GOVERNORS                   |                      | x                              |                       |         |              |                                 |        | ٥.                  | 0.              |                             |
| 44) DR. RAYMOND K. Y. LI                     | 1.00                 |                                |                       |         |              |                                 |        |                     |                 |                             |
| EMBER, BOARD OF GOVERNORS                    |                      | х                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| 45) MARC T. MACAULAY                         | 2.39                 |                                |                       |         |              |                                 |        |                     |                 |                             |
| EMBER, BOARD OF GOVERNORS                    |                      | х                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| 46) REBECCA MACIEIRA-KAUFMANN                | 1.50                 |                                |                       |         |              |                                 |        |                     |                 |                             |
| IEMBER, BOARD OF GOVERNORS                   |                      | х                              |                       |         |              |                                 |        | 0.                  | Ο.              |                             |

| Part VII Section A. Officers, Directors, Tr      | ustees, Key Er    | nplo                           | yee                   | s, ai   | nd H         | ligh                            | est (  | Compensated Employe | es (continued)  |                             |
|--|-------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|---------------------|-----------------|-----------------------------|
| (A)  | (B)               |                                |                       | (0      | C)           |                                 |        | (D)                 | (E)             | (F)                         |
| Name and title                                   | Average           |                                |                       | Pos     | ition        |                                 |        | Reportable          | Reportable      | Estimated                   |
|  | hours             | (C                             | heck                  | all :   | that         | app                             | ly)    | compensation        | compensation    | amount of                   |
|  | per               |                                |                       |         |              |                                 |        | from                | from related    | other                       |
|  | week              | F                              |                       |         |              | loyee                           |        | the                 | organizations   | compensatio                 |
|  | (list any         | irecto                         |                       |         |              | emp                             |        | organization        | (W-2/1099-MISC) | from the                    |
|  | hours for related | e or d                         | tee                   |         |              | sated                           |        | (W-2/1099-MISC)     |                 | organizatior<br>and related |
|  | organizations     | ruste                          | al trus               |         | yee          | m pen                           |        |                     |                 | organization                |
|  | below             | Individual trustee or director | Institutional trustee | -       | Key employee | Highest com pen sated em ployee | er     |                     |                 | e ganzaier                  |
|  | line)             | Indivi                         | Instit                | Officer | Key e        | Highe                           | Former |                     |                 |                             |
| (47) CHRISTINE MATTISON                          | 1.00              |                                |                       |         |              |                                 |        |                     |                 |                             |
| MEMBER, BOARD OF GOVERNORS                       |                   | х                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| (48) J. WILLIAM MORRIS III                       | 2.30              |                                |                       |         |              |                                 |        |                     |                 |                             |
| MEMBER, BOARD OF GOVERNORS                       |                   | х                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| (49) ROBERT G. O'DONNELL                         | 1.60              |                                |                       |         |              |                                 |        |                     |                 |                             |
| MEMBER, BOARD OF GOVERNORS                       |                   | х                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| (50) MRS. JAMES C. PARAS                         | 1.20              |                                |                       |         |              |                                 |        |                     |                 |                             |
| MEMBER, BOARD OF GOVERNORS                       | 1.00              | х                              | <u> </u>              |         |              |                                 |        | 0.                  | 0.              |                             |
| (51) MARK C. PERRY<br>MEMBER, BOARD OF GOVERNORS | 1.60              | x                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| 52) KAUSIK RAJGOPAL                              | 1.40              | Δ                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| MEMBER, BOARD OF GOVERNORS                       | 1.40              | x                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| 53) RICHARD M. ROSENBERG                         | 2.00              |                                |                       |         |              |                                 |        |                     | ••              |                             |
| MEMBER, BOARD OF GOVERNORS                       |                   | x                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| (54) FREDERIC M. SEEGAL                          | 1.10              |                                |                       |         |              |                                 |        |                     |                 |                             |
| MEMBER, BOARD OF GOVERNORS                       |                   | х                              |                       |         |              |                                 |        | ٥.                  | 0.              |                             |
| 55) MRS. GEORGE P. SHULTZ                        | 1.00              |                                |                       |         |              |                                 |        |                     |                 |                             |
| MEMBER, BOARD OF GOVERNORS                       |                   | х                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| 56) TRINE SORENSEN                               | 1.90              |                                |                       |         |              |                                 |        |                     |                 |                             |
| IEMBER, BOARD OF GOVERNORS                       |                   | Х                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| (57) ROBERT B. THOMPSON                          | 2.00              |                                |                       |         |              |                                 |        |                     |                 |                             |
| EMBER, BOARD OF GOVERNORS                        |                   | Х                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| (58) ZACHARY TOWNSEND                            | 2.20              |                                |                       |         |              |                                 |        |                     |                 |                             |
| MEMBER, BOARD OF GOVERNORS                       |                   | Х                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| 59) ROBERT R. TUFTS                              | 1.10              |                                |                       |         |              |                                 |        |                     |                 |                             |
| MEMBER, BOARD OF GOVERNORS                       |                   | х                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| 60) M. ISABEL VALDES                             | 1.20              |                                |                       |         |              |                                 |        |                     | _               |                             |
| IEMBER, BOARD OF GOVERNORS                       | 1.00              | х                              | <u> </u>              |         | <u> </u>     |                                 |        | 0.                  | 0.              |                             |
| 61) JACK WILLIAM VAN GEEM                        | 1.00              |                                |                       |         |              |                                 |        |                     | 0               |                             |
| IEMBER, BOARD OF GOVERNORS                       | 1 10              | Х                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| 62) GE WANG<br>MEMBER, BOARD OF GOVERNORS        | 1.10              | x                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| 63) DAVID J. WEBER                               | 1.60              | ^                              | -                     |         | -            |                                 |        | · · ·               | 0.              |                             |
| EMBER, BOARD OF GOVERNORS                        | 1.00              | x                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| 64) ANITA L. WORNICK                             | 1.20              |                                |                       |         | -            |                                 |        |                     | · ·             |                             |
| EMBER, BOARD OF GOVERNORS                        |                   | x                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| 65) JEFF BLEICH (LEFT 12/18)                     | 1.00              |                                |                       |         |              |                                 |        |                     | ···             |                             |
| EMBER, BOARD OF GOVERNORS                        |                   | х                              |                       |         |              |                                 |        | 0.                  | 0.              |                             |
| 66) TIM FITZPATRICK (LEFT 12/18)                 | 1.00              |                                |                       |         |              |                                 |        |                     |                 |                             |
|  |                   | х                              | 1                     | I I     | 1            | 1                               |        | 0.                  | 0.              |                             |

832201 04-01-18

| Part VII Section A. Officers, Directors, Tru                    | stees, Key Er   | nplo                           | yee                   | s, ai   | nd H          | lighe                          | est (  | Compensated Employe                            | es (continued)                                   |   |
|---|---|--------------------------------|-----------------------|---------|---------------|--------------------------------|--------|--|--|---|
| (A)   | (B)   |                                |                       | (0      | C)            |                                |        | (D)  | (E)  | (F)   |
| Name and title  | Average<br>hours  | (cl                            |                       |         | ition<br>that |                                | ly)    | Reportable compensation                        | Reportable compensation                          | Estimated<br>amount of  |
|   | per<br>week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer | Key em ployee | Highest com pensated em ployee | Former | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other<br>compensatior<br>from the<br>organization<br>and related<br>organizations |
| (67) PAULA B. PRETLOW (LEFT 12/18)                              | 1.50  |                                |                       |         |               |                                |        |  |  |   |
| MEMBER, BOARD OF GOVERNORS                                      |   | Х                              |                       |         |               |                                |        | 0.   | 0.   | (   |
| (68) PATRICIA SUGHRUE SPRINCIN (LEFT                            | 1.00  |                                |                       |         |               |                                |        |  |  |   |
| MEMBER, BOARD OF GOVERNORS                                      |   | Х                              |                       |         |               |                                |        | 0.   | 0.   |   |
| (69) TONY TROUSSET (LEFT 12/18)                                 | 1.40  |                                |                       |         |               |                                |        |  |  |   |
| MEMBER, BOARD OF GOVERNORS                                      |   | Х                              |                       |         |               |                                |        | 0.   | 0.   | (   |
| (70) JEFF BHARKHDA (START 1/19)                                 | 1.00  |                                |                       |         |               |                                |        |  |  |   |
| MEMBER, BOARD OF GOVERNORS                                      |   | Х                              |                       |         |               |                                |        | 0.   | 0.   |   |
| (71) JEROME GUILLEN (START 1/19)                                | 1.00  |                                |                       |         |               |                                |        |  |  |   |
| MEMBER, BOARD OF GOVERNORS                                      | 1 00  | X                              |                       |         |               |                                |        | 0.   | 0.   |   |
| (72) JEFF HAN (START 1/19)                                      | 1.00  | x                              |                       |         |               |                                |        | 0.   | 0.   |   |
| MEMBER, BOARD OF GOVERNORS<br>73) VINCENT MATTHEWS (START 1/19) | 1.00  | ^                              |                       |         |               |                                |        | υ.   | υ.   |   |
| MEMBER, BOARD OF GOVERNORS                                      | 1.00  | х                              |                       |         |               |                                |        | 0.   | 0.   |   |
| (74) DEBBIE MCCOY (START 1/19)                                  | 1.00  |                                |                       |         |               |                                |        |  | ••   |   |
| MEMBER, BOARD OF GOVERNORS                                      |   | x                              |                       |         |               |                                |        | Ο.   | 0.   |   |
| (75) MICHAEL PIERCE (START 1/19)                                | 1.00  |                                |                       |         |               |                                |        | - •  |  |   |
| MEMBER, BOARD OF GOVERNORS                                      |   | x                              |                       |         |               |                                |        | 0.   | Ο.   |   |
| (76) MARK HANSON  | 60.00   |                                |                       |         |               |                                |        |  |  |   |
| CEO   |   | 1                              |                       | х       |               |                                |        | 930,718.                                       | Ο.   | 37,38   |
| (77) JAMES KIRK   | 60.00   |                                |                       |         |               |                                |        |  |  |   |
| CFO   |   | 1                              |                       | х       |               |                                |        | 243,030.                                       | Ο.   | 35,65   |
| (78) ALEXANDER BARANTSCHIK                                      | 60.00   |                                |                       |         |               |                                |        |  |  |   |
| CONCERTMASTER   |   |                                |                       |         |               | х                              |        | 541,346.                                       | 0.   | 46,53   |
| (79) EUGENE IZOTOV  | 60.00   |                                |                       |         |               |                                |        |  |  |   |
| PRINCIPAL OBOE  |   |                                |                       |         |               | X                              |        | 347,018.                                       | 0.   | 46,53   |
| (80) SCOTT PINGEL   | 60.00   |                                |                       |         |               |                                |        |  |  |   |
| PRINCIPAL BASS  |   |                                |                       |         |               | х                              |        | 308,995.                                       | 0.   | 19,10   |
| (81) EDWARD STEPHAN   | 60.00   |                                |                       |         |               |                                |        |  |  |   |
| PRINCIPAL TIMPANI   | <u> </u>  |                                |                       |         |               | х                              |        | 300,808.                                       | 0.   | 12,19   |
| (82) MARK INOUYE  | 60.00   |                                |                       |         |               |                                |        | 201 200  |  | 46 53   |
| RINCIPAL TRUMPET  |   | -                              |                       |         |               | X                              |        | 291,386.                                       | 0.   | 46,53   |
|   |   | -                              |                       |         |               |                                |        |  |  |   |
|   |   |                                |                       |         |               |                                |        |  |  |   |
|   |   |                                |                       |         |               |                                |        |  |  | 243,93  |

832201 04-01-18

| rt VI                   |  | ANCISCO SYMPHO<br><b>nue</b> |                          |                             |  | 94-115628                                      | 4 Pag   |
|-------------------------|--|------------------------------|--------------------------|-----------------------------|--|--|---|
|                         | Check if Schedule O con                  |                              | or note to any line      | e in this Part VIII         |  |  | Г   |
|                         |  |                              |                          | <b>(A)</b><br>Total revenue | <b>(B)</b><br>Related or<br>exempt function<br>revenue | <b>(C)</b><br>Unrelated<br>business<br>revenue | (D)<br>Revenue exclue<br>from tax unde<br>sections<br>512 - 514 |
| 1 a                     | Federated campaigns                      | 1a                           |                          |                             |  |  | 012 011   |
| k                       | Membership dues                          |                              |                          |                             |  |  |   |
| c                       | Fundraising events                       |                              | 4,114,968.               |                             |  |  |   |
|                         | d Related organizations                  |                              |                          |                             |  |  |   |
| e                       | Government grants (contribu              | tions) <b>1e</b>             | 4,202,883.               |                             |  |  |   |
| f                       | All other contributions, gifts, gra      | nts, and                     |                          |                             |  |  |   |
|                         | similar amounts not included abo         | ove 1f                       | 33,795,576.              |                             |  |  |   |
| ç                       | Noncash contributions included in lines  | s 1a-1f: \$                  | 2,001,933.               |                             |  |  |   |
| ł                       | Total. Add lines 1a-1f                   |                              | ····· ►                  | 42,113,427.                 |  |  |   |
|                         |  |                              | Business Code            |                             |  |  |   |
| 2 a                     | CONCERT & RELATED REVI                   | Ξ                            | 711130                   | 26,130,677.                 | 26,130,677.  |  |   |
| k                       |  |                              | 711130                   | 234,263.                    | 234,263.   |  |   |
| c                       | SFS MEDIA                                |                              | 515100                   | 89,004.                     | 89,004.  |  |   |
| c                       | 1 I                                      |                              |                          |                             |  |  |   |
| 2 a<br>t<br>c<br>c<br>f |  |                              |                          |                             |  |  |   |
|                         | All other program service rev            |                              |                          | 26 452 044                  |  |  |   |
|                         | g Total. Add lines 2a-2f                 |                              |                          | 26,453,944.                 |  |  |   |
| 3                       | Investment income (including             |                              | ,                        | 5,395,583.                  |  | 35,582.  | 5,360,0   |
|                         | other similar amounts)                   |                              |                          | 5,335,303.                  |  | 55,502.  | 5,500,0   |
| 4                       | Income from investment of ta             |                              | · · · ·                  | 9,908.                      |  |  | 9,9   |
| 5                       | Royalties                                |                              |                          | 5,500.                      |  |  |   |
| 6 -                     | Gross repts                              | (i) Real                     | (ii) Personal<br>63,243. |                             |  |  |   |
|                         | a Gross rents<br>b Less: rental expenses |                              | 0,243.                   |                             |  |  |   |
|                         | Rental income or (loss)                  |                              | 63,243.                  |                             |  |  |   |
|                         |  |                              |                          | 63,243.                     |  | 63,243.  |   |
|                         | Gross amount from sales of               | (i) Securities               | (ii) Other               | ,•                          |  | ,  |   |
| , ,                     | assets other than inventory              | 63,270,000.                  |                          |                             |  |  |   |
| F                       | Less: cost or other basis                | , , ,                        |                          |                             |  |  |   |
|                         | and sales expenses                       | 42,092,303.                  |                          |                             |  |  |   |
| c                       | Gain or (loss)                           | 21,177,697.                  |                          |                             |  |  |   |
|                         | J Net gain or (loss)                     |                              | <b>&gt;</b>              | 21,177,697.                 |  |  | 21,177,6  |
|                         | Gross income from fundraisir             |                              |                          | . ,                         |  |  | . ,   |
|                         | including \$4,114                        |                              |                          |                             |  |  |   |
|                         | contributions reported on line           |                              |                          |                             |  |  |   |
|                         | Part IV, line 18                         | -                            | 836,561.                 |                             |  |  |   |
| Ł                       | b Less: direct expenses                  |                              | 2,506,871.               |                             |  |  |   |
|                         | Net income or (loss) from fun            |                              | <b>)</b>                 | -1,670,310.                 |  |  | -1,670,3  |
|                         | Gross income from gaming a               |                              |                          |                             |  |  |   |
|                         | Part IV, line 19                         | а                            |                          |                             |  |  |   |
| k                       | b Less: direct expenses                  |                              |                          |                             |  |  |   |
|                         | Net income or (loss) from gar            |                              |                          |                             |  |  |   |
| 10 a                    | Gross sales of inventory, less           | returns                      | 7                        |                             |  |  |   |
|                         | and allowances                           |                              |                          |                             |  |  |   |
| k                       | Less: cost of goods sold                 |                              | 935,922.                 |                             |  |  |   |
| c                       | Net income or (loss) from sale           | es of inventory              | ►                        | 59,755.                     | 59,755.  |  |   |
|                         | Miscellaneous Reven                      | le                           | Business Code            |                             |  |  |   |
| 11 a                    | MISCELLANEOUS                            |                              | 900099                   | 31,716.                     |  |  | 31,7  |
| k                       | ٠  |                              | ļ ļ                      |                             |  |  |   |
| c                       |  |                              |                          |                             |  |  |   |
|                         | d All other revenue                      |                              |                          |                             |  |  |   |
|                         | • Total. Add lines 11a-11d               |                              | ►                        | 31,716.                     |  |  |   |
|                         |  |                              |                          | 93,634,963.                 | 26,513,699.  | 98,825.  | 24,909,0  |

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12

SAN FRANCISCO SYMPHONY

94-1156284 Page **10** 

X

 Part IX Statement of Functional Expenses

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

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

 Do not include amounts reported on lines 6b,

 (A)

 Total expenses

|    | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
|----|---|------------------------------|---|--|---------------------------------------|
|    | Grants and other assistance to domestic organizations   |                              |   |  |                                       |
|    | and domestic governments. See Part IV, line 21  | 125,277.                     | 125,277.                                  |  |                                       |
| 2  | Grants and other assistance to domestic   |                              |   |  |                                       |
|    | individuals. See Part IV, line 22   |                              |   |  |                                       |
| 3  | Grants and other assistance to foreign  |                              |   |  |                                       |
|    | organizations, foreign governments, and foreign   |                              |   |  |                                       |
|    | individuals. See Part IV, lines 15 and 16   |                              |   |  |                                       |
| 4  | Benefits paid to or for members   |                              |   |  |                                       |
| 5  | Compensation of current officers, directors,  |                              |   |  |                                       |
|    | trustees, and key employees   | 1,191,684.                   |   | 827,518.   | 364,166                               |
| 6  | Compensation not included above, to disqualified  |                              |   |  |                                       |
|    | persons (as defined under section 4958(f)(1)) and   |                              |   |  |                                       |
|    | persons described in section 4958(c)(3)(B)  |                              |   |  |                                       |
| 7  | Other salaries and wages  | 40,189,642.                  | 36,388,097.                               | 1,865,793.                                       | 1,935,752                             |
| 8  | Pension plan accruals and contributions (include  |                              |   |  |                                       |
|    | section 401(k) and 403(b) employer contributions)   | 2,891,320.                   | 2,608,320.                                | 225,780.   | 57,220                                |
| 9  | Other employee benefits   | 5,744,181.                   | 4,961,641.                                | 489,154.   | 293,386                               |
| 10 | Payroll taxes   | 2,732,300.                   | 2,325,176.                                | 210,043.   | 197,081                               |
| 11 | Fees for services (non-employees):  |                              |   |  |                                       |
| а  | Management  | 628,921.                     | 618,219.                                  | 10,702.  |                                       |
| b  | Legal   | 82,150.                      |   | 82,150.  |                                       |
| С  | Accounting  | 243,247.                     |   | 243,247.   |                                       |
| d  | Lobbying  | 49,400.                      |   | 49,400.  |                                       |
| е  | Professional fundraising services. See Part IV, line 17   | 117,334.                     |   |  | 117,334                               |
| f  | Investment management fees  | 349,320.                     |   | 349,320.   |                                       |
| g  | 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                               |
| 12 | Advertising and promotion   | 3,599,664.                   | 3,315,304.                                |  | 284,360                               |
| 13 | Office expenses   | 818,348.                     | 406,011.                                  | 130,623.   | 281,714                               |
| 14 | Information technology  | 699,120.                     | 139,598.                                  | 522,104.   | 37,418                                |
| 15 | Royalties   | 5,334.                       | 5,334.                                    |  |                                       |
| 16 | Occupancy   | 1,713,648.                   | 942,009.                                  | 693,149.   | 78,490                                |
| 17 | Travel  | 4,073,692.                   | 2,850,093.                                | 86,756.  | 1,136,843                             |
| 18 | Payments of travel or entertainment expenses  |                              |   |  |                                       |
|    | for any federal, state, or local public officials   |                              |   |  |                                       |
| 19 | Conferences, conventions, and meetings  |                              |   |  |                                       |
| 20 | Interest  |                              |   |  |                                       |
| 21 | Payments to affiliates  |                              |   |  |                                       |
| 22 | Depreciation, depletion, and amortization   | 2,239,914.                   | 2,239,914.                                |  |                                       |
| 23 | Insurance   |                              |   |  |                                       |
| 24 | Other expenses. Itemize expenses not covered<br>above. (List miscellaneous expenses in line 24e. If line<br>24e amount exceeds 10% of line 25, column (A)<br>amount, list line 24e expenses on Schedule 0.) |                              |   |  |                                       |
| а  | OTHER EXPENSES  | 2,436,252.                   | 1,008,839.                                | 746,861.   | 680,552                               |
| b  | CONCERT PRODUCTION  | 1,092,388.                   | 693,566.                                  | 51,155.  | 347,667                               |
| с  |   |                              |   |  |                                       |
| d  |   |                              |   |  |                                       |
| e  | All other expenses  |                              |   |  |                                       |
| 25 | Total functional expenses. Add lines 1 through 24e  | 79,786,312.                  | 66,596,558.                               | 6,778,771.                                       | 6,410,983                             |
| 26 | Joint costs. Complete this line only if the organization  |                              |   |  |                                       |
|    | reported in column (B) joint costs from a combined  |                              |   |  |                                       |
|    | educational campaign and fundraising solicitation.  |                              |   |  |                                       |
|    | Check here Figure if following SOP 98-2 (ASC 958-720)   |                              |   |  |                                       |

12180605 701245 102384

2018.05091 SAN FRANCISCO SYMPHONY 102384\_1

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34

Total liabilities and net assets/fund balances

Total net assets or fund balances

348,290,090.

34

340,027,013.

Form 990 (2018)

|                             |     | Check in Schedule O contains a response of how       |            |                       | <b>(A)</b><br>Beginning of year |     | (B)<br>End of year                    |
|-----------------------------|-----|--|------------|-----------------------|---------------------------------|-----|---------------------------------------|
|                             | 1   | Cash - non-interest-bearing                          |            |                       | 2,945,083.                      | 1   | 3,867,069.                            |
|                             | 2   | Savings and temporary cash investments               |            |                       | 4,517,828.                      | 2   | 297,578.                              |
|                             | 3   | Pledges and grants receivable, net                   |            |                       | 13,408,922.                     | 3   | 15,989,403.                           |
|                             | 4   | Accounts receivable, net                             |            |                       | 785,841.                        | 4   | 4,280,629.                            |
|                             | 5   | Loans and other receivables from current and for     |            |                       |                                 |     |                                       |
|                             |     | trustees, key employees, and highest compensa        |            |                       |                                 |     |                                       |
|                             |     | Part II of Schedule L                                |            |                       | 524,445.                        | 5   | 544,444.                              |
|                             | 6   | Loans and other receivables from other disqualif     |            |                       |                                 |     |                                       |
|                             |     | section 4958(f)(1)), persons described in section    | -          |                       |                                 |     |                                       |
|                             |     | employers and sponsoring organizations of secti      | on 501     | c)(9) voluntary       |                                 |     |                                       |
| Ś                           |     | employees' beneficiary organizations (see instr).    |            | -                     |                                 | 6   |                                       |
| Assets                      | 7   | Notes and loans receivable, net                      |            |                       | 2,931,767.                      | 7   | 2,638,954.                            |
| As                          | 8   | Inventories for sale or use                          |            |                       | 604,727.                        | 8   | 368,119.                              |
|                             | 9   | Duanaid averages and defensed dealers                |            |                       | 2,514,314.                      | 9   | 2,620,483.                            |
|                             | 10a | Land, buildings, and equipment: cost or other        |            |                       |                                 |     |                                       |
|                             |     | basis. Complete Part VI of Schedule D                | 10a        | 39,247,978.           |                                 |     |                                       |
|                             | b   | Less: accumulated depreciation                       | 10b        | 21,765,854.           | 19,360,205.                     | 10c | 17,482,124.                           |
|                             | 11  | Investments - publicly traded securities             |            |                       | 195,727,859.                    | 11  | 210,695,000.                          |
|                             | 12  | Investments - other securities. See Part IV, line 1  | 1          |                       | 95,823,828.                     | 12  | 72,948,970.                           |
|                             | 13  | Investments - program-related. See Part IV, line 1   | 1          |                       |                                 | 13  |                                       |
|                             | 14  | Intangible assets                                    |            |                       |                                 | 14  |                                       |
|                             | 15  | Other assets. See Part IV, line 11                   |            |                       | 9,145,271.                      | 15  | 8,294,240.                            |
|                             | 16  | Total assets. Add lines 1 through 15 (must equa      | al line 34 | 4)                    | 348,290,090.                    | 16  | 340,027,013.                          |
|                             | 17  | Accounts payable and accrued expenses                |            |                       | 4,636,877.                      | 17  | 5,934,621.                            |
|                             | 18  | Grants payable                                       |            |                       |                                 | 18  |                                       |
|                             | 19  | Deferred revenue                                     |            |                       | 11,481,606.                     | 19  | 11,188,319.                           |
|                             | 20  | Tax-exempt bond liabilities                          |            |                       |                                 | 20  |                                       |
|                             | 21  | Escrow or custodial account liability. Complete F    | Part IV c  | of Schedule D         |                                 | 21  |                                       |
| S                           | 22  | Loans and other payables to current and former       |            |                       |                                 |     |                                       |
| liti                        |     | key employees, highest compensated employees         | s, and c   | lisqualified persons. |                                 |     |                                       |
| Liabilities                 |     | Complete Part II of Schedule L                       |            | ·····                 |                                 | 22  |                                       |
|                             | 23  | Secured mortgages and notes payable to unrelate      | ted thire  | d parties             |                                 | 23  | 1,000,000.                            |
|                             | 24  | Unsecured notes and loans payable to unrelated       | third p    | arties                | 81,085.                         | 24  |                                       |
|                             | 25  | Other liabilities (including federal income tax, pay |            |                       |                                 |     |                                       |
|                             |     | parties, and other liabilities not included on lines | 17-24).    | Complete Part X of    |                                 |     |                                       |
|                             |     | Schedule D   |            | ······                | 10,226,084.                     | 25  | 32,581,599.                           |
|                             | 26  |  |            |                       | 26,425,652.                     | 26  | 50,704,539.                           |
|                             |     | Organizations that follow SFAS 117 (ASC 958)         |            | there 🕨 🗴 and         |                                 |     |                                       |
| es                          |     | complete lines 27 through 29, and lines 33 and       |            |                       | 42 051 511                      |     | 4 110 700                             |
| anc                         | 27  | Unrestricted net assets                              |            | ·····                 | 43,071,711.                     | 27  | -4,112,783.                           |
| Bal                         | 28  |  |            | ·····                 | 114,537,990.                    | 28  | 15,640,467.                           |
| pu                          | 29  |  |            |                       | 164,254,737.                    | 29  | 277,794,790.                          |
| Ŀ                           |     | Organizations that do not follow SFAS 117 (AS        | SC 958)    | , cneck here 🕨 🛄      |                                 |     |                                       |
| s or                        |     | and complete lines 30 through 34.                    |            |                       |                                 | 00  |                                       |
| set                         | 30  | Capital stock or trust principal, or current funds   |            |                       |                                 | 30  | ·                                     |
| Net Assets or Fund Balances | 31  | Paid-in or capital surplus, or land, building, or eq |            |                       |                                 | 31  | · · · · · · · · · · · · · · · · · · · |
| Vet                         | 32  | Retained earnings, endowment, accumulated inc        |            |                       | 321 861 120                     | 32  | 289 322 474                           |
| -                           | 33  | Total net assets or fund balances                    |            |                       | 321,864,438.                    | 33  | 289,322,474.                          |

SAN FRANCISCO SYMPHONY

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

94 - 1156284

Page **11** 

Form 990 (2018) Part X Balance Sheet

| Form | 990 (2018) SAN FRANCISCO SYMPHONY   | 94-11562  | 84       | Pad   | <sub>ge</sub> 12 |
|------|---|-----------|----------|-------|------------------|
|      | rt XI Reconciliation of Net Assets  |           |          |       |                  |
|      | Check if Schedule O contains a response or note to any line in this Part XI   |           |          |       | X                |
|      |   |           |          |       |                  |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1         | 93,      | 634,  | 963.             |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2         | 79,      | 786,  | 312.             |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3         | 13,      | 848,  | 651.             |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                             | 4         | 321,     | 864,  | 438.             |
| 5    | Net unrealized gains (losses) on investments  | 5         | -21,     | 992,  | 193.             |
| 6    | Donated services and use of facilities  | 6         |          |       |                  |
| 7    | Investment expenses   | 7         |          |       |                  |
| 8    | Prior period adjustments  | 8         | -1,      | 839,  | 685.             |
| 9    | Other changes in net assets or fund balances (explain in Schedule O)  | 9         | -22,     | 558,  | 737.             |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,                    |           |          |       |                  |
|      | column (B))   | 10        | 289,     | 322,  | 474.             |
| Pa   | rt XII Financial Statements and Reporting   |           |          |       |                  |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |           | <u>.</u> |       | X                |
|      |   |           |          | Yes   | No               |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other  |           |          |       |                  |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule        | 0.        |          |       |                  |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |           | 2a       |       | x                |
|      | 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?                                    |           | 2b       | Х     |                  |
|      | 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:  |           |          |       |                  |
|      | X Separate basis Consolidated basis Both consolidated and separate basis  |           |          |       |                  |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the    | e audit,  |          |       |                  |
|      | review, or compilation of its financial statements and selection of an independent accountant?                        |           | 2c       | Х     |                  |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Sche    | dule O.   |          |       |                  |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin   | gle Audit |          |       |                  |
|      | Act and OMB Circular A-133?   |           | 3a       |       | X                |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | red audit |          |       |                  |
|      | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                              |           | 3b       |       |                  |
|      |   |           | Голт     | agn / | (0010)           |

Form **990** (2018)

| SCI | IED | ULE | Α |
|-----|-----|-----|---|
|-----|-----|-----|---|

Department of the Treasury

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

| OMB No. 1545-0047 |
|-------------------|
| 2018              |
| Open to Public    |

| Intern | al Rever  | nue Service   |                        | Go to www.irs.go       | v/Form990 for instruction                              | ons and th       | ne latest ir                      | nformation.                      |               | Inspection               |  |
|--------|-----------|---|------------------------|------------------------|--|------------------|-----------------------------------|----------------------------------|---------------|--------------------------|--|
| Nan    | ne of t   | the organizati  | on                     | Em                     |  |                  |                                   |                                  |               | identification number    |  |
| _      |           |   |                        | ANCISCO SYMPHO         |  |                  |                                   |                                  |               | 94-1156284               |  |
| Ра     | rt I      | Reason  | for Public C           | Charity Status         | (All organizations must co                             | omplete th       | is part.) Se                      | e instructions                   | 3.            |                          |  |
| The    | organ     | ization is not a  | a private found        | ation because it is:   | (For lines 1 through 12, c                             | heck only        | one box.)                         |                                  |               |                          |  |
| 1      |           | A church, co  | nvention of chu        | urches, or associati   | on of churches described                               | in sectio        | on 170(b)(1                       | I)(A)(i).                        |               |                          |  |
| 2      |           | A school des  | cribed in <b>secti</b> | ion 170(b)(1)(A)(ii).  | (Attach Schedule E (Forn                               | n 990 or 99      | 90-EZ).)                          |                                  |               |                          |  |
| 3      |           | A hospital or   | a cooperative          | hospital service org   | anization described in se                              | ection 170       | )(b)(1)(A)(ii                     | ii).                             |               |                          |  |
| 4      |           | A medical res   | search organiza        | ation operated in co   | onjunction with a hospital                             | described        | in sectio                         | n 170(b)(1)(A                    | )(iii). Enter | the hospital's name,     |  |
|        |           | city, and stat  | e:                     |                        |  |                  |                                   |                                  |               |                          |  |
| 5      |           | An organizat  | ion operated fo        | or the benefit of a co | ollege or university owned                             | l or operat      | ed by a go                        | vernmental u                     | nit describe  | ed in                    |  |
|        |           | section 170(b)(1)(A)(iv). (Complete Part II.)   |                        |                        |  |                  |                                   |                                  |               |                          |  |
| 6      |           | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  |                        |                        |  |                  |                                   |                                  |               |                          |  |
| 7      | X         |   |                        |                        |  |                  |                                   |                                  |               |                          |  |
|        |           | -   |                        | omplete Part II.)      |  | °,               |                                   |                                  | •             |                          |  |
| 8      |           |   |                        |                        | )(1)(A)(vi). (Complete Par                             | t II.)           |                                   |                                  |               |                          |  |
| 9      | $\square$ | -   |                        |                        | l in section 170(b)(1)(A)(                             |                  | ed in coniu                       | unction with a                   | land-grant    | college                  |  |
|        |           | -   | -                      |                        | culture (see instructions).                            |                  |                                   |                                  | -             | -                        |  |
|        |           | university:   | er a nornana g         | , and conego of agin   |  |                  |                                   | , and claire er                  | ine eenege    |                          |  |
| 10     |           |   | ion that normal        | lly receives: (1) more | e than 33 1/3% of its sup                              | ort from a       | contributio                       | ns memberst                      | nin fees an   | d gross receipts from    |  |
|        |           |   |                        |                        |  |                  |                                   |                                  |               |                          |  |
|        |           | activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. |                        |                        |  |                  |                                   |                                  |               |                          |  |
|        |           |   |                        | mplete Part III.)      |  |                  | 500 2040                          |                                  | Janization a  |                          |  |
| 11     |           |   |                        | -                      | sively to test for public sa                           | fotu Soo         | saction 5(                        | 10(2)(4)                         |               |                          |  |
| 12     | $\square$ | 0   | •                      | •                      | sively for the benefit of, to                          |                  |                                   |                                  | rny out tho   | purposes of one or       |  |
| 12     |           | -   | -                      | -                      | ed in section 509(a)(1)                                | -                |                                   |                                  | •             |                          |  |
|        |           |   |                        | -                      |  |                  |                                   |                                  |               |                          |  |
| _      |           | 7   | -                      | • •                    | of supporting organization                             |                  | -                                 |                                  | -             | airtina                  |  |
| а      |           |   |                        | -                      | supervised, or controlled                              | • • • •          | -                                 |                                  |               |                          |  |
|        |           |   | -                      |                        | egularly appoint or elect a                            | majority c       | of the aired                      | ctors or truste                  | es of the su  | ipporting                |  |
|        |           | ¬ ~   |                        | omplete Part IV, S     |  |                  |                                   |                                  |               |                          |  |
| b      |           |   |                        | -                      | d or controlled in connect                             |                  |                                   | -                                |               | -                        |  |
|        |           |   | -                      |                        | anization vested in the s                              | ame perso        | ns that co                        | ntrol or manag                   | ge the supp   | oorted                   |  |
|        | _         | ¬ ~   |                        | -                      | , Sections A and C.                                    |                  |                                   |                                  |               |                          |  |
| С      |           |   | -                      |                        | ng organization operated                               |                  |                                   |                                  | ly integrate  | ed with,                 |  |
|        |           |   | •                      |                        | s). You must complete I                                |                  |                                   |                                  |               |                          |  |
| d      |           | Type III no   | n-functionally         | integrated. A sup      | porting organization oper                              | ated in co       | nnection v                        | vith its suppor                  | ted organiz   | zation(s)                |  |
|        |           |   | -                      |                        | zation generally must sat                              | -                |                                   | -                                | an attentiv   | /eness                   |  |
|        |           | requiremer  | nt (see instructi      | ons). You must co      | mplete Part IV, Sections                               | A and D,         | and Part                          | V.                               |               |                          |  |
| е      |           |   | •                      |                        | written determination fro                              |                  |                                   | Туре I, Туре                     | II, Type III  |                          |  |
|        |           | functionally  | / integrated, or       | Type III non-functio   | onally integrated supporti                             | ng organiz       | ation.                            |                                  |               |                          |  |
| f      | Ente      | er the number   | of supported o         | organizations          |  |                  |                                   |                                  |               |                          |  |
| g      |           |   |                        | about the support      |  | (iv) is the ora: | nization listed                   |                                  |               |                          |  |
|        | (         | i) Name of supp   |                        | (ii) EIN               | (iii) Type of organization<br>(described on lines 1-10 | in your governi  | anization listed<br>ing document? | (v) Amount of<br>support (see ir | -             | (vi) Amount of other     |  |
|        |           | organizatior  | 1                      |                        | above (see instructions))                              | Yes              | No                                | support (see in                  | istructions)  | support (see instruction |  |
|        |           |   |                        |                        |  |                  |                                   |                                  |               |                          |  |
|        |           |   |                        |                        |  |                  |                                   |                                  |               |                          |  |
|        |           |   |                        |                        |  |                  |                                   |                                  |               |                          |  |
|        |           |   |                        |                        |  |                  |                                   |                                  |               |                          |  |
|        |           |   |                        |                        |  |                  |                                   |                                  |               |                          |  |
|        |           |   |                        |                        |  |                  |                                   |                                  |               |                          |  |
|        |           |   |                        |                        |  |                  |                                   |                                  |               |                          |  |
|        |           |   |                        |                        |  |                  |                                   |                                  |               |                          |  |
|        |           |   |                        |                        |  |                  |                                   |                                  |               |                          |  |
|        |           |   |                        |                        |  |                  |                                   |                                  |               |                          |  |
| Tota   | al        |   |                        |                        |  |                  |                                   |                                  |               |                          |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 16

#### Schedule A (Form 990 or 990-EZ) 2018 SAN FRANCISCO SYMPHONY

94-1156284

Page 2

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.)

| See  | ction A. Public Support                      |                      |                      |                        |                     |                    |              |
|------|--|----------------------|----------------------|------------------------|---------------------|--------------------|--------------|
|      | ndar year (or fiscal year beginning in) 🕨    | <b>(a)</b> 2014      | <b>(b)</b> 2015      | (c) 2016               | (d) 2017            | <b>(e)</b> 2018    | (f) Total    |
|      | Gifts, grants, contributions, and            |                      |                      |                        | \$ <i>4</i>         |                    |              |
|      | 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. |
| 2    | Tax revenues levied for the organ-           |                      |                      |                        |                     |                    |              |
|      | ization's benefit and either paid to         |                      |                      |                        |                     |                    |              |
|      | or expended on its behalf                    |                      |                      |                        |                     |                    |              |
| 3    | The value of services or facilities          |                      |                      |                        |                     |                    |              |
|      | furnished by a governmental unit to          |                      |                      |                        |                     |                    |              |
|      | the organization without charge              |                      |                      |                        |                     |                    |              |
| 4    | Total. Add lines 1 through 3                 | 31,646,868.          | 31,602,376.          | 29,263,278.            | 41,942,469.         | 42,113,427.        | 176,568,418. |
| 5    | The portion of total contributions           |                      |                      |                        |                     |                    |              |
|      | by each person (other than a                 |                      |                      |                        |                     |                    |              |
|      | governmental unit or publicly                |                      |                      |                        |                     |                    |              |
|      | supported organization) included             |                      |                      |                        |                     |                    |              |
|      | on line 1 that exceeds 2% of the             |                      |                      |                        |                     |                    |              |
|      | amount shown on line 11,                     |                      |                      |                        |                     |                    |              |
|      | column (f)                                   |                      |                      |                        |                     |                    | 30,174,043.  |
| 6    | Public support. Subtract line 5 from line 4. |                      |                      |                        |                     |                    | 146,394,375. |
| See  | ction B. Total Support                       |                      |                      |                        |                     |                    | •            |
| Cale | ndar year (or fiscal year beginning in) 🕨    | <b>(a)</b> 2014      | <b>(b)</b> 2015      | (c) 2016               | <b>(d)</b> 2017     | <b>(e)</b> 2018    | (f) Total    |
| 7    | Amounts from line 4                          | 31,646,868.          | 31,602,376.          | 29,263,278.            | 41,942,469.         | 42,113,427.        | 176,568,418. |
|      | 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.  |
| 9    | 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.   |
| 10   | 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.   |
| 11   | <b>Total support.</b> Add lines 7 through 10 |                      |                      |                        |                     |                    | 206,441,128. |
|      | Gross receipts from related activities,      | etc. (see instructio | ns)                  |                        |                     | 12                 | 152,932,436. |
|      | First five years. If the Form 990 is for     |                      |                      | l, fourth, or fifth ta | x year as a section | 501(c)(3)          |              |
|      | organization, check this box and <b>stop</b> | here                 |                      |                        | -                   |                    |              |
| See  | ction C. Computation of Public               | c Support Per        | centage              |                        |                     |                    |              |
| 14   | Public support percentage for 2018 (li       | ne 6, column (f) div | /ided by line 11, co | olumn (f))             |                     | 14                 | 70.91 %      |
| 15   | Public support percentage from 2017          | Schedule A, Part I   | I, line 14           |                        |                     | 15                 | 62.89 %      |
| 16a  | 33 1/3% support test - 2018. If the c        |                      |                      |                        |                     | ore, check this bo | x and        |
|      | stop here. The organization qualifies        |                      |                      |                        |                     |                    |              |
| b    | 33 1/3% support test - 2017. If the c        |                      |                      |                        |                     |                    |              |
|      | and stop here. The organization quali        |                      |                      |                        |                     |                    |              |
| 17a  | 10% -facts-and-circumstances test            |                      |                      |                        |                     |                    |              |
|      | and if the organization meets the "fact      |                      |                      |                        |                     |                    |              |
|      | meets the "facts-and-circumstances"          | test. The organizat  | ion qualifies as a p | ublicly supported      | organization        |                    |              |
| b    | 10% -facts-and-circumstances test            |                      |                      |                        |                     |                    |              |
|      | more, and if the organization meets th       | -                    |                      |                        |                     |                    |              |
|      | organization meets the "facts-and-circ       | umstances" test. 1   | The organization qu  | ualifies as a public   | y supported orgar   | nization           |              |
| 18   | Private foundation. If the organizatio       |                      |                      | -                      |                     |                    | s ►          |
|      |  |                      |                      |                        |                     |                    |              |

832022 10-11-18

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

94-1156284 Page 3

(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.)

| Sec      | ction A. Public Support  |                     |                      |                        |                     |                  |                     |
|----------|--|---------------------|----------------------|------------------------|---------------------|------------------|---------------------|
| Cale     | ndar year (or fiscal year beginning in) 🕨  | (a) 2014            | <b>(b)</b> 2015      | (c) 2016               | (d) 2017            | (e) 2018         | (f) Total           |
| 1        | Gifts, grants, contributions, and  |                     |                      |                        |                     |                  |                     |
|          | membership fees received. (Do not  |                     |                      |                        |                     |                  |                     |
|          | include any "unusual grants.")   |                     |                      |                        |                     |                  |                     |
| 2        | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                     |                      |                        |                     |                  |                     |
| 3        | Gross receipts from activities that are not an unrelated trade or bus-   |                     |                      |                        |                     |                  |                     |
|          | iness under section 513  |                     |                      |                        |                     |                  |                     |
| 4        | Tax revenues levied for the organ-<br>ization's benefit and either paid to   |                     |                      |                        |                     |                  |                     |
|          | or expended on its behalf  |                     |                      |                        |                     |                  |                     |
| 5        | The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge  |                     |                      |                        |                     |                  |                     |
| 6        | Total. Add lines 1 through 5   |                     |                      |                        |                     |                  |                     |
|          | Amounts included on lines 1, 2, and<br>3 received from disgualified persons  |                     |                      |                        |                     |                  |                     |
|          | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                     |                      |                        |                     |                  |                     |
| c        | Add lines 7a and 7b  |                     |                      |                        |                     |                  |                     |
| 8<br>Sec | Public support. (Subtract line 7c from line 6.)  |                     |                      |                        |                     |                  |                     |
|          | ndar year (or fiscal year beginning in) 🕨  | (a) 2014            | <b>(b)</b> 2015      | (c) 2016               | (d) 2017            | (e) 2018         | (f) Total           |
|          | Amounts from line 6  |                     |                      |                        |                     |                  |                     |
| 10a      | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources   |                     |                      |                        |                     |                  |                     |
| b        | Unrelated business taxable income  |                     |                      |                        |                     |                  |                     |
|          | (less section 511 taxes) from businesses   |                     |                      |                        |                     |                  |                     |
|          | acquired after June 30, 1975   |                     |                      |                        |                     |                  |                     |
| c        | Add lines 10a and 10b  |                     |                      |                        |                     |                  |                     |
| 11       | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on   |                     |                      |                        |                     |                  |                     |
| 12       | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)  |                     |                      |                        |                     |                  |                     |
| 13       | Total support. (Add lines 9, 10c, 11, and 12.)   |                     |                      |                        |                     |                  |                     |
| 14       | First five years. If the Form 990 is for   | r the organization' | s first, second, thi | rd, fourth, or fifth t | ax year as a sectio | n 501(c)(3) orga | nization,           |
|          | check this box and stop here   |                     |                      |                        |                     |                  |                     |
| Sec      | ction C. Computation of Publi  | c Support Per       | rcentage             |                        |                     | <u> </u>         |                     |
|          | Public support percentage for 2018 (I  |                     |                      | column (f))            |                     | 15               | %                   |
|          | Public support percentage from 2017  |                     |                      |                        |                     | 16               | %                   |
|          | ction D. Computation of Inves  |                     |                      |                        |                     |                  |                     |
| 17       | Investment income percentage for 20  |                     |                      | ine 13, column (f))    |                     | 17               | %                   |
| 18       |  |                     |                      |                        |                     | 18               | %                   |
| 19a      | <b>33 1/3% support tests - 2018.</b> If the  |                     |                      |                        |                     |                  | e 17 is not         |
| -        | more than 33 1/3%, check this box ar   |                     | •                    | •                      | ••••••              |                  | ▶∟                  |
| b        | <b>33 1/3% support tests - 2017.</b> If the  |                     |                      |                        |                     |                  |                     |
| ~~       | line 18 is not more than 33 1/3%, che  |                     |                      |                        |                     |                  |                     |
|          | Private foundation. If the organization  | n ala not check a   | box on line 14, 19   | a, or 19b, check t     |                     |                  |                     |
| 83202    | 23 10-11-18  |                     | 1 9                  | 2                      | Sch                 | ieaule A (Form   | 990 or 990-EZ) 2018 |

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

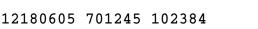
#### Part IV Supporting Organizations

(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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

832024 10-11-18



Schedule A (Form 990 or 990-EZ) 2018

19 2018.05091 SAN FRANCISCO SYMPHONY

94-1156284 Page 5

|        |   |          | Yes    | No   |
|--------|---|----------|--------|------|
| 11     | Has the organization accepted a gift or contribution from any of the following persons?   |          | 100    |      |
|        | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)  |          |        |      |
| u      | below, the governing body of a supported organization?  | 11a      |        |      |
| h      | A family member of a person described in (a) above?   | 11b      |        |      |
|        | A 35% controlled entity of a person described in (a) above? If "Yes" to a. b. or c. provide detail in <b>Part VI.</b>   | 11c      |        |      |
|        | tion B. Type I Supporting Organizations   | TIC      |        |      |
| 000    |   |          | Vac    | Ne   |
|        | Did the divertage two tags or membership of one or more supported examinations have the neuror to   |          | Yes    | No   |
| 1      | Did the directors, trustees, or membership of one or more supported organizations have the power to   |          |        |      |
|        | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the  |          |        |      |
|        | tax year? 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.  | 1        |        |      |
| 2      | Did the organization operate for the benefit of any supported organization other than the supported   |          |        |      |
|        | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in  |          |        |      |
|        | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   |          |        |      |
|        | supervised, or controlled the supporting organization.  | 2        |        |      |
| Sec    | tion C. Type II Supporting Organizations  |          |        |      |
|        |   |          | Yes    | No   |
| 1      | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors  |          |        |      |
|        | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control   |          |        |      |
|        | or management of the supporting organization was vested in the same persons that controlled or managed  |          |        |      |
|        | the supported organization(s).  | 1        |        |      |
| Sec    | tion D. All Type III Supporting Organizations   |          |        |      |
|        |   |          | Yes    | No   |
| 1      | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the  |          |        |      |
|        | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax   |          |        |      |
|        | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the  |          |        |      |
|        | organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1        |        |      |
| 2      | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported  |          |        |      |
|        | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how  |          |        |      |
|        | the organization maintained a close and continuous working relationship with the supported organization(s).   | 2        |        |      |
| 3      | By reason of the relationship described 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? If "Yes," describe in <b>Part VI</b> the role the organization's   |          |        |      |
|        | supported organizations played in this regard.  | 3        |        |      |
| Sec    | tion E. Type III Functionally Integrated Supporting Organizations   |          |        |      |
|        |   |          |        |      |
| 1      | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).   |          |        |      |
| a<br>h |   |          |        |      |
| b      | The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>  |          |        |      |
| c      | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instruction of the local section of the l | uctions) |        | Na   |
| 2      | Activities Test. Answer (a) and (b) below.  |          | Yes    | No   |
| а      | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of  |          |        |      |
|        | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify  |          |        |      |
|        | those supported organizations and explain how these activities directly furthered their exempt purposes,  |          |        |      |
|        | how the organization was responsive to those supported organizations, and how the organization determined   |          |        |      |
|        | that these activities constituted substantially all of its activities.  | 2a       |        |      |
| 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? 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.  | 2b       |        |      |
| 3      | Parent of Supported Organizations. Answer (a) and (b) below.  |          |        |      |
| а      | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or   |          |        |      |
|        | trustees of each of the supported organizations? Provide details in Part VI.  | 3a       |        |      |
| b      | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each   |          |        |      |
|        | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.   | 3b       |        |      |
| 832025 | 5 10-11-18 Schedule A (Form 9   | 90 or 99 | )0-EZ) | 2018 |

20

2018.05091 SAN FRANCISCO SYMPHONY 102384\_1

Schedule A (Form 990 or 990-EZ) 2018 SAN FRANCISCO SYMPHONY Page 6 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) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 **3** Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 7

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-EZ) 2018

94-1156284

832026 10-11-18

| Pa       | rt V Type III Non-Functionally Integrated 509(                  | (a)(3) Supporting Orga        | nizations (continued)                  | r ugo r                                   |
|----------|---|-------------------------------|--|---|
| Sect     | ion D - Distributions   |                               |  | Current Year                              |
| 1        | Amounts paid to supported organizations to accomplish exer      | mpt purposes                  |  |   |
| 2        | Amounts paid to perform activity that directly furthers exemp   |                               |  |   |
|          | organizations, in excess of income from activity                |                               |  |   |
| 3        | Administrative expenses paid to accomplish exempt purpose       | 3                             |  |   |
| 4        | Amounts paid to acquire exempt-use assets                       |                               |  |   |
| 5        | Qualified set-aside amounts (prior IRS approval required)       |                               |  |   |
| 6        | Other distributions (describe in Part VI). See instructions.    |                               |  |   |
| 7        | Total annual distributions. Add lines 1 through 6.              |                               |  |   |
| 8        | Distributions to attentive supported organizations to which the | ne organization is responsive |  |   |
|          | (provide details in Part VI). See instructions.                 |                               |  |   |
| 9        | Distributable amount for 2018 from Section C, line 6            |                               |  |   |
| 10       | Line 8 amount divided by line 9 amount                          | 1                             |  |   |
| Sect     | ion E - Distribution Allocations (see instructions)             | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
| 1        | Distributable amount for 2018 from Section C, line 6            |                               |  |   |
| 2        | Underdistributions, if any, for years prior to 2018 (reason-    |                               |  |   |
|          | able cause required- explain in Part VI). See instructions.     |                               |  |   |
| 3        | Excess distributions carryover, if any, to 2018                 |                               |  |   |
| a        | From 2013   |                               |  |   |
| b        | From 2014   |                               |  |   |
| C        | From 2015   |                               |  |   |
| d        | From 2016   |                               |  |   |
| e        | From 2017   |                               |  |   |
| f        | Total of lines 3a through e                                     |                               |  |   |
| <u> </u> | Applied to underdistributions of prior years                    |                               |  |   |
| h        | Applied to 2018 distributable amount                            |                               |  |   |
| <u>i</u> | Carryover from 2013 not applied (see instructions)              |                               |  |   |
| j        | Remainder. Subtract lines 3g, 3h, and 3i from 3f.               |                               |  |   |
| 4        | Distributions for 2018 from Section D,<br>line 7: \$            |                               |  |   |
| а        | Applied to underdistributions of prior years                    |                               |  |   |
|          | Applied to 2018 distributable amount                            |                               |  |   |
| с        | Remainder. Subtract lines 4a and 4b from 4.                     |                               |  |   |
| 5        | 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.         |                               |  |   |
| 6        | Remaining underdistributions for 2018. Subtract lines 3h        |                               |  |   |
|          | and 4b from line 1. For result greater than zero, explain in    |                               |  |   |
|          | Part VI. See instructions.                                      |                               |  |   |
| 7        | Excess distributions carryover to 2019. Add lines 3j            |                               |  |   |
|          | and 4c.   |                               |  |   |
| 8        | Breakdown of line 7:  |                               |  |   |
| a        | Excess from 2014  |                               |  |   |
| b        | Excess from 2015  |                               |  |   |
| C        | Excess from 2016  |                               |  |   |
| d        | Excess from 2017  |                               |  |   |
| e        | Excess from 2018  |                               |  | Form 990 or 990 EZ) 2018                  |

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

| 94-1156284 | Page 8 |
|------------|--------|
|------------|--------|

| Schedule A | (Form 990 or 990-EZ) 2018 SAN FRANCISCO SYMPHONY  | 94-1156284   | Page 8 |
|------------|---|--|--------|
| Part VI    | <b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a c<br>Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines<br>line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part<br>Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additio<br>(See instructions.) | or 17b; Part III, line 12;<br>1 and 2; Part IV, Sectio<br>V, Section B, line 1e; F | on C,  |
|            |   |  |        |
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### **Schedule B**

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

## 2018

Employer identification number

| 9 | 4 | _ | 1 | 1 | 5 | 6 | 2 | 8 | 4 |
|---|---|---|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |   |   |   |

| SAN FRANCISCO S | YMPHONY |
|-----------------|---------|
|-----------------|---------|

| Filers of:         | Section:   |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)( <sup>3</sup> ) (enter number) organization                             |
|                    | 4947(a)(1) nonexempt charitable trust <b>not</b> 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 for an *exclusively* set is the set in the parts when 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 for an *exclusively* set is the set in the parts when the parts unless the total contributions totaling the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts when the p

**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).

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

| Schedule B | (Form | 990, | 990-EZ, | or 990-PF) | (2018) |
|------------|-------|------|---------|------------|--------|
|------------|-------|------|---------|------------|--------|

Name of organization

SAN FRANCISCO SYMPHONY

Page **2** Employer identification number

94-1156284

| Part I     | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed. |                            |  |  |  |
|------------|---|----------------------------|--|--|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |
| 1          |   | \$6,008,667.               | Person     X       Payroll     Image: Complete Part II for noncash contributions.) |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |
| 2          |   | \$3,478,883.               | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |
| 3          |   | \$3,021,312.               | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |
| 4          |   | \$3,000,000.               | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |
| 5          |   | \$3,000,000.               | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |
| 6          |   | \$2,000,000.               | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |  |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

12180605 701245 102384

26 2018.05091 SAN FRANCISCO SYMPHONY

102384\_1

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

SAN FRANCISCO SYMPHONY

94-1156284

| Part I     | <b>t</b> I <b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed. |                            |  |  |  |  |
|------------|--|----------------------------|--|--|--|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |  |
| 7          |  | \$1,003,738.               | Person Payroll Noncash X<br>(Complete Part II for noncash contributions.)        |  |  |  |
| (a)        | (b)  | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |  |
|            | Name, address, and ZIP + 4   | \$                         | Person Payroll Oncash Occurrent II for noncash contributions.)                   |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |  |
|            |  | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |  |
|            |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)             |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |  |
|            |  | \$                         | Person Payroll Oncash Occurrence (Complete Part II for noncash contributions.)   |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |  |  |  |
|            |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)             |  |  |  |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

12180605 701245 102384

27 102384\_1 2018.05091 SAN FRANCISCO SYMPHONY

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

Page 3

SAN FRANCISCO SYMPHONY

94-1156284

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Pa | art II if additional space is needed.           |                      |
|------------------------------|---|---|----------------------|
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              | 925 SHARES ALPHABET INC. (GOOGLE)                               |   |                      |
| 7                            |   |   |                      |
|                              |   | \$\$  | 11/09/18             |
| (a)<br>No.                   | (b)   | (c)   | (d)                  |
| from                         | Description of noncash property given                           | FMV (or estimate)<br>(See instructions.)        | Date received        |
| Part I                       |   |   |                      |
|                              |   |   |                      |
|                              |   | \$  |                      |
| (a)                          |   | (c)   |                      |
| No.<br>from                  | (b)<br>Description of noncash property given                    | FMV (or estimate)<br>(See instructions.)        | (d)<br>Date received |
| Part I                       |   |   |                      |
|                              |   |   |                      |
|                              |   | \$  |                      |
| (a)                          |   | (c)   |                      |
| No.<br>from                  | (b)<br>Description of noncash property given                    | FMV (or estimate)<br>(See instructions.)        | (d)<br>Date received |
| Part I                       |   |   |                      |
|                              |   |   |                      |
|                              |   | \$  |                      |
| (a)                          |   | (c)   |                      |
| No.<br>from                  | (b)<br>Description of noncash property given                    | FMV (or estimate)<br>(See instructions.)        | (d)<br>Date received |
| Part I                       |   |   |                      |
|                              |   |   |                      |
|                              |   | \$  |                      |
| (a)                          |   | (c)   |                      |
| No.<br>from                  | (b)<br>Description of noncash property given                    | FMV (or estimate)                               | (d)<br>Date received |
| Part I                       |   | (See instructions.)                             |                      |
|                              |   |   |                      |
|                              |   | \$  |                      |

28

#### 12180605 701245 102384

2018.05091 SAN FRANCISCO SYMPHONY

Page **4** 

| ame of orgai                 | nization                                      |   | Employer identification number  |  |  |
|------------------------------|---|---|---|--|--|
|                              | SCO SYMPHONY                                  |   | 94-1156284  |  |  |
| f                            | rom any one contributor. Complete columns (a) | through (e) and the following line entry<br>haritable, etc., contributions of \$1,000 or le | tion 501(c)(7), (8), or (10) that total more than \$1,000 for the ye<br>/. For organizations<br>ss for the year. (Enter this info. once.)<br>\$ |  |  |
| a) No.<br>from<br>Part I     | (b) Purpose of gift                           | (c) Use of gift   | (d) Description of how gift is held   |  |  |
|                              | Transferee's name, address, an                | (e) Transfer of gift  | Relationship of transferor to transferee  |  |  |
| -                            |   |   | ·   |  |  |
| a) No.<br>from<br>Part I<br> | (b) Purpose of gift                           | (c) Use of gift   | (d) Description of how gift is held   |  |  |
| -                            | Transferee's name, address, an                | (e) Transfer of gift<br>d ZIP + 4   | Relationship of transferor to transferee  |  |  |
| i) No.<br>From<br>Part I     | (b) Purpose of gift                           | (c) Use of gift   | (d) Description of how gift is held   |  |  |
|                              | Transferee's name, address, an                | (e) Transfer of gift<br>d ZIP + 4   | Relationship of transferor to transferee  |  |  |
| -                            |   |   |   |  |  |
| ) No.<br>rom<br>art I        | (b) Purpose of gift                           | (c) Use of gift   | (d) Description of how gift is held   |  |  |
|                              | (e) Transfer of gift                          |   |   |  |  |
| -                            | Transferee's name, address, an                | d ZIP + 4   | Relationship of transferor to transferee  |  |  |
| 454 11-08-18                 |   |   | Schedule B (Form 990, 990-EZ, or 990-PF) (2   |  |  |

29

2018.05091 SAN FRANCISCO SYMPHONY 102384\_1

#### SCHEDULE C

#### (Form 990 or 990-EZ)

### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2018 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

| Nar | ne of orgai        | nization                     |  |                          | Emplo                        | over identification number                    |
|-----|--------------------|------------------------------|--|--------------------------|------------------------------|---|
|     |                    |                              | SCO SYMPHONY                             |                          |                              | 94-1156284                                    |
| Pa  | art I-A            | Complete if the org          | anization is exempt under                | section 501(c) or        | r is a section 527 org       | ganization.                                   |
|     |                    |                              |  |                          |                              |   |
| 1   | Provide a          | a description of the organiz | ation's direct and indirect political    | campaign activities in   | Part IV.                     |   |
| 2   | Political          | campaign activity expendit   | ures                                     |                          | ▶\$                          |   |
| 3   | Voluntee           | r hours for political campai | gn activities                            |                          |                              |   |
|     |                    |                              |  |                          |                              |   |
| Pa  | art I-B            | Complete if the org          | anization 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        |                          |                              |   |
| 3   | If the org         | anization incurred a sectio  | n 4955 tax, did it file Form 4720 fo     | r this year?             |                              | Yes No  |
| 4a  | a Was a co         | prrection made?              |  |                          |                              | Yes No  |
|     | <b>b</b> If "Yes," | describe in Part IV.         |  |                          |                              |   |
| Pa  | art I-C            | Complete if the org          | anization is exempt under                | section 501(c), e        | except section 501(c)        | (3).  |
| 1   | Enter the          | amount directly expended     | d by the filing organization for section | on 527 exempt functio    | on activities                |   |
| 2   | Enter the          | amount of the filing organ   | ization's funds contributed to othe      | r organizations for sec  | tion 527                     |   |
|     | exempt f           | unction activities           |  | -                        | ▶\$                          |   |
| 3   |                    |                              | . Add lines 1 and 2. Enter here and      |                          |                              |   |
|     |                    |                              |  |                          | ▶\$                          |   |
| 4   | Did the fi         | ling organization file Form  | 1120-POL for this year?                  |                          |                              | Yes No  |
| 5   |                    |                              | nployer identification number (EIN)      |                          |                              |   |
|     | made pa            | yments. For each organiza    | tion listed, enter the amount paid f     | rom the filing organiza  | tion's funds. Also enter the | amount of political                           |
|     | contribut          | ions received that were pro  | omptly and directly delivered to a s     | eparate political organ  | ization, such as a separate  | e segregated fund or a                        |
|     | political a        | action committee (PAC). If   | additional space is needed, provide      | e information in Part IV | Ι.                           |   |
|     |                    | (a) Name                     | (b) Address                              | (c) EIN                  | (d) Amount paid from         | (e) Amount of political                       |
|     |                    |                              |  |                          | filing organization's        | contributions received and                    |
|     |                    |                              |  |                          | funds. If none, enter -0     | promptly and directly delivered to a separate |
|     |                    |                              |  |                          |                              | political organization.                       |
|     |                    |                              |  |                          |                              | If none, enter -0                             |
|     |                    |                              |  |                          |                              |   |

832041 11-08-18

| Schedule C | (Form 990 or 990-EZ | 2018 SAN | FRANCISCO | SYMPHONY |
|------------|---------------------|----------|-----------|----------|
|            |                     |          |           |          |

| Part II-A Complete if the organizatio section 501(h)). | n is exempt under section 501(c)(3) and file  | d Form 5768 (ele                              | ction under                        |
|--|---|---|------------------------------------|
| expenses, and share of exces                           | gs to an affiliated group (and list in Part IV each affiliated g<br>s lobbying expenditures).<br>ed box A and "limited control" provisions apply. | group member's name                           | , address, EIN,                    |
|  | oying Expenditures<br>eans amounts paid or incurred.)   | <b>(a)</b> Filing<br>organization's<br>totals | <b>(b)</b> Affiliated group totals |
| 1a Total lobbying expenditures to influence publ       | ic opinion (grass roots lobbying)   |   |                                    |
| b Total lobbying expenditures to influence a leg       | islative body (direct lobbying)   | 49,400.                                       |                                    |
| c Total lobbying expenditures (add lines 1a and        | l 1b)   | 49,400.                                       |                                    |
|  |   | 79,736,912.                                   |                                    |
| e Total exempt purpose expenditures (add lines         | s 1c and 1d)  | 79,786,312.                                   |                                    |
| f _Lobbying nontaxable amount. Enter the amou          | unt from the following table in both columns.   | 1,000,000.                                    |                                    |
| If the amount on line 1e, column (a) or (b) is:        | The lobbying nontaxable amount is:  |   |                                    |
| Not over \$500,000                                     | 20% of the amount on line 1e.   |   |                                    |
| Over \$500,000 but not over \$1,000,000                | \$100,000 plus 15% of the excess over \$500,000.  |   |                                    |
| Over \$1,000,000 but not over \$1,500,000              | \$175,000 plus 10% of the excess over \$1,000,000.  |   |                                    |
| Over \$1,500,000 but not over \$17,000,000             | \$225,000 plus 5% of the excess over \$1,500,000.   |   |                                    |
| Over \$17,000,000                                      | \$1,000,000.  |   |                                    |
| g Grassroots nontaxable amount (enter 25% of           | line 1f)  | 250,000.                                      |                                    |
| h Subtract line 1g from line 1a. If zero or less, e    | nter -0-  | 0.  |                                    |
| i Subtract line 1f from line 1c. If zero or less, er   | nter -0-  | 0.  |                                    |
| j If there is an amount other than zero on eithe       | r line 1h or line 1i, did the organization file Form 4720   |   |                                    |
| reporting section 4911 tax for this year?              |   |   | Yes No                             |
|  | 4-Year Averaging Period Under Section 501(h)  |   |                                    |

#### (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period                           |                 |                 |                 |                 |                  |
|--|-----------------|-----------------|-----------------|-----------------|------------------|
| Calendar year<br>(or fiscal year beginning in)                                 | <b>(a)</b> 2015 | <b>(b)</b> 2016 | <b>(c)</b> 2017 | <b>(d)</b> 2018 | <b>(e)</b> Total |
| 2a Lobbying nontaxable amount  | 1,000,000.      | 1,000,000.      | 1,000,000.      | 1,000,000.      | 4,000,000.       |
| <ul> <li>b Lobbying ceiling amount<br/>(150% of line 2a, column(e))</li> </ul> |                 |                 |                 |                 | 6,000,000.       |
| c Total lobbying expenditures  | 33,248.         | 36,361.         | 18,750.         | 49,400.         | 137,759.         |
| d Grassroots nontaxable amount   | 250,000.        | 250,000.        | 250,000.        | 250,000.        | 1,000,000.       |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e))                   |                 |                 |                 |                 | 1,500,000.       |
| f Grassroots lobbying expenditures   |                 |                 |                 |                 |                  |

Schedule C (Form 990 or 990-EZ) 2018

832042 11-08-18

#### 94-1156284

Page 3

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

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description |  | (a)              |             | (b)         |         |
|--|--|------------------|-------------|-------------|---------|
|  | lobbying activity.   | Yes              | No          | Amo         | ount    |
| 1<br>a   | 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: Volunteers? |                  |             |             |         |
| b  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?<br>Media advertisements?  |                  |             |             |         |
|  | Mailings to members, legislators, or the public?   |                  |             |             |         |
|  | Publications, or published or broadcast statements?  |                  |             |             |         |
| f  | Grants to other organizations for lobbying purposes?   |                  |             |             |         |
| g  | Direct contact with legislators, their staffs, government officials, or a legislative body?  |                  |             |             |         |
| h  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |                  |             |             |         |
| i  | Other activities?  |                  |             |             |         |
| j  | Total. Add lines 1c through 1i   |                  |             |             |         |
|  | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |                  |             |             |         |
|  | If "Yes," enter the amount of any tax incurred under section 4912  |                  |             |             |         |
|  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |                  |             |             |         |
| d  | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |                  |             |             |         |
| Par  | t III-A Complete if the organization is exempt under section 501(c)(4), section  | n 501(c)(5)      | , or sec    | tion        |         |
|  | 501(c)(6).   |                  |             |             |         |
|  |  |                  |             | Yes         | No      |
| 1  | Were substantially all (90% or more) dues received nondeductible by members?   |                  | . 1         |             |         |
| 2  | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |                  | 2           |             |         |
| 3  | Did the organization agree to carry over lobbying and political campaign activity expenditures from the  |                  | 3           |             |         |
| Par  | t III-B Complete if the organization is exempt under section 501(c)(4), section  |                  | -           |             |         |
|  | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."   | 'No," OR (       | b) Part     | III-A, line | e 3, is |
| 1  | Dues, assessments and similar amounts from members   |                  | 1           |             |         |
| 2  | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political  |                  |             |             |         |
| _  | expenses for which the section 527(f) tax was paid).   |                  |             |             |         |
| а  | Current year   |                  | 2a          |             |         |
|  | Carryover from last year   |                  |             |             |         |
|  | Total  |                  |             |             |         |
| 3  |  |                  |             |             |         |
| 4  | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce  |                  |             |             |         |
| -  | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po   |                  |             |             |         |
|  | expenditure next year?   |                  | 4           |             |         |
| 5  | Taxable amount of lobbying and political expenditures (see instructions)   |                  | . 5         |             |         |
| Par  |  |                  |             |             |         |
| Provi  | de 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 a | nd 2 (see   |         |

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2018

832043 11-08-18

SCHEDULE D

| (Form | 990) |
|-------|------|
|-------|------|

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Employer identification number 94 - 1156284

|        | SAN FRANCISCO SYMPHONY  |  | 94-1156284                             |
|--------|---|--|--|
| Par    | t I Organizations Maintaining Donor Advise                        | d Funds or Other Similar Funds or A                | ccounts. Complete if the               |
|        | organization answered "Yes" on Form 990, Part IV, lir             | ne 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      |  | ade .                                  |
| 5      | are the organization's property, subject to the organization's    | -  |  |
| 6      |   |  |  |
| 6      | Did the organization inform all grantees, donors, and donor a     |  |  |
|        | for charitable purposes and not for the benefit of the donor of   |  |  |
| Par    | impermissible private benefit?                                    |  |  |
|        |   |  | /, line /.                             |
| 1      | Purpose(s) of conservation easements held by the organizati       |  |  |
|        | Preservation of land for public use (e.g., recreation or e        |  |  |
|        | Protection of natural habitat                                     | Preservation of a certified I                      | nistoric structure                     |
|        | Preservation of open space  |  |  |
| 2      | Complete lines 2a through 2d if the organization held a quali     | fied conservation contribution in the form of a c  | onservation easement on the last       |
|        | day of the tax year.  |  | Held at the End of the Tax Year        |
| а      | Total number of conservation easements                            |  | 2a                                     |
| b      | Total acreage restricted by conservation easements                |  | 2b                                     |
| с      | Number of conservation easements on a certified historic str      | ucture included in (a)                             | 2c                                     |
| d      | Number of conservation easements included in (c) acquired a       | after 7/25/06, and not on a historic structure     |  |
|        | listed in the National Register                                   |  | 2d                                     |
| 3      | Number of conservation easements modified, transferred, re        |  | nization during the tax                |
|        | year 🕨  |  |  |
| 4      | Number of states where property subject to conservation ea        | sement is located                                  |  |
| 5      | Does the organization have a written policy regarding the pe      | riodic monitoring, inspection, handling of         |  |
|        | violations, and enforcement of the conservation easements i       | t holds?   | Yes No                                 |
| 6      | Staff and volunteer hours devoted to monitoring, inspecting,      | handling of violations, and enforcing conservation | ion easements during the year          |
|        | ▶   |  |  |
| 7      | Amount of expenses incurred in monitoring, inspecting, hand       | dling of violations, and enforcing conservation e  | asements during the year               |
|        | ▶\$   |  |  |
| 8      | Does each conservation easement reported on line 2(d) abov        | ve satisfy the requirements of section 170(h)(4)(E | 3)(i)                                  |
|        | and section 170(h)(4)(B)(ii)?                                     |  | Yes No                                 |
| 9      | In Part XIII, describe how the organization reports conservati    |  |  |
|        | include, if applicable, the text of the footnote to the organiza  | -  |  |
|        | conservation easements.   |  | gg                                     |
| Par    |   | f Art, Historical Treasures, or Other              | Similar Assets.                        |
|        | Complete if the organization answered "Yes" on Form               | 1 990, Part IV, line 8.                            |  |
| 1a     | If the organization elected, as permitted under SFAS 116 (AS      |  | nd balance sheet works of art.         |
|        | historical treasures, or other similar assets held for public exl |  |  |
|        | the text of the footnote to its financial statements that descri  |  |  |
| b      | If the organization elected, as permitted under SFAS 116 (AS      |  | alance sheet works of art historical   |
| D.     | treasures, or other similar assets held for public exhibition, e  |  |  |
|        |   | ducation, or research in furtherance of public se  | a vice, provide the following amounts  |
|        | relating to these items:  |  |  |
|        | (i) Revenue included on Form 990, Part VIII, line 1               |  | ► <a></a> 1/1 E00                      |
| ~      |   |  | ······································ |
| 2      | If the organization received or held works of art, historical tre |  | provide                                |
|        | the following amounts required to be reported under SFAS 1        |  |  |
| a      | Revenue included on Form 990, Part VIII, line 1                   |  |  |
|        | Assets included in Form 990, Part X                               |  |  |
|        | For Paperwork Reduction Act Notice, see the Instruction           | s for Form 990.                                    | Schedule D (Form 990) 2018             |
| 832051 | 10-29-18  |  |  |

33 2018.05091 SAN FRANCISCO SYMPHONY

| Sche     | dule D (Form 990) 2018 SAN FRANCIS  | SCO SYMPHONY                        |                         |                     |         |           | 94-115       | 6284            | Р      | Page 2   |
|----------|---|-------------------------------------|-------------------------|---------------------|---------|-----------|--------------|-----------------|--------|----------|
| Par      | t III Organizations Maintaining C   | ollections of Art                   | , Historical Tre        | easures, or Ot      | her S   | Similar   | Assets       | (contir         | nued)  |          |
| 3        | Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items   |                                     |                         |                     |         |           | 3            |                 |        |          |
|          | (check all that apply):   |                                     |                         |                     |         |           |              |                 |        |          |
| а        | X Public exhibition   | d                                   |                         | hange programs      |         |           |              |                 |        |          |
| b        | Scholarly research  | e X Other REPLICA FOR ANNUAL POSTER |                         |                     |         |           |              |                 |        |          |
| с        | X Preservation for future generations   |                                     |                         |                     |         |           |              |                 |        |          |
| 4        | Provide a description of the organization's co  | ollections and explain              | how they further the    | ne organization's e | exempt  | t purpos  | e in Part 2  | XIII.           |        |          |
| 5        | During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets  |                                     |                         |                     |         | _         |              | _               |        |          |
|          |   |                                     |                         |                     |         | Yes       | X            | No              |        |          |
| Par      | t IV Escrow and Custodial Arran   |                                     | te if the organizatio   | on answered "Yes"   | on Fo   | orm 990   | , Part IV, I | ine 9, or       |        |          |
|          | reported an amount on Form 990, Pa  |                                     |                         |                     |         |           |              |                 |        |          |
| 1a       | Is the organization an agent, trustee, custodi  |                                     |                         |                     |         |           |              | -               | _      | -        |
|          | on Form 990, Part X?  |                                     |                         |                     |         |           | L            | Yes             |        | _ No     |
| b        | If "Yes," explain the arrangement in Part XIII  | and complete the foll               | owing table:            |                     |         |           |              |                 |        |          |
|          |   |                                     |                         |                     |         |           |              | Amoun           | t      |          |
|          | Beginning balance   |                                     |                         |                     |         |           |              |                 |        |          |
|          | Additions during the year   |                                     |                         |                     |         | 1d        |              |                 |        |          |
|          | Distributions during the year       1e         Ending balance       1f  |                                     |                         |                     |         |           |              |                 |        |          |
|          | Did the organization include an amount on Fe  |                                     |                         |                     |         | <b>1f</b> |              | Yes             |        | No       |
|          | If "Yes," explain the arrangement in Part XIII.   |                                     |                         |                     | -       | •         | ····· L      | ] 163           |        |          |
| Par      |   |                                     |                         |                     |         |           |              |                 |        |          |
|          |   | (a) Current year                    | (b) Prior year          | (c) Two years bac   |         |           | ears back    | (e) Four        | vears  | back     |
| 1a       | Beginning of year balance   | 301,999,893.                        | 314,808,035.            |                     |         |           | L5,006.      |                 |        | 543.     |
|          | Contributions   | 785,026.                            | 6,910,962.              |                     |         |           |              |                 | 865,   | 945.     |
|          | Net investment earnings, gains, and losses  | 4,104,155.                          | 26,116,171.             | 36,874,16           | 7.      |           |              |                 | 729,   | 305.     |
|          | Grants or scholarships  |                                     |                         |                     |         |           |              |                 |        |          |
| е        | Other expenditures for facilities   |                                     |                         |                     |         |           |              |                 |        |          |
|          | and programs  | 26,250,126.                         | 45,835,275.             | 31,514,95           | 3.      | 17,60     | 08,054.      | 15,             | 942,   | ,177.    |
| f        | Administrative expenses   |                                     |                         |                     |         |           |              |                 |        |          |
| g        | End of year balance   | 280,638,948.                        | 301,999,893.            | 314,808,03          | 5.      | 303,91    | L6,391.      | 297,            | 415,   | ,006.    |
| 2        | Provide the estimated percentage of the curr  | ent year end balance                | e (line 1g, column (a   | )) held as:         |         |           |              |                 |        |          |
| а        | Board designated or quasi-endowment   | 2.67                                | _%                      |                     |         |           |              |                 |        |          |
| b        | Permanent endowment  97.33  | %                                   |                         |                     |         |           |              |                 |        |          |
| С        | Temporarily restricted endowment  | %                                   |                         |                     |         |           |              |                 |        |          |
|          | The percentages on lines 2a, 2b, and 2c sho   | uld equal 100%.                     |                         |                     |         |           |              |                 |        |          |
| 3a       | a Are there endowment funds not in the possession of the organization that are held and administered for the organization   |                                     |                         |                     |         |           |              |                 |        |          |
|          | by:   |                                     |                         |                     |         |           |              |                 | Yes    | No       |
|          | (i) unrelated organizations   |                                     |                         |                     |         |           |              | 3a(i)           | Х      | <u> </u> |
|          | (ii) related organizations  |                                     |                         |                     |         |           |              | 3a(ii)          |        | X        |
|          | If "Yes" on line 3a(ii), are the related organiza   |                                     |                         |                     |         |           |              | 3b              |        |          |
| 4<br>Par | Describe in Part XIII the intended uses of the           t VI         Land, Buildings, and Equipm   |                                     | vment funds.            |                     |         |           |              |                 |        |          |
| 1 41     |   |                                     | Dort IV/ line 11e 9     | Coo Form 000 Dor    | t V lin | o 10      |              |                 |        |          |
|          | 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       (b) Cost or other       (c) Accumulated       (d) Book value |                                     |                         |                     |         |           |              |                 |        |          |
|          | Description of property   | (a) Cost or of basis (investm       | • •                     | (other)             | ,       | eciation  | a            | ( <b>d)</b> Boo | k valu | le.      |
| 10       | Land  |                                     |                         |                     | 30010   | Sation    |              |                 |        |          |
|          | Land  |                                     |                         |                     |         |           |              |                 |        |          |
|          | Buildings<br>Leasehold improvements   |                                     | 19                      | ,392,716.           | 15      | 5,324,8   | 394.         | 4               | 067    | 822.     |
|          | Equipment   |                                     |                         | ,585,467.           |         | 5,440,9   |              | ,               |        | 507.     |
|          | Other   |                                     |                         |                     |         |           |              |                 |        |          |
|          | . Add lines 1a through 1e. (Column (d) must e   |                                     | ( column (R) line 1     | <i>i</i>            |         |           |              | 17              |        | 124.     |
|          |   | gear on over all                    | <u>, commune, mio r</u> |                     |         |           | Schedule     |                 |        |          |

| 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)  |                |   |
| Total (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)  |                |   |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) |                |   |

#### Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1.     | (a) Description of liability                                | (b) Book value |
|--------|---|----------------|
| (1)    | Federal income taxes  |                |
| (2)    | LIABILITES TO BENEFICIARY OF SPLIT INT. AGREEMENTS          | 3,131,993.     |
| (3)    | PENSION BENEFIT LIABILITIES                                 | 29,449,606.    |
| (4)    |   |                |
| (5)    |   |                |
| (6)    |   |                |
| (7)    |   |                |
| (8)    |   |                |
| (9)    |   |                |
| Total. | (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

832053 10-29-18

Schedule D (Form 990) 2018

| Sche  | dule D (Form 990) 2018 SAN FRANCISCO SYMPHONY                                    |           |                | 94-115  | 56284 Page <b>4</b> |
|---|--|-----------|----------------|---------|---------------------|
| Pa  | t XI Reconciliation of Revenue per Audited Financial Stateme                     | nts With  | Revenue per Re | turn.   |                     |
|   | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a       |           |                |         |                     |
| 1   | Total revenue, gains, and other support per audited financial statements         |           |                | 1       | 73,130,679.         |
| 2   | Amounts included on line 1 but not on Form 990, Part VIII, line 12:              |           |                |         |                     |
| а   | Net unrealized gains (losses) on investments                                     | 2a        | -21,992,193.   |         |                     |
| b   | Donated services and use of facilities   | 2b        | 266,280.       |         |                     |
| с   | Recoveries of prior year grants  |           |                |         |                     |
| d   | Other (Describe in Part XIII.)   |           | 1,570,949.     |         |                     |
| е   | Add lines 2a through 2d  |           |                | 2e      | -20,154,964.        |
| 3   | Subtract line 2e from line 1   |           |                | 3       | 93,285,643.         |
| 4   | Amounts included on Form 990, Part VIII, line 12, but not on line 1:             |           |                |         |                     |
| а   | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a        | 349,320.       |         |                     |
| b   | Other (Describe in Part XIII.)   | 4b        |                |         |                     |
| с   | Add lines <b>4a</b> and <b>4b</b>  |           |                | 4c      | 349,320.            |
| 5   | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)  |           |                | 5       | 93,634,963.         |
| Pa  | t XII Reconciliation of Expenses per Audited Financial Statem                    | ents With | Expenses per R | Return. |                     |
|   | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a       |           |                |         |                     |
| 1   | Total expenses and losses per audited financial statements                       |           |                | 1       | 81,274,221.         |
| 2   | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |           |                |         |                     |
| а   | Donated services and use of facilities   | 2a        | 266,280.       |         |                     |
| b   | Prior year adjustments   |           |                |         |                     |
| с   | Other losses   |           |                |         |                     |
| d   | Other (Describe in Part XIII.)   |           | 1,570,949.     |         |                     |
| е   | Add lines 2a through 2d  |           |                | 2e      | 1,837,229.          |
| 3   | Subtract line 2e from line 1   |           |                | 3       | 79,436,992.         |
| 4   | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |           |                |         |                     |
| а   | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a        | 349,320.       |         |                     |
| b   | Other (Describe in Part XIII.)   |           |                |         |                     |
| с   | Add lines 4a and 4b  |           |                | 4c      | 349,320.            |
| 5   | Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) |           |                | 5       | 79,786,312.         |
| Pa  | t XIII Supplemental Information.   |           |                |         |                     |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 9b; Part V, line 4; Part V, line 9; Part VI |  |           |                |         |                     |

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.

36

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

832054 10-29-18

| Part XIII       Supplemental Information (continued)         RELATED TO ITS TAX-EXEMPT FURPOSE.         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 FOSTTIONS 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 XI, LINE 2D       1,570,949.         PART XII, LINE 2D - OTHER ADJUSTMENTS:       2,506,871.         COST OF GOODS SOLD       -935,922.         TOTAL TO SCHEDULE D, PART XII, LINE 2D       1,570,949. |
|--|
| 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: SFECIAL 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: SFECIAL EVENTS EXPENSE 2,506,871.  COST OF GOODS SOLD -935,922.  |
| AUGUST 31, 2019 AND 2018, THE SFS DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX FOSITIONS 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.  PART XII, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENTS EXPENSE 2,506,871. COST OF GOODS SOLD -935,922.   |
| 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.         PART XII, LINE 2D - OTHER ADJUSTMENTS:         SPECIAL EVENTS EXPENSE       2,506,871.         COST OF GOODS SOLD       -935,922.         COST OF GOODS SOLD       -935,922.  |
| 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.         COST OF GOODS SOLD       -935,922.         COST OF GOODS SOLD       -935,922.  |
| 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.         COST OF GOODS SOLD       -935,922.  |
| 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.   |
| 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.  |
| 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.  |
| 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.  |
| COST OF GOODS SOLD       -935,922.         TOTAL TO SCHEDULE D, PART XI, LINE 2D       1,570,949.         PART XII, LINE 2D - OTHER ADJUSTMENTS:   |
| COST OF GOODS SOLD       -935,922.         TOTAL TO SCHEDULE D, PART XI, LINE 2D       1,570,949.         PART XII, LINE 2D - OTHER ADJUSTMENTS:   |
| PART XII, LINE 2D - OTHER ADJUSTMENTS:         SPECIAL EVENTS EXPENSE       2,506,871.         COST OF GOODS SOLD       -935,922.  |
| SPECIAL EVENTS EXPENSE       2,506,871.         COST OF GOODS SOLD       -935,922.   |
| SPECIAL EVENTS EXPENSE       2,506,871.         COST OF GOODS SOLD       -935,922.   |
| 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 Schedule D (Form 990) 2018  |

832055 10-29-18

Schedule D (Form 990) 2018

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 D (Form 990) 2018

832055 10-29-18

| 1                    |  |   |   |   |  |  |  |  |  |  |
|----------------------|--|---|---|---|--|--|--|--|--|--|
|                      |  |   |   |   |  |  |  |  |  |  |
| 2                    | United States.                           |   |   |   |  |  |  |  |  |  |
| 3                    |  |   |   |   |  |  |  |  |  |  |
|                      | (a) Region                               | (b) Number of<br>offices<br>in the region | (c) Number of<br>employees,<br>agents, and<br>independent<br>contractors<br>in the region | (d) Activities conducted in the region<br>(by type) (such as, fundraising, pro-<br>gram services, investments, grants to<br>recipients located in the region) | <ul> <li>(e) If activity listed in (d)<br/>is a program service,<br/>describe specific type<br/>of service(s) in the region</li> </ul> | (f) Total<br>expenditures<br>for and<br>investments<br>in the region |  |  |  |  |
| CENT                 | TRAL AMERICA AND                         |   |   |   |  |  |  |  |  |  |
|                      | CARIBBEAN -                              |   |   |   |  |  |  |  |  |  |
|                      | IGUA & BARBUDA,                          |   |   |   |  |  |  |  |  |  |
| ARUI                 | BA, BAHAMAS,                             | 0   | 0   | PASSIVE INVESTMENTS   |  | 18,116,379.  |  |  |  |  |
|                      | F ASIA AND THE                           | 0   | 0   | PASSIVE INVESTMENTS   |  | 26,560,261.  |  |  |  |  |
| EURO                 | DPE (INCLUDING                           |   |   |   |  |  |  |  |  |  |
| ICELAND & GREENLAND) |  | 0   | 0   | PASSIVE INVESTMENTS   |  | 36,027,790.  |  |  |  |  |
| NORT                 | TH AMERICA                               | 0   | 0   | PASSIVE INVESTMENTS   |  | 7,418,508.   |  |  |  |  |
| חזומ                 | SIA AND                                  |   |   |   |  |  |  |  |  |  |
|                      | GHBORING STATES                          | 0   | 0   | PASSIVE INVESTMENTS   |  | 1,008,350.   |  |  |  |  |
| SOUT                 | TH AMERICA                               | 0   | 0   | PASSIVE INVESTMENTS   |  | 3,810,383.   |  |  |  |  |
|                      |  |   |   |   |  |  |  |  |  |  |
| 3 a                  | Subtotal                                 | 0   | 0   |   |  | 92,941,671.  |  |  |  |  |
|                      | Total from continuation sheets to Part I | 0   | 0   |   |  | 0.   |  |  |  |  |
| с                    | Totals (add lines 3a and 3b)             | 0   | 0   |   |  | 92,941,671.  |  |  |  |  |
| LHA                  | For Paperwork Reducti                    | ion Act Notice,                           | see the Instruct  | tions for Form 990.   | Schedule F (   | (Form 990) 2018  |  |  |  |  |

| Part I | General | Information | on |
|--------|---------|-------------|----|
|        |         |             |    |

## Form 990, Part IV, line 14b.

Department of the Treasury Internal Revenue Service

Name of the organization

SAN FRANCISCO SYMPHONY n Activities Outside the United States. Complete if the organization answered "Yes" on F

#### SCHEDULE F (Form 990) 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 for instructions and the latest information.

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832071 10-31-18

8 Open to Public Inspection

Employer identification number

94-1156284

OMB No. 1545-0047

**3** Enter total number of other organizations or entities

Schedule F (Form 990) 2018

(a) Name of organization

1

(d) Purpose of

grant

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

SAN FRANCISCO SYMPHONY

(b) IRS code section

and EIN (if applicable)

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(c) Region

Schedule F (Form 990) 2018

(i) Method of

valuation (book, FMV,

appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

94-1156284

of cash grant cash disbursement

(e) Amount

(f) Manner of

(g) Amount of

noncash

assistance

(h) Description

of noncash

assistance

# Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (a) Type of grapt or assistance (b) Perion (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) D

| (a) Type of grant or assistance | <b>(b)</b> Region | (c) Number of recipients | (d) Amount of cash grant | <b>(e)</b> Manner of cash disbursement | (f) Amount of<br>noncash<br>assistance | (g) Description of noncash assistance | <b>(h)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
|---------------------------------|-------------------|--------------------------|--------------------------|--|--|---------------------------------------|---|
|                                 |                   |                          |                          |  |  |                                       |   |
|                                 |                   |                          |                          |  |  |                                       |   |
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|                                 |                   |                          |                          |  |  |                                       |   |
|                                 |                   |                          |                          |  |  |                                       |   |

41

Schedule F (Form 990) 2018

SAN FRANCISCO SYMPHONY

| 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)   | X Yes | No   |
|---|--|-------|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization<br>may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign<br>Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign<br>Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes   | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>   | Yes   | X 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? <i>If</i> "Yes," <i>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)</i>  | Yes   | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"<br>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain<br>Foreign Partnerships (see Instructions for Form 8865)   | Yes   | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>   | Yes   | X No |

Schedule F (Form 990) 2018

832074 10-31-18

| 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.     |
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|               | 43  |

94-1156284

Page 5

| SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities |                                    |  |  |                    |                                      |        | OMB No. 1545-0047                                       |                                     |  |
|--|------------------------------------|--|--|--------------------|--------------------------------------|--------|---|-------------------------------------|--|
| (Form 990 or 990-EZ)   |                                    | e organization answered "Yes" on<br>organization entered more than \$1 |  |                    |                                      | r 19,  | or if the   | 2018                                |  |
| Department of the Treasury<br>Internal Revenue Service                         | •                                  | Attach to Form 990   |  |                    |                                      |        | _   | Open to Public<br>Inspection        |  |
| Name of the organization   |                                    | o to www.irs.gov/Form990 for instr                                     | uction                                 | s and              | the latest information               | on.    | Emplover id   | lentification number                |  |
| ······   |                                    | SCO SYMPHONY   |  |                    |                                      |        | 94-11562  |                                     |  |
|  | complete this par                  | <ul> <li>Complete if the organization answers</li> <li>t.</li> </ul>   | ered "Y                                | es" or             | n Form 990, Part IV, li              | ine 1  | 7. Form 990-E   | Z filers are not                    |  |
| 1 Indicate whether th  | e organization rais                | sed funds through any of the followir                                  | ng activ                               | ities.             | Check all that apply.                |        |   |                                     |  |
| a 🔄 Mail solicitat   |                                    |  |  |                    | overnment grants                     |        |   |                                     |  |
|  | email solicitations                |  |  |                    | nment grants                         |        |   |                                     |  |
| c X Phone solici   |                                    | g 🛄 Special  | Tundra                                 | lising             | events                               |        |   |                                     |  |
| i  |                                    | or oral agreement with any individual                                  | (includ                                | ling of            | ficers, directors, trus              | tees,  | or  |                                     |  |
| key employees list   | ed in Form 990, P                  | Part VII) or entity in connection with p                               | rofessi                                | onal fi            | undraising services?                 |        | X Ye  | es 🗌 No                             |  |
| <b>b</b> If "Yes," list the 10 compensated at le                               | 0                                  | viduals or entities (fundraisers) pursu<br>organization.               | ant to a                               | agree              | ments under which th                 | ne fui | ndraiser is to b  | De                                  |  |
|  |                                    |  | (iii)<br>fundr                         | Did                |                                      | (v)    | Amount paid   | (vi) Amount paid                    |  |
| (i) Name and addres<br>or entity (fund   |                                    | (ii) Activity  | fùndr<br>have ci<br>or con<br>contribi | ustody<br>itrol of | (iv) Gross receipts<br>from activity |        | or retained by)<br>fundraiser<br>ted in col. <b>(i)</b> | to (or retained by)<br>organization |  |
| ARTSMARKETING SERV   |                                    | CONSULT & SOLICIT FOR  | Yes                                    | No                 |                                      |        |   |                                     |  |
| KING STREET EAST,  | SUITE 500,                         | TELEFUNDING  |  | X                  | 247,922.                             |        | 117,334   | . 130,588.                          |  |
|  |                                    |  |  |                    |                                      |        |   |                                     |  |
|  |                                    |  |  |                    |                                      |        |   |                                     |  |
|  |                                    |  |  |                    |                                      |        |   |                                     |  |
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|  |                                    |  |  |                    |                                      |        |   |                                     |  |
|  |                                    |  |  |                    |                                      |        |   |                                     |  |
| Total  |                                    |  |  |                    | 247,922.                             |        | 117,334   | . 130,588.                          |  |
|  |                                    | on is registered or licensed to solicit                                |  | utions             |                                      | it is  |   |                                     |  |
| CA   |                                    |  |  |                    |                                      |        |   |                                     |  |
|  |                                    |  |  |                    |                                      |        |   |                                     |  |
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|  |                                    |  |  | 000 -              |                                      |        |   | 000 000 ==-                         |  |
|  | eduction Act Not<br>PART IV FOR CO | ice, see the Instructions for Form S<br>INTINUATIONS                   | 990 or                                 | 990-E              | Z. S                                 | sche   | aule G (Form  | 990 or 990-EZ) 2018                 |  |
| 832081 10-03-18  |                                    |  |  |                    |                                      |        |   |                                     |  |

## Schedule G (Form 990 or 990-EZ) 2018 SAN FRANCISCO SYMPHONY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

| Gross receipts<br>Less: Contributions<br>Gross income (line 1 minus line 2)<br>Cash prizes<br>Noncash prizes<br>Rent/facility costs<br>Food and beverages | 3,016,895.   | 379,367.  | 1<br>(total number)<br>872,420.<br>718,706.<br>153,714. | 4,114,968   |  |
|---|--|---|---|---|--|
| Less: Contributions<br>Gross income (line 1 minus line 2)<br>Cash prizes<br>Noncash prizes<br>Rent/facility costs   | (event type)<br>3,432,978.<br>3,016,895.<br>416,083. | (event type)<br>646,131.<br>379,367.  | (total number)<br>872,420.<br>718,706.                  | col. (c))<br>4,951,529<br>4,114,968   |  |
| Less: Contributions<br>Gross income (line 1 minus line 2)<br>Cash prizes<br>Noncash prizes<br>Rent/facility costs   | 3,432,978.<br>3,016,895.<br>416,083.                 | 646,131.<br>379,367.  | 872,420.<br>718,706.                                    | 4,951,529   |  |
| Less: Contributions<br>Gross income (line 1 minus line 2)<br>Cash prizes<br>Noncash prizes<br>Rent/facility costs   | 3,016,895.   | 379,367.  | 718,706.  | 4,114,968   |  |
| Gross income (line 1 minus line 2)<br>Cash prizes<br>Noncash prizes<br>Rent/facility costs  | 416,083.   |   | ·   |   |  |
| Gross income (line 1 minus line 2)<br>Cash prizes<br>Noncash prizes<br>Rent/facility costs  | 416,083.   | 266,764.  | 153,714.  |   |  |
| Cash prizes<br>Noncash prizes<br>Rent/facility costs  |  |   |   |   |  |
| Noncash prizes  |  |   |   |   |  |
| Rent/facility costs   |  |   |   |   |  |
|   | 20,490.  |   |   |   |  |
| Food and beverages  |  | 19,900.   | 12,375.   | 52,765  |  |
|   |  |   |   |   |  |
| Entertainment   |  |   |   |   |  |
| Other direct expenses   | 1,647,040.   | 326,986.  | 480,080.  | 2,454,106   |  |
| Direct expense summary. Add lines 4 throu   | gh 9 in column (d)                                   |   | ►   | 2,506,87  |  |
| Net income summary. Subtract line 10 from   | n line 3, column (d)                                 |   |   | -1,670,310  |  |
| \$15,000 on Form 990-EZ, line 6a.   | (a) Bingo  | (b) Pull tabs/instant<br>bingo/progressive bingo  | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (d   |  |
|   |  | bingo/progressive bingo   |   |   |  |
| Gross revenue   |  |   |   |   |  |
| Cash prizes   |  |   |   |   |  |
| Noncash prizes  | -  |   |   |   |  |
| Rent/facility costs   |  |   |   |   |  |
| Other direct expenses   |  |   |   |   |  |
| Volunteer labor   |  | └── Yes %<br>└── No   | Yes %<br>No   |   |  |
| Direct expense summary. Add lines 2 throu   | gh 5 in column (d)                                   |   |   |   |  |
| Net gaming income summary. Subtract line  | 7 from line 1, column (d)                            |   | Þ   |   |  |
|   |  |   | •   |   |  |
| he organization licensed to conduct gaming  | activities in each of these                          |   |   | Yes N   |  |
| No," explain:   |  |   |   |   |  |
| ere any of the organization's gaming licenses   | revoked, suspended, or te                            | erminated during the tax ye   | ear?  | Yes N   |  |
| Yes," explain:  |  |   |   |   |  |
|   |  |   |   |   |  |
|   | Noncash prizes                                       | Volunteer labor Yes% Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) ere the state(s) in which the organization conducts gaming activities: he organization licensed to conduct gaming activities in each of these No," explain: re any of the organization's gaming licenses revoked, suspended, or te | Noncash prizes  | Noncash prizes   Rent/facility costs   Other direct expenses   Other direct expenses   Volunteer labor   No   No   Direct expense summary. Add lines 2 through 5 in column (d)   Net gaming income summary. Subtract line 7 from line 1, column (d)   Per the state(s) in which the organization conducts gaming activities: he organization licensed to conduct gaming activities in each of these states? No," explain: re any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? |  |

| Schedule G (Form 990 or 990-EZ) 2018 SAN FRANCISCO SYMPHONY 94-1   | 156284          | Page 3    |
|--|-----------------|-----------|
| 11 Does the organization conduct gaming activities with nonmembers?  | Yes             | No        |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed   |                 |           |
| to administer charitable gaming?   | Yes             | No        |
| 13 Indicate the percentage of gaming activity conducted in:  |                 |           |
| a The organization's facility  | 13a             | %         |
| <b>b</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  |                 |           |
| <b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?  | Yes             | No No     |
| <b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$   |                 |           |
| <b>c</b> 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>b</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 <b>&gt;</b> \$  |                 |           |
| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | t III, lines 9, | 9b, 10b,  |
|  |                 |           |
| 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   |                 |           |
|  |                 |           |
|  |                 |           |
|  |                 |           |
| 832083 10-03-18 Schedule G (Forn   | n 990 or 990    | -EZ) 2018 |

| Part IV Supplemental Information (continued) | <u> </u>                        |
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|  | Schedule G (Form 990 or 990-EZ) |
|  | Schedule G (Form 990 or 990-EZ) |

Schedule G (Form 990 or 990-EZ)

| Grants and Other Assistance to Organizations,<br>(Form 990) Governments, and Individuals in the United States  |                         |                        |                   |                      |                       |                        | OMB No. 1545-0047  |
|--|-------------------------|------------------------|-------------------|----------------------|-----------------------|------------------------|--|
|  |                         | ete if the organizatio |                   |                      |                       |                        | 2018   |
| Department of the Treasury   |                         |                        | Attach to For     |                      |                       |                        | Open to Public   |
| Internal Revenue Service   |                         | Go to www.in           | rs.gov/Form990 fo | or the latest inform | nation.               |                        | Inspection   |
| Name of the organization<br>SAN FRANCIS  | CO SYMPHONY             |                        |                   |                      |                       |                        | Employer identification number<br>94-1156284                               |
| Part I General Information on Grant  | s and Assistance        |                        |                   |                      |                       |                        |  |
| 1 Does the organization maintain record<br>criteria used to award the grants or a  | ssistance?              |                        |                   |                      | -                     |                        |  |
| 2 Describe in Part IV the organization's<br>Part II Grants and Other Assistance  |                         |                        |                   |                      |                       | (                      | N/ Kas Of farman   |
|  | •                       |                        |                   |                      | janization answered " | res" on Form 990, Part | IV, line 21, for any   |
| recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         1 (a) Name and address of organization or government       (b) EIN       (c) IRC section (if applicable)       (d) Amount of cash grant       (e) Amount of non-cash assistance       (f) Method of valuation (book, FMV, appraisal, other)       (g) Description of non-cash assistance       (h) P |                         |                        |                   |                      |                       |                        |  |
| AP GIANNINI MIDDLE SCHOOL<br>3151 ORTEGA STREET<br>SAN FRANCISCO, CA 94122   | 94-6000416              | GOVERNMENT             | 0.                | 18,771.              | FMV                   | TICKETS                | TO PROVIDE THE COMMUNITY<br>FREE ACCESS TO SELECT<br>SYMPHONY PERFORMANCES |
| PRESIDIO MIDDLE SCHOOL<br>450 30TH AVENUE<br>SAN FRANCISCO, CA 94121   | 94-6000416              | GOVERNMENT             | 0.                | 18,656.              | FMV                   | TICKETS                | TO PROVIDE THE COMMUNITY<br>FREE ACCESS TO SELECT<br>SYMPHONY PERFORMANCES |
| VETERAN TICKETS FOUNDATION<br>1255 W. RIO SALADO<br>TEMPE, AZ 85281  | 26-2291955              | 501(C)(3)              | 0.                | 87,850.              | FMV                   | TICKETS                | TO PROVIDE VETERANS FREE<br>ACCESS TO SYMPHONY<br>PERFORMANCES             |
|  |                         |                        |                   |                      |                       |                        |  |
|  |                         |                        |                   |                      |                       |                        |  |
|  |                         |                        |                   |                      |                       |                        |  |
|  |                         |                        |                   |                      |                       |                        |  |
| 2 Enter total number of section 501(c)(3   | , <b>c</b>              |                        | e line 1 table    |                      |                       |                        |  |
| 3 Enter total number of other organizat  | ions listed in the line | 1 table                |                   |                      |                       |                        | 0.   |

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

#### Schedule I (Form 990) (2018)

## Schedule I (Form 990) (2018) SAN FRANCISCO SYMPHONY

 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.
 Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | <b>(c)</b> Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|---------------------------------|---------------------------------------|--|---------------------------------------|
|                                 |                          |                                 |                                       |  |                                       |
|                                 |                          |                                 |                                       |  |                                       |
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**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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.

94-1156284

Page 2

| (Form 990)         For certain Officers, Directors, Trustees, Key Employees, and Highest         Complete If the organization answered "Yes" on Form 990, Part IV, line 23.         Lexite to Form 990.         Conduct of Form 990.         Conduc | SC     | HEDULE J                | Comp                                       | ensation Information                                  | 1         | OMB No. 1   | 545-004 | 47       |
|---|--------|-------------------------|--|---|-----------|-------------|---------|----------|
| Complete fit the organization answered "Yes" on Form '90, Part IV, line 23.     Part IV, line 24.     Part IV, line 25.     Part IV, line 26.     Part IV, line 27.     Part IV, line 28.     Part IV, line 18.     Par | (Fo    | rm 990)                 | For certain Officers, Di                   | rectors, Trustees, Key Employees, and Highest         |           | 20          | 10      | ,        |
| Department         Attach to Form 990.         Department         Department <thdepartment< th=""> <thdepartment< th=""> <thd< th=""><td></td><td></td><td></td><td></td><td></td><td>20</td><td>10</td><td>)</td></thd<></thdepartment<></thdepartment<>   |        |                         |  |   |           | 20          | 10      | )        |
| International starting international and the latest information.         Importance of the organization number 3AN FRANCISCO SYMPROMY           Part II         Questions Regarding Compensation         Employer identification number 94-1156284           Part II         Questions Regarding Compensation         Yes         No           Ia         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 provise any relevant information regarding these items.         Yes         No           Import Identification and gross-up payments         Peayments for boxiness use of personal residence         Import Identification and gross-up payments         Peayments for boxiness use of personal residence         Import Identification and gross-up payments         Import Identification fores         Import Identification fores           Ib         first-class or charter travel         Position of all of the expenses described dowe? If 'No.' complete Part III to explain         Import Identification fores         Import Id   | Depar  | tment of the Treasury   |  |   |           | -           |         | ic       |
| SNN PEARUSCO SYMENON         94-1156284           Part II         Questions Regarding Compensation         Yes         No           IIII Check the appropriate box(e3) if the organization provide any of the following to or for a person listed on Form 990, Part VII, Section A, Ine 1a, Complete Part III to provide any relevant information regarding these liters.         Yes         No           IIII Check the appropriate box(e3) if the organization provide any relevant information regarding these liters.         IVes No         IVes No           IIII Check the appropriate box(e3) if the organization follow a written policy regarding payment or relevance described above of III-No: complete Part III to explain         IIII         IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII  | Intern | al Revenue Service      |  | rm990 for instructions and the latest information.    |           |             |         |          |
| Part I       Questions Regarding Compensation       Yes         1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,<br>Part VII. Section A. line 1a. Complete Part III to provide any relevant information regarding these items.       Yes       No         Instructions or data travel       Payments for business use of personal residence<br>Health or social club dues or initiation fees       Image: Complete Part III to provide any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.         In any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or<br>reimbursement or provision of all of the expenses described abov? If 'No,' complete Part III to explain       1b         2       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to<br>establish compensation of the ICOE/Executive Director, tregarding 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 to<br>establish compensation for the ICOE/Executive Director, to texplain In Part III.       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing<br>organization or a related organization:       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation<br>contingent o   | Nam    | e of the organization   |  |   |           |             | on nur  | nber     |
| a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,<br>Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Yes         No           Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Provide any relevant information regarding the items checked on intervices (such as maid, chaufier, cher)         Items intervices (such as maid, chaufier,  | De     |                         |  |   | 94-11     | 56284       |         |          |
| 1a         Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 590,<br>Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.           Instrictlass or charter travel         Housing allowance or residence for personal use           Travel for comparions         Payments for business use of personal residence           Take informification and gross up payments         Health or social club dues or initiation fees           Discretionary spending account         Personal services (such as maid, chauffeur, chef)           b         If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain           2         Did the organization require substantiation prior to reimbursing or allowing exponses incured 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 or the CEO/Executive Director, but explain in Part III.         2           X         Compensation committee         Written employment contract         2           X         Companizations         X poproval by the boad or compensation committee         4a           4         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the fil   | Pa     |                         | Regarding Compensation                     |   |           |             |         |          |
| Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: the transmittem of the companies of the complexity of the transmittem of the companies of the compani                                    | 4-     |                         |  |   | 000       |             | Yes     | No       |
| First-class or charter travel Housing allowance or residence for personal use   Travel for companions Payments for business use of personal residence   Tax indemntication and gross-up payments Health or social club dues or initiation fields   Discretionary spending account Personal services (such as maid, chauffeur, chef)   b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain   2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization regulation regulate used by a related organization's CEO/Executive Director, but explain IP art III.   3 Indicate which, if any, of the following the filing organization used to establish the compensation of the compensation or the CEO/Executive Director, but explain IP art III.   X Compensation committee   Imdependent compensation or the CEO/Executive Director, but explain IP art III.   X Compensation committee   Imdependent compensation or change of control payment?   4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:   a Receive a severance payment from, an equity-based compensation arrangement?   direction or releated organization?   direction or receive payment from, an equity-based compensation arrangement?   dir Yes' to any of lines 4ac, 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) organization pay or accrue any   | па     |                         |  |   | 990,      |             |         |          |
| Travel for companions       Payments for business use of personal residence         Tax indemification and gross-up payments       Health or social dub dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinbursion of all of the expenses described above? If "No," complete Part II to explain       1b         2       Iddite organization require substantiation prior to reinbursing 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 is CEO/Executive Director. Check all that taply. Do not check any boxes for methods used by a related organization to establish compensation consultant       X Compensation committee         Witten employment contract       X Compensation committee       X 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:       a         a Receive a severace payment from, a supplemental nonqualified retriement plan?       4a       X         Constraint on or a related organization?       4b       X         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation aromotine fav  |        |                         |  |   |           |             |         |          |
| Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       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 crganization's CEO/Executive Director, but explain in Part III.       2         X Compensation committee       Written employment contract       2         Indicate which, if any, of the following the filing organization used to establish the compensation committee       3         Indicate which, if any porson listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization       3         A 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       4a       X         Participate in, or receive payment from, an equity-based compensation arrangement?       4b       X         Participate in, or receive payment from, an equity-based companization pay or accrue any compensation contingent on the restarcibs, describ  |        |                         |  |   |           |             |         |          |
| Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       10         2       Did the organization require substantiation poir 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, but explain in Part III.       2         IX       Compensation committee       Wittle employment contract         Independent compensation consultant       X       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:       4a       X         4       During the year, of any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       4a       X         5       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         6       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         6       Participate in, or receive payment   |        |                         |  |   |           |             |         |          |
| 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 filling organization used to establish the compensation of the organization is CEO/Executive Director, but explain In Part III.       2         3       Compensation committee       Written employment contract         Implement compensation of the CEO/Executive Director, but explain In Part III.       X         Compensation survey or study       X       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 in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       4c       X         9       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         0       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       5a       X   |        |                         |  |   |           |             |         |          |
| 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, but explain in Part III.       2         3 Compensation committee       Witten employment contract         1 Indicate which, if any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         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:       4a       X         4 Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         4 Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         6 For persons listed or Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         6 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:       5a       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organizat   |        |                         | pending account                            |   | ii, chei) |             |         |          |
| 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, but explain in Part III.       2         3 Compensation committee       Written employment contract         1 Indicate which, if any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         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:       4b       X         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:       4a       X         4 Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         6 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:       5a       X         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:       5a       X         6a <td< th=""><td>h</td><td>If any of the boyos of</td><td>n line 12 are checked, did the organiz</td><td>ation follow a written policy regarding payment or</td><td></td><td></td><td></td><td></td></td<>   | h      | If any of the boyos of  | n line 12 are checked, did the organiz     | ation follow a written policy regarding payment or    |           |             |         |          |
| 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 to establish compensation of the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         4       Compensation committee       Written employment contract       1         1       Independent compensation consultant       X       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:       4a       X         4       During the year, did any person isted on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related payment from, a supplemental nonqualified retirement plan?       4a       X         5       Participate in, or receive payment from, a supplemental compensation arrangement?       4b       X         6       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       5a       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or a  | b      | •                       |  |   |           | 1h          |         |          |
| 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 committee       2         Image: Compensation committee       Written employment contract       1         Image: Compensation committee       Written employment contract       1         Image: Compensation committee       Written employment contract       4         Image: Compensation committee       Image: Compensation committee       4         Image: Compensation committee       Image: Compensation committee       4         Image: Compensation committee <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  | 2      |                         |  |   |           |             |         |          |
| 3       Indicate which, if any, of the following the filling organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: Compensation commitee       Image: Compensation       Image: Compen   | -      |                         |  |   |           | 2           |         |          |
| 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.         X       Compensation of the CEO/Executive Director, but explain in Part III.         X       Compensation committee         Independent compensation consultant       X         X       Form 990 of other organizations         X       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 rom, an equity-based compensation arrangement?         b       Participate in, or receive payment from, an equity-based compensation rangement?         c       X         dc       X         for   |        | trustees, and onleen    |  |   |           |             |         |          |
| 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.         X       Compensation of the CEO/Executive Director, but explain in Part III.         X       Compensation committee         Independent compensation consultant       X         X       Form 990 of other organizations         X       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 rom, an equity-based compensation arrangement?         b       Participate in, or receive payment from, an equity-based compensation rangement?         c       X         dc       X         for   | 3      | Indicate which if an    | v of the following the filing organization | on used to establish the compensation of the organiza | tion's    |             |         |          |
| establish compensation of the CEO/Executive Director, but explain in Part III.       X         Compensation committee       Written employment contract         Independent compensation consultant       X         Compensation committee       X         Independent compensation consultant       X         Compensation or a related organization:       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:       4a       X         4       De Varticipate in, or receive payment from, an equity-based compensation arrangement?       4b       X         th "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III.       5a       X         0       Any related organization?       5a       X         th "Yes" to nine 5a or 5b, describe in Part III.       5b       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retearnings of:       5a       X         a The organization?       5a       X       5b       X         f" "Yes" on line 6a or 5b, describe in Part III.       6a       X       6b       X         f " Yes" on line 6a or 5b, describe in Part III.       7   | -      |                         |  |   |           |             |         |          |
| X       Compensation committee       Written employment contract         Independent compensation consultant       X       Compensation survey or study         X       Form 990 of other organizations       X         Approval by the board or compensation committee       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:       4a       X         a Receive a severance payment or change of control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5a       X         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:       5a       X         a The organization?       5a       X       5b       X         f "Yes" on line 6a or 6b, describe in Part III.       7       X         6b       x       6b<   |        |                         | ,  | , , ,   |           |             |         |          |
| □       Independent compensation consultant       X       Compensation survey or study         X       Form 990 of other organizations       X       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:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6ny 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:       5a       X         a       The organization?       5a       X       5b       X       1         b       Any related organization?       6a       X       6b       X       1         f" Yes" on line 6a or 5b, describe in Part III.       6b       X       1       2       2       2         a       The organization?       6a       X       1       6b       X       1         f 'Yes" on line 6a   |        | ·                       |  |   |           |             |         |          |
| Image: Section Space Sp                           |        |                         |  |   |           |             |         |          |
| 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:       4       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       X         c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         df "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         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:       5a       X         a       The organization?       5a       X         b       Any related organization?       5a       X         f "Yes" on line 5a or 5b, describe in Part III.       6a       X         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:       6a       X         a       The organization?       6a       X       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       7   |        |                         |  |   | ommittee  |             |         |          |
| organization or a related organization:       4a       x         a Receive a severance payment or change-of-control payment?       4a       x         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       x         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       x         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       x         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:       5a       x         a The organization?       5a       x       5b       x         if "Yes" on line 5a or 5b, describe in Part III.       5b       x       5b       x         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:       5a       x         a The organization?       5a       x       5b       x         b Any related organization?       5a       x       5b       x         a The organization?       6a       x       6b       x         b Any related organization?       6b       x       <  |        |                         | 5  |   |           |             |         |          |
| a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         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:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       5b       X         a The organization?       6a       X       5b       X         b Any related organization?       6a       X       5b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X       5b       X         b Any related organization?       6a       X       5b       X  | 4      | During the year, did    | any person listed on Form 990, Part V      | II, Section A, line 1a, with respect to the filing    |           |             |         |          |
| a Hosticipate in, or receive payment from, a supplemental nonqualified retirement plan?       a       b       x         b Participate in, or receive payment from, an equity-based compensation arrangement?       db       x         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       dc       x         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:       5a       x         a The organization?       5a       x       5b       x         if "Yes" on line 5a or 5b, describe in Part III.       6a       x       6b       x         f "Yes" on line 6a or 6b, describe in Part III.       6a       x       6b       x         f "Yes" on line 6a or 6b, describe in Part III.       6a       x       6b       x         f "Yes" on line 6a or 6b, describe in Part III.       7       x       8       8       7       x         g Were any amounts reported on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       x         g 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 R  |        | organization or a rela  | ated organization:                         |   |           |             |         |          |
| c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Compensation Compensation Compensation Contingent on the revenues of:       Image: Compensation Compensation Compensation Compensation Contingent on the revenues of:       Image: Compensation Compensation Compensation Compensation Compensation Contingent on the revenues of:       Image: Compensation Compensation Compensation Compensation Compensation Compensation Compensation?         f       The organization?       Image: Compensation Compensation Compensation Compensation Compensation Compensation Compensation Contingent on the net earnings of:       Image: Compensation Compensation Compensation Compensation Compensation Compensation Compensation Compensation?       Image: Compensation Compensation Compensation Compensation Compensation Compensation Compensation Compensation?       Image: Compensation Compensation Compensation Compensation Compensation Compensation Compensation Compensation?       Image: Compensation Compense Compensatis Compensatic Compensatis Compensation Compensation C   | а      | Receive a severance     | e payment or change-of-control payme       | nt?   |           | . 4a        |         | X        |
| If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III.       Image: the persons and provide the applicable amounts for each item in Part III.         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         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:       6a       X         a The organization?       6a       X       6b       X         b Any related organization?       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X       40   | b      | Participate in, or rec  | eive payment from, a supplemental no       | onqualified retirement plan?                          |           | . 4b        |         | X        |
| 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: <ul> <li>a The organization?</li> <li>b Any related organization?</li> <li>ff "Yes" on line 5a or 5b, describe in Part III.</li> <li>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:                 <ul></ul></li></ul>   | с      | Participate in, or rec  | eive payment from, an equity-based co      | ompensation arrangement?                              |           | . <b>4c</b> |         | X        |
| 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:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       Image: Stand   |        | If "Yes" to any of line | es 4a-c, list the persons and provide th   | ne applicable amounts for each item in Part III.      |           |             |         |          |
| 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:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6a       X         contingent on the net earnings of:       a       The organization?       6a       X         b       Any related organization?       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organi   |        |                         |  |   |           |             |         |          |
| contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         contingent on the net earnings of:       6b       X         a The organization?       6b       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       7       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9   |        | Only section 501(c)     | (3), 501(c)(4), and 501(c)(29) organiza    | ations must complete lines 5-9.                       |           |             |         |          |
| a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         contingent on the net earnings of:       6b       X         a The organization?       6b       X         b Any related organization?       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9   | 5      | For persons listed or   | n Form 990, Part VII, Section A, line 1a   | a, did the organization pay or accrue any compensatio | 'n        |             |         |          |
| b Any related organization?       5b       X         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:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9  |        | •                       |  |   |           |             |         |          |
| b       Any related organization?         If "Yes" on line 5a or 5b, describe in Part III.         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         a       The organization?         b       Any related organization?         if "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?   | а      | The organization?       |  |   |           | 5a          |         | <u> </u> |
| 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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9  | b      |                         |  |   |           | 5b          |         | X        |
| contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments<br>not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the<br>initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in<br>Regulations section 53.4958-6(c)?       9   |        |                         |  |   |           |             |         |          |
| a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments<br>not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the<br>initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in<br>Regulations section 53.4958-6(c)?       9       9   | 6      |                         |  | a, did the organization pay or accrue any compensatio | n         |             |         |          |
| b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments<br>not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the<br>initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in<br>Regulations section 53.4958-6(c)?       9       9  |        |                         |  |   |           |             |         |          |
| If "Yes" on line 6a or 6b, describe in Part III.       Image: style="text-align: center;">Image: style="text-align:                                     | а      | The organization?       |  |   |           | <u>6a</u>   |         | <u> </u> |
| <ul> <li>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</li> <li>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</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> </ul>  | b      |                         |  |   |           | 6b          |         | Å        |
| not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9   | _      |                         |  |   |           |             |         |          |
| <ul> <li>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</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> </ul>   | 7      |                         |  |   |           | _           |         | v        |
| initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III <b>8 X</b><br>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? <b>9</b>   | ~      |                         |  |   |           | . 7         |         | Å        |
| 9     If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in<br>Regulations section 53.4958-6(c)?     9   | 8      | -                       |  |   |           |             |         | v        |
| Regulations section 53.4958-6(c)? 9   | ~      |                         | Ŭ  |   |           | 8           |         |          |
|   | 9      |                         |  |   |           |             |         |          |
|   |        |                         |  |   |           |             |         |          |

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94-1156284

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

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

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

|                           |      | (B) Breakdown of         | W-2 and/or 1099-MI                        | SC compensation                           | (C) Retirement and other deferred | (D) Nontaxable benefits |            |  |  |
|---------------------------|------|--------------------------|---|---|-----------------------------------|-------------------------|------------|--|--|
| (A) Name and Title        |      | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation                      | Denents                 | (B)(i)-(D) | in column (B)<br>reported as deferred<br>on prior Form 990 |  |
| (1) MARK HANSON           | (i)  | 867,308.                 | 0.  | 63,410.                                   | 0.                                | 37,389.                 | 968,107.   | 0.   |  |
| CEO                       | (ii) | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.         | 0.   |  |
| (2) JAMES KIRK            | (i)  | 242,832.                 | 0.  | 198.                                      | 7,124.                            | 28,527.                 | 278,681.   | 0.   |  |
| CFO                       | (ii) | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.         | 0.   |  |
| (3) ALEXANDER BARANTSCHIK | (i)  | 539,822.                 | 0.  | 1,524.                                    | 0.                                | 46,530.                 | 587,876.   | 0.   |  |
| CONCERTMASTER             | (ii) | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.         | 0.   |  |
| (4) EUGENE IZOTOV         | (i)  | 346,838.                 | 0.  | 180.                                      | 0.                                | 46,530.                 | 393,548.   | 0.   |  |
| PRINCIPAL OBOE            | (ii) | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.         | 0.   |  |
| (5) SCOTT PINGEL          | (i)  | 308,875.                 | 0.  | 120.                                      | 0.                                | 19,102.                 | 328,097.   | 0.   |  |
| PRINCIPAL BASS            | (ii) | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.         | 0.   |  |
| (6) EDWARD STEPHAN        | (i)  | 300,688.                 | 0.  | 120.                                      | 0.                                | 12,199.                 | 313,007.   | 0.   |  |
| PRINCIPAL TIMPANI         | (ii) | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.         | 0.   |  |
| (7) MARK INOUYE           | (i)  | 291,206.                 | 0.  | 180.                                      | 0.                                | 46,530.                 | 337,916.   | 0.   |  |
| PRINCIPAL TRUMPET         | (ii) | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.         | 0.   |  |
|                           | (i)  |                          |   |   |                                   |                         |            |  |  |
|                           | (ii) |                          |   |   |                                   |                         |            |  |  |
|                           | (i)  |                          |   |   |                                   |                         |            |  |  |
|                           | (ii) |                          |   |   |                                   |                         |            |  |  |
|                           | (i)  |                          |   |   |                                   |                         |            |  |  |
| _                         | (ii) |                          |   |   |                                   |                         |            |  |  |
|                           | (i)  |                          |   |   |                                   |                         |            |  |  |
| _                         | (ii) |                          |   |   |                                   |                         |            |  |  |
|                           | (i)  |                          |   |   |                                   |                         |            |  |  |
|                           | (ii) |                          |   |   |                                   |                         |            |  |  |
|                           | (i)  |                          |   |   |                                   |                         |            |  |  |
|                           | (ii) |                          |   |   |                                   |                         |            |  |  |
|                           | (i)  |                          |   |   |                                   |                         |            |  |  |
|                           | (ii) |                          |   |   |                                   |                         |            |  |  |
|                           | (i)  |                          |   |   |                                   |                         |            |  |  |
|                           | (ii) |                          |   |   |                                   |                         |            |  |  |
|                           | (i)  |                          |   |   |                                   |                         |            |  |  |
|                           | (ii) |                          |   |   |                                   |                         |            |  |  |

Schedule J (Form 990) 2018

## Part III Supplemental Information

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

Schedule J (Form 990) 2018

| SCHEDULE L   |                  | Tra      | nsaction                              | is V    | Vith             | Interested   | Persons                |         |            | OM                | B No. 1 | 545-00   | 47      |
|--|------------------|----------|---------------------------------------|---------|------------------|--|------------------------|---------|------------|-------------------|---------|----------|---------|
| (Form 990 or 990-EZ)                                   |                  |          | rganization ans                       | were    | d "Yes           | " on Form 990, Part  | IV, line 25a, 25b, 2   | 6, 27,  | 28a,       |                   | 20      | 19       | 2       |
|  |                  |          |                                       |         |                  | EZ, Part V, line 38a<br>990 or Form 990-EZ                   |                        |         |            |                   |         |          | J       |
| Department of the Treasury<br>Internal Revenue Service | ► 0              | ào to v  |                                       |         |                  | nstructions and the  |                        |         |            |                   | specti  |          | DIIC    |
| Name of the organization                               |                  |          |                                       |         |                  |  |                        | Em      | ployer     | identi            | ficatio | on nu    | mber    |
| Part I Excess B  | SAN FRANC        |          |                                       |         | \ <b>.</b>       |  |                        |         |            | 6284              |         |          |         |
|  |                  |          |                                       |         |                  | on 501(c)(4), and 50 <sup>-</sup><br>Irt IV, line 25a or 25b |                        |         |            | h                 |         |          |         |
| 1  |                  |          | elationship betv                      |         |                  | ified  |                        |         |            | υ.                | (d)     | Corre    | ected?  |
| (a) Name of disqualifi                                 | ied person       | . ,      | person and or                         |         |                  | (c   | ) Description of trans | sactio  | n          |                   | Ye      |          | No      |
|  |                  |          |                                       |         |                  |  |                        |         |            |                   | _       |          |         |
|  |                  |          |                                       |         |                  |  |                        |         |            |                   |         |          |         |
|  |                  |          |                                       |         |                  |  |                        |         |            |                   |         |          |         |
|  |                  |          |                                       |         |                  |  |                        |         |            |                   |         |          |         |
|  |                  |          |                                       |         |                  |  |                        |         |            |                   |         |          |         |
| 2 Enter the amount of section 4958                     | •                |          | •                                     | •       |                  |  | <b>e</b>               |         | <b>•</b> • |                   |         |          |         |
| 3 Enter the amount of                                  |                  |          |                                       |         |                  | ganization   |                        |         | ► \$       |                   |         |          |         |
|  |                  |          |                                       | -       |                  |  |                        |         |            |                   |         |          |         |
|  |                  |          | erested Pers                          |         |                  |  |                        |         |            |                   |         |          |         |
| -  | -                |          | rered "Yes" on F<br>Part X, line 5, 6 |         |                  | Part V, line 38a or F  | orm 990, Part IV, line | e 26; ( | or if th   | e orgar           | iizatio | n        |         |
| (a) Name of  | (b) Relatio      | Í        | (c) Purpose                           | (d) Lo  | an to or         | (e) Original   | (f) Balance due        | (g)     | ) In       | (h) App<br>by boa | roved   | (i) V    | Vritten |
| interested person                                      | with organi      | zation   | of loan                               |         | n the<br>zation? | principal amount   |                        | defa    | ault?      | commi             |         | agree    | ement?  |
| MARK C HANSON  | OFFICER          |          | RELOCATI                              | То      | From<br>X        | 500,000.   | 444,444.               | Yes     | No<br>X    | Yes               | No      | Yes<br>X | No      |
| SCOTT J PINGEL   | HIGHEST          |          | HOUSING                               |         | X                | 100,000.   | 444,444.               |         | x          |                   | x       | X        | +       |
| EDWARD STEPHAN   | HIGHEST          |          | HOUSING                               |         | х                | 100,000.   | 60,000.                |         | х          |                   | Х       | х        |         |
|  |                  |          |                                       |         |                  |  |                        |         |            |                   |         |          |         |
|  |                  |          |                                       |         |                  |  |                        |         |            |                   |         |          | ┼──     |
|  |                  |          |                                       |         |                  |  |                        |         |            |                   |         |          | +       |
|  |                  |          |                                       |         |                  |  |                        |         |            |                   |         |          |         |
|  |                  |          |                                       |         |                  |  |                        |         |            |                   |         |          |         |
|  |                  |          |                                       |         |                  |  | 544 444                |         |            |                   |         |          |         |
| Total<br>Part III Grants or                            | Assistance       | Ben      | efiting Inter                         | ested   | d Per            | <b>&gt;</b> \$   | 544,444.               |         |            |                   |         |          |         |
| Complete if t  | the organizatior | n answ   | ered "Yes" on F                       | Form 9  | 90, Pa           | rt IV, line 27.  |                        |         |            |                   |         |          |         |
| (a) Name of interest                                   | ted person       | (        | <b>b)</b> Relationship                |         |                  | (c) Amount of  | <b>(d)</b> Type        |         |            |                   | Purp    |          | f       |
|  |                  |          | interested pers<br>the organiza       |         | d                | assistance   | assistand              | ce      |            | а                 | ssista  | ance     |         |
|  |                  | -        | -                                     |         |                  |  |                        |         |            |                   |         |          |         |
|  |                  |          |                                       |         |                  |  |                        |         |            |                   |         |          |         |
|  |                  | _        |                                       |         |                  |  |                        |         |            |                   |         |          |         |
|  |                  | +        |                                       |         |                  |  |                        |         | -+         |                   |         |          |         |
|  |                  | +        |                                       |         |                  |  |                        |         | +          |                   |         |          |         |
|  |                  |          |                                       |         |                  |  |                        |         |            |                   |         |          |         |
|  |                  | _        |                                       |         |                  |  |                        |         |            |                   |         |          |         |
|  |                  | +        |                                       |         |                  |  |                        |         | -+         |                   |         |          |         |
| LHA For Paperwork Re                                   | duction Act No   | otice, s | see the Instruct                      | tions f | or For           | m 990 or 990-EZ.   | Sche                   | edule   | L (For     | m 990             | or 99   | 0-ЕZ     | ) 2018  |

SEE PART V FOR CONTINUATIONS

832131 10-25-18

| Schedule L (Form 990 or 990-EZ) 2018 | SAN | FRANCISCO | SYMPHONY |
|--------------------------------------|-----|-----------|----------|
|--------------------------------------|-----|-----------|----------|

#### 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 | <b>(c)</b> Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |  |
|-------------------------------|---|----------------------------------|--------------------------------|---|----|--|
|                               |   |                                  |                                | Yes                                     | No |  |
|                               |   |                                  |                                |   |    |  |
|                               |   |                                  |                                |   |    |  |
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|                               |   |                                  |                                |   |    |  |
|                               |   |                                  |                                |   |    |  |

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 L (Form 990 or 990-EZ) 2018

832132 10-25-18

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#### SCHEDULE M (Form 990)

# Noncash Contributions

OMB No. 1545-0047

| 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 for instructions and the latest information.

18 Open to Public Inspection

Name of the organization

Employer identification number SAN FRANCISCO SYMPHONY 94-1156284 Types of Property Part I (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 1,629,921.FMV Х 32 9 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 17 Real estate - Other 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 ( INSTRUMENTS Х 1 254,274.FMV 25 Other 🕨 ( FOOD/GOODS Х 10 117,738,FMV Other 🕨 26 ) 27 Other ( ) 28 Other ► 29 Number of Forms 8283 received by the organization during the tax year for contributions 66 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 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 Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash х 32a

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II

contributions?

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

Schedule M (Form 990) 2018

832141 10-18-18

b If "Yes," describe in Part II.

| Schedule M    | 1 (Form 990) 2018 SAN FRANCISCO SYMPHONY  | 94-1156284   | Page <b>2</b> |
|---------------|---|--|---------------|
| Part II       | <b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution and additional information. | 33, and whether the organiz ombination of both. Also con | zation        |
| CHEDULE       | M, PART I, COLUMN (B):  |  |               |
| THIS NUME     | BER REPRESENTS THE NUMBER OF CONTRIBUTIONS MADE, NOT THE NUMBER   |  |               |
| OF ITEMS      | CONTRIBUTED.  |  |               |
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| 332142 10-18- | 18  | Schedule M (For  | m 990) 2018   |
|               | 56  |  |               |

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 94-1156284

SAN FRANCISCO SYMPHONY

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, 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. 832211 10-10-18 Schedule O (Form 990 or 990-EZ) (2018)

57 2018.05091 SAN FRANCISCO SYMPHONY

| Schedule O (Form 990 or 990-EZ) (2018)                                      | Page 2                                       |
|---|--|
| Name of the organization<br>SAN FRANCISCO SYMPHONY                          | Employer identification number<br>94-1156284 |
| 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:                                      |  |

832212 10-10-18

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

| 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:                                    |
| 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018) 59                   |

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

SAN FRANCISCO SYMPHONY

Name of the organization

Page 2

Employer identification number

94-1156284

| Name of the organization<br>SAN FRANCISCO SYMPHONY   |              | Employer identification number<br>94-1156284 |
|--|--------------|--|
| 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:<br>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 ENG                               | GAGED THE    |  |
| ADVICE OF EXTERNAL LEGAL COUNSEL AND CONDUCTED A DETAILED IN                               | NTERNAL      |  |
| REVIEW OF HISTORICAL GIFT AGREEMENTS AND THE ASSOCIATED ACCO                               | DUNTING      |  |
| TREATMENT OF SUCH GIFTS. AS A RESULT OF THIS REVIEW, MANAGE                                | MENT         |  |
| CONCLUDED THAT CERTAIN DONOR DOCUMENTATION COULD BE INTERPRI                               | ETED AS      |  |
| REQUIRING CLASSIFICATION AS "WITH DONOR RESTRICTIONS" UNDER                                | U.S. GAAP.   |  |
| AS SUCH, CERTAIN PRIOR YEAR GIFTS THAT WERE ORIGINALLY DEEM                                | ED WITHOUT   |  |
| DONOR RESTRICTIONS AND INCLUDED AS PART OF THE BOARD DESIGNA                               | ATED         |  |
| ENDOWMENT, WERE RECATEGORIZED TO THE ENDOWMENT NET ASSETS W                                | ITH DONOR    |  |
| RESTRICTIONS BASED ON THE LEGAL INTERPRETATION OF DONOR INT                                | ENT.         |  |
| MANAGEMENT ALSO DETERMINED THAT CERTAIN CAPITALIZED COSTS IN                               | N PRIOR      |  |
| 832212 10-10-18  |              | Schedule O (Form 990 or 990-EZ) (2018        |

| Name of the organization                 |                              | Employer identification number      |
|--|------------------------------|-------------------------------------|
| SAN FRANCISCO SYMPH                      | אַר                          | 94-1156284                          |
| ISCAL YEARS RELATED TO WORK IN PROGRESS  | SHOULD HAVE BEEN RECORDED AS |                                     |
| XPENSE. AS A RESULT, PROPERTY AND EQUIP  | MENT AND NET ASSETS WITHOUT  |                                     |
|  |                              |                                     |
| ONOR RESTRICTIONS - PROPERTY FUND WERE   | RESTATED.                    |                                     |
|  |                              |                                     |
| CORM 990, PART XII, LINE 2C:             |                              |                                     |
| THE PROCESS HAS NOT CHANGED FROM THE PRI | OR YEAR.                     |                                     |
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| 2212 10-10-18                            |                              | Schedule O (Form 990 or 990-EZ) (20 |
| 0605 701245 102384                       | 61<br>2018.05091 SAN FRA     | NCISCO SYMPHONY 1023                |

121