PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO^{LLP}

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Form JJU
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

** 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.



Α	For th	e 2019 calendar year, or tax year beginning SEP 1, 2019 and e	ending At	JG 31, 2020			
в	Check i applicat	le: C Name of organization		D Employer identifie	cation number		
	Addr	ge SAN FRANCISCO SYMPHONY					
	Nam chan	ge Doing business as		94-1156284			
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final retur	DAVIES SIMPHONI HALL, 201 VAN NESS		(415) 552-80	00		
	term ated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	100,652,754.		
	Ame	SAN FRANCISCO, CA 94102-4303		H(a) Is this a group re			
	Appl tion penc	F Name and address of principal officer: SARORARO FISHER		for subordinates	? Yes X No		
	· ·	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
		xempt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) o	or 527	lf "No," attach a	list. (see instructions)		
		ite: WWW.SFSYMPHONY.ORG		H(c) Group exemption			
		f organization: 🗴 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year (of formation: 1910	State of legal domicile: CA		
Ρ	art I	Summary					
đ	1	Briefly describe the organization's mission or most significant activities:		E, AND SHAPE			
oue Cue		CULTURAL LIFE THROUGHOUT THE SPECTRUM OF BAY AREA COMMUNITIES					
Activities & Governance	2	Check this box	ed of more				
Ň	3				74		
ಳ	² 4	Number of independent voting members of the governing body (Part VI, line 1b)			74		
es es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		976			
tivit	6	Total number of volunteers (estimate if necessary)		1800			
Δc	5 7 a	Total unrelated business revenue from Part VIII, column (C), line 12			40,476. 35,552.		
		Net unrelated business taxable income from Form 990-T, line 39			,		
		Contributions and grants (Dort)/III line 1b)		Prior Year 42,113,427.	Current Year 46,481,549.		
e	8	Contributions and grants (Part VIII, line 1h)	26,453,944.	15,354,693.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)					
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,573,280. -1,505,688.	5,416,510. -1,915,534.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		93,634,963.	65,337,218.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		125,277.	65,372.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
	140	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		52,749,127.	56,772,974.		
Fxnenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		117,334.	610,776.		
Den		Total fundraising expenses (Part IX, column (D), line 25)		,	,		
Ě	i 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		26,794,574.	15,774,542.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		79,786,312.	73,223,664.		
	19	Revenue less expenses. Subtract line 18 from line 12		13,848,651.	-7,886,446.		
or	S	· · · · · · · · · · · · · · · · · · ·		ginning of Current Year	End of Year		
Assets (20	Total assets (Part X, line 16)		340,027,013.	349,325,037.		
Ase	ä 21	Total liabilities (Part X, line 26)		50,704,539.	44,579,198.		
Net	22	Net assets or fund balances. Subtract line 21 from line 20		289,322,474.	304,745,839.		
P	art 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									
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	05/11/21	self-employed P00650274						
Preparer	Firm's name ARMANINO LLP		Firm's	EIN 🕨 94-6214841						
Use Only	e Only Firm's address 🔊 12657 ALCOSTA BLVD, STE. 500									
SAN RAMON, CA 94583-4600 Phone no.925-790										
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)									

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2019) SAN FRANCISCO SYMPHONY	94-1156284	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE SAN FRANCISCO SYMPHONY SETS THE HIGHEST POSSIBLE STANDARD FOR		
	EXCELLENCE IN MUSICAL PERFORMANCE AT HOME AND AROUND THE WORLD;		
	ENRICHES, SERVES, AND SHAPES CULTURAL LIFE THROUGHOUT THE SPECTRUM OF		
	BAY AREA COMMUNITIES; MAINTAINS FINANCIAL STABILITY AND GAINS PUBLIC		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Υε	es 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Υε	es 🛛 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$56, 154, 479. including grants of \$7, 072.) (Revenue)	\$ 13,0)77,209.)
	THROUGH ITS ARTISTIC, EDUCATION, AND COMMUNITY PROGRAMS, THE SAN		
	FRANCISCO SYMPHONY SERVES MORE THAN 400,000 BAY AREA RESIDENTS AND		
	VISITORS OF EVERY ECONOMIC AND CULTURAL BACKGROUND IN OVER 200 CONCERTS		
	IN A TRADITIONAL ARTISTIC SEASON. FROM MARCH THROUGH AUGUST 2020, NO		
	LIVE CONCERTS WERE PERFORMED DUE TO THE PANDEMIC. THE SYMPHONY		
	ADDITIONALLY REACHES MILLIONS OF OTHERS THROUGHOUT THE UNITED STATES		
	AND ABROAD THROUGH TOURING, RECORDING, DIGITAL PERFORMANCES, AND RADIO		
	AND TELEVISION BROADCASTS.		
4		. 21	37 382 \
4b	(Code:)(Expenses \$1,558,207. including grants of \$38,300.) (Revenue IN PARTNERSHIP WITH THE SAN FRANCISCO UNIFIED SCHOOL DISTRICT. THE SAN	\$2,1	(137,302.)
	FRANCISCO SYMPHONY PROVIDES COMPREHENSIVE MUSIC EDUCATION TO EVERY		
	STUDENT IN GRADES 1-5 IN SAN FRANCISCO'S PUBLIC ELEMENTARY SCHOOLS		
	THROUGH ADVENTURES IN MUSIC, AND SUPPORTS EVERY PUBLIC MIDDLE AND HIGH		
	SCHOOL BAND AND ORCHESTRA PROGRAM THROUGH MUSIC AND MENTORS.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
		•	,
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 57,712,686.		
		Form	n 990 (2019)
932002	2 01-20-20		
	2		

	000	(0010)	
FOUL	990	(2019)	

SAN FRANCISCO SYMPHONY

1 In the organization described in section 501(b)(3) or 4847(a)(1) (other than a private foundation)? Image: Complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors? Image: Complete Schedule C, Part I 3 Data the organization required to complete Schedule C, Part II Image: Complete Schedule C, Part II 4 Section 501(b)(4): organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect did the organization as addreid in Revue Porcedure B197 (ff 'Yes, 'complete Schedule C, Part II 5 Is the organization assettion 501(b) election in insettine of anomunts in such funds or accounts for which donors have the right to provide acids on the distribution or investment of anomunts in such funds or accounts for Yes, 'complete Schedule D, Part II 7 X 8 Did the organization receive or hold a conservation asservation asservation asservation asservation asservation asservation asservation asservation services? If 'Yes, 'complete Schedule D, Part II 7 X 8 Did the organization meanum in Part X, Ime 21, for scrow or cutodial account liability, serve as a cutodial for anomunt in Part X, Ime 21, for scrow or cutodial account liability, serve as a cutodial for anomunt in part X, Ime 21, for scrow or cutodial account liability, serve as a cutodial for anomunt in Part X, Ime 21, for scrow or cutodial account liability, serve as a cutodial for anomunt in part X, Ime 21, for scrow or cutodial account liability, serve as acutodian for anomunt in part X, Ime 21, for tar S, for	Par	Checklist of Required Schedules		1	
2 Is the organization requires the complete Schedule (). Schedule of Contributors? Image: Control Contreconte Control Contreconte Control Control Control Con	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
Dot the organization engage in effect or indirect politicit atampaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Image: Complete Schedule C, Part I Section 501(b) (Sk) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? If "Yes," complete Schedule C, Part II Image: Complete Schedule C, Part II Is the organization maintain any doner advised threads or any similar funds or accounts? If "Yes," complete Schedule C, Part II Image: Complete Schedule C, Part II D Id the organization reprive or hords cancers thread or any similar funds or accounts? If "Yes," complete Schedule D, Part II Image: Complete Schedule D, Part II B Did the organization maintain collectors of works of art, historical treasures, or other amiliar assets? If "Yes," complete Schedule D, Part II Image: Complete Schedule D, Part II B Did the organization reprodue roth consensition sing. deb margagement, credit registration services? If "Yes," complete Schedule D, Part IV B Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Image: Complete Schedule D, Part V B Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI Image: Complete Schedule D, Part VI C Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part XI Image: Complet		If "Yes," complete Schedule A	1	Х	
public office? If 'Yes,' complete Schedule Q, Part I 3 X 4 Section 501(kg) organization. Bit the organization engage in hobbying activities, or have a section 501(kg) election in effect during the tax yes? If 'Yes,' complete Schedule C, Part I 4 X 5 Is the organization a section 501(kg), 507 501(kg) organization that receive membership dues, assessments, or similar amounts as defined in Reveau Procedure 98 19? If 'Yes,' complete Schedule C, Part II 5 X 6 the organization or investment of amounts in sch. Indiko a cocounts for Wish food noors have the right to provide advice on the distribution or investment of amounts in sch. Indiko a cocounts for Yes,' margited Schedule D, Part II 6 X 7 X Excert to 501(kg), Fart II 5 X 8 X Schedule D, Part II 5 X 9 Did the organization metry to rounds a rot to functional treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 7 X 9 Did the organization metry to rounds a rot to functional treasures, or other similar assets'II 'Yes,' complete Schedule D, Part V, VII, VII, IV, or X as applicable. 8 X 9 Did the organization metry to rounds a rot the organization. Inclusing questions is 'Yes,' then complete Schedule D, Part V, VII, VII, IV, or X as applicable. 10 X	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
Section 50 (L)(2) organizations. Dia the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year // Yres," complete Schedule C, Part I 4 X Is the organization a section 501(h) election in effect during the tax year // Yres," complete Schedule C, Part I 5 X D bit the organization markina any doorn advice the 10 and outs or any similar funds or accounts? // Yres," complete Schedule D, Part I 5 X D bit the organization markina any doorn advice more simular on tax to charge schedule D, Part I 6 X D bit the organization markina any doorn advice of art, historical treasures, or other similar assats? // Yres," complete Schedule D, Part I 7 X D bit the organization markina collections of works of art, historical treasures, or other similar assats? // Yres," complete Schedule D, Part II 7 X D bit the organization server or any of the following questions in Yes," then complete Schedule D, Part V, in the organization services? 7 X D bit the organization report an amount for thread buildings, and equipment in Part X, line 127 // Yres, "complete Schedule D, Part V 10 X D bit the organization report an amount for threads. Dualidings, and equipment in Part X, line 137 // Yres, "complete Schedule D, Part V 10 X D bit the organization report an amount for threads. Dualidings, and equipment in Part X, line 137 // Yres, "complete Schedule	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tay ward // 'vsc, 'complete Schedule C, Part II 4 X 5 Is the organization action 501(c)(4). 501(c)(5), or 501(c)(6) organization that receives members/bip dues, assessments, or similar amounts as defined in Revenue Procedure B9137 // 'Yes,' complete Schedule D, Part II 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts? // 'Yes,' complete Schedule D, Part II 6 X 7 Z B Did the organization maintain any donor advised of ath, historical treasures, or other similar asset? // 'Yes,' complete Schedule D, Part II 7 Z 8 Did the organization receive or orbid a conservation, thorical treasures, or other similar asset? // 'Yes,' complete Schedule D, Part II 8 X 10 Did the organization receive or any orbid following questions is 'Yes,' then complete Schedule D, Part V 8 X 10 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 167 // 'yes,' complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 // 'yes,' complete Schedule D, Part X		public office? If "Yes." complete Schedule C. Part I	3		х
during the tax year? (# Yes,* complete Schedule C, Part II 4 X 5 is the organization a section Stol(k), 501(k),					
5 Is the organization ascientos 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Neurone Proceeding BB107 (11%); complete Schedule C, Part II 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 hold a conservation in such funds or accounts for which donors have the right to provide advice on hold a conservation in such funds or accounts? If '1%e,' complete Schedule D, Part II 6 X 7 X B Did the organization reprive on hold a conservation (including easements to preserve open space, the environment, historic land areas, or historic al treasures, or other similar asset? If '1%e,' complete Schedule D, Part II 7 X 8 X 9 X 10 2 X 9 Did the organization report on through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If '1%e,' complete Schedule D, Part V 10 X 10 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 167 If '1%e,' complete Schedule D, Part X 11a X 11 It due organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in ParX X, line 167 If '1%e,' complete Schedule D, Part X				х	
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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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for the similar assets? If Yes, "complete Schedule D, Part II 7 X 7 Did the organization method a conservation easement, including easements to preserve open space, the environment, instoric and marks of art, historical treasures, or other similar asset? If Yes, "complete Schedule D, Part II 7 X 8 Did the organization method and conservation easement, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowment? If Yes, "complete Schedule D, Part V 10 X 10 Did the organization services? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, "complete Schedule D, Part VI 10 X 11 Did the organization report an amount for investments - other asset 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 VI 11 X 12 Did the organization report an amount for investments - program related in Part X, line 12, that is 5% o					x
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 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic strutures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part II 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for an outpaintation, directly or through a related organization, directly or through a related organization, noted assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part IV 10 Did the organization areaver to any of the following questions is "Yes," then complete Schedule D, Part VI, VIII, VIII, K, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for investments - orbiter socurities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 Did the organization report an amount for investments - orbiter socurities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 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 X 11 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X 11 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X 11 Did the organization neoterial tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11 Did the organization neoterial tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule					x
the environment, historic land areas, or historic structures? // *Ves,* complete Schedule D, Part //					
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>II'Yes, "complete Schedule D, Part III</i>			7		x
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, sarve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 0 Did the organization directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowmants? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 12 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? II "Yes," complete Schedule D, Part VIII 111 X 13 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? II "Yes," complete Schedule D, Part VIII 112 X 14 Did the organization report an amount for investments - other asset in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? II "Yes," complete Schedule D, Part X 114 X 14 Did the organization separate, independent audited financial statements for the tax year? 114 X 15 Did the organization included in consolidated, independent audi					
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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VIII, VIX, or X as applicable. 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // 'Yes,' complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // 'Yes,' complete Schedule D, Part VII 11b X 14 Vith 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? // 'Yes,' complete Schedule D, Part X 11a X 14 Vith organization report an amount for other assets in Part X, line 25? // 'Yas,' complete Schedule D, Part X 11e X 11 Vies, 'and				v	1
amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? y X H "Yes," complete Schedule D, Part IV 10 X 10 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 11a X D 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 VI 11b X 11b X C Did the organization report an amount for investments - other assets 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 VII 11c X 11c X C Did the organization report an amount for investments - other assets 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 VII 11c X 11d X C Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 11e X 12a Did the organization report an amount for other liab		,	8	Δ.	<u> </u>
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b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 15 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 16 X 17 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 82? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 17 X 18 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule B</i> , <i>Part I</i> 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 20b Did the organization report more than			·····		<u> </u>
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SAN FRANCISCO SYMPHONY

Pa	t IV Checklist of Required Schedules (continued)			<u> </u>
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
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	x	
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	040		x
L	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			v
	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			-
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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?			
	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?			1
Do	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
Pa	Charly if Cabady la Quantaina a reanance or note to any line in this Bart V			
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-	х	
00000	(gambling) winnings to prize winners?	Eorm	<u>990</u>	(2010
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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 976			
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	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	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).			
	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	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			
e	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		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	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.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b		9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	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			
с	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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		1	<u> </u>
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the exemination on advectional institution subject to the partian 1069 subject by an act investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
			000	(0010)

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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	check if Schedule O contains a response or note to any line in this Part Vi	<u></u>		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 74	1	100	
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b		L I		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	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, 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		X
6	Did the organization have members or stockholders?	6		X
- 7a				
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a		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 on Schedule O	9		x
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b		12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0		
Ŭ	in Schedule O how this was done	12c	х	
13		13	х	
14	Did the organization have a written whistleblower policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-	The organization's CEO, Executive Director, or top management official	15a	х	
b		15b	х	
5	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100	taxable entity during the year?	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
D.	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		
Sec	ction C. Disclosure			I
17	List the states with which a copy of this Form 990 is required to be filed CA			
.,	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)		availa	blo
18	for public inspection. Indicate how you made these available. Check all that apply.	S Only)	avalla	DIE
18	X Own website Another's website X Upon request Other (explain on Schedule O)			
18		d finan	cial	
18 19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	u iiriarii		
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.			

Form 990 (2	019) SAN FRANCISCO SYMPHONY	94-1156284	Page 7						
Part VII	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
	Employees, and Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII								
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Comple	e this table for all persons required to be listed. Report compensation for the calendar year endin	g with or within the organization	i's tax year.						
● List a	l of the organization's current officers, directors, trustees (whether individuals or organizations), r	egardless of amount of compen	sation.						

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.

See instructions for the order in which to list the persons above.

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do				۱ than e	ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	nd a director/trustee)		tee)	from	from related	other	
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	trustee or director	trust		66	bens		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		vold	t con	_			organizations
	line)	Individual t	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SAKURAKO FISHER	30.00				×	1 - 0	<u> </u>			
PRESIDENT		х		x				0.	0.	0.
(2) PRISCILLA B. GEESLIN	30.00									
PRESIDENT-ELECT		х		х				0.	0.	0.
(3) MATT COHLER	8.00									
VICE PRESIDENT/JOINT ARTISTIC		х		х				0.	0.	0.
(4) GAIL COVINGTON	8.00									
VICE PRESIDENT/COMMITTEE ON GOVERNOR		Х		х				0.	0.	0.
(5) GORRETTI LO LUI	8.00									
VICE PRESIDENT		Х		х				0.	0.	0.
(6) ROBERT G. ODONNELL	8.00									
TREASURER		Х		Х				0.	0.	0.
(7) LYDIA I. BEEBE	8.00									
SECRETARY		Х		х				٥.	0.	0.
(8) A. JOHN GAMBS	6.00									
VICE PRESIDENT/TREASURER		Х						0.	0.	0.
(9) AIDA M. ALVAREZ	3.00									
MEMBER, BOARD OF GOVERNORS		Х						0.	0.	0.
(10) ALAN MAY (START 4/20)	3.00									
MEMBER, BOARD OF GOVERNORS		Х						0.	0.	0.
(11) ANDREA PALMER (START 8/20)	1.00									
MEMBER, BOARD OF GOVERNORS		Х						0.	0.	0.
(12) ANITA WORNICK	3.00									
MEMBER, BOARD OF GOVERNORS		Х						0.	0.	0.
(13) ANN PARAS	4.00									
MEMBER, BOARD OF GOVERNORS		Х						0.	0.	0.
(14) ATHENA BLACKBURN	1.00									
MEMBER, BOARD OF GOVERNORS		Х						0.	0.	0.
(15) BASHEER JANJUA	2.00									
MEMBER, BOARD OF GOVERNORS		Х						0.	0.	0.
(16) CAROL CASEY	1.00									
MEMBER, BOARD OF GOVERNORS		Х						0.	0.	0.
(17) CHARLOTTE SHULTZ	1.00									
MEMBER, BOARD OF GOVERNORS		Х						0.	0.	0.
032007 01-20-20										Form 990 (2019)

7

932007 01-20-20

Form 990 (2019)

Form 990 (2019) SAN FRANCISCO	SYMPHONY								94-115	628	4	Pa	ge 8
Part VII Section A. Officers, Directors, Trust	ees, Key Em	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	(do		Posi heck r				Reportable	Reportable		Es	timated	b
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation	.	an	nount o	f
	week		cer ar	ıd a di	irecto	r/trust	tee)	from	from related			other	
	(list any	director						the	organizations		com	pensati	ion
	hours for	or dir				ted		organization	(W-2/1099-MIS	C)	fr	om the	
	related	stee o	trustee			ensa		(W-2/1099-MISC)			•	anizatio	
	organizations	altrus	nal ti		loyee	e comp						d relate	
	below	Individual trustee or	In stit utio nal 1	Officer	ƙey employee	Highest compensated employee	Former				orga	anizatio	ns
(18) CHRISTINE E. LAMOND	line) 1.00	Ind	lns	0ff	Key	em	For			-+			
MEMBER, BOARD OF GOVERNORS	1.00	x						0.		٥.			Ο.
(19) CHRISTINE MATTISON	1.00							·.		<u> </u>			<u> </u>
MEMBER, BOARD OF GOVERNORS	1.00	x						0.		٥.			Ο.
(20) DAN COOPERMAN	4.00	л						•.		<u> </u>			<u> </u>
MEMBER, BOARD OF GOVERNORS	4.00	x						0.		٥.			Ο.
•	2.00	Δ						0.		<u> </u>			0.
(21) DAVE WEBER	3.00												~
MEMBER, BOARD OF GOVERNORS	1 00	х						0.		0.			0.
(22) DAVID FRIEDBERG	1.00							0					•
MEMBER, BOARD OF GOVERNORS	3 00	Х						0.		0.			0.
(23) DAVID J. BERGER	3.00	v						0					0
MEMBER, BOARD OF GOVERNORS	2.00	х						0.		0.			0.
(24) DEAN CASH	2.00												•
MEMBER, BOARD OF GOVERNORS		х						0.		0.			0.
(25) DEBBIE MCCOY	4.00												•
MEMBER, BOARD OF GOVERNORS		Х						0.		0.			0.
(26) DORIS FISHER	4.00												
MEMBER, BOARD OF GOVERNORS		Х						0.		0.			0.
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VI	, Section A							3,527,919.		0.		435,0	
d Total (add lines 1b and 1c)								3,527,919.		0.		435,0	49.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													145
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	key e	mpl	oyee	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for su	uch individual										3		X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization				
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	Jf	or such individual			4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedule	e J fe	or sı	ich r	bers	on .					5		Х
Section B. Independent Contractors				·									
1 Complete this table for your five highest cor	npensated inc	lepe	ndei	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compe	ensat	ion fro	om	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng wi	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(0	;)	
Name and business	address							Description of s	ervices	C	ompe	nsation	
MTT, INC., 1675 BROADWAY, 20TH FLOOR,	NEW												
YORK, NY 10019							(CONDUCTOR			1	742,2	71.
EVENTS MANAGEMENT, INC., 2525 16TH ST	TREET												
SUITE 311, SAN FRANCISCO, CA 94103								CATERER				920,8	75.
HEARST COMMUNICATIONS, SAN FRANCISCO	CHRONI												
901 MISSION STREET, SAN FRANCISCO, CA	A 94103						į	ADVERTISING				532,9	20.
OPUS 3 ARTISTS, 470 PARK AVENUE 9TH H	LOOR ,												
NEW YORK, NY 10016	,							ARTIST AGENT				499,3	83.
CENTRO, INC.												,	
11 E MADISON 6TH FLOOR, CHICAGO, IL 6	50602							ADVERTISING				489,9	77.
2 Total number of independent contractors (ir		ot lin	niter	to t	thos	e lis			ore than			,	
\$100,000 of compensation from the organiz	•				31			,					
SEE PART VII, SECTION A CONTINU		TS									Form	990 (2	019)
·												(-	/

932008 01-20-20

Part VII Section A. Officers, Directors, 1	<u>rustees, Key Er</u>	nplo	yee	s, ai	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)				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	_				oyee		the	organizations	compensatio
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for	ordi	ee			sated		(W-2/1099-MISC)		organization
	related	ustee.	trust		ee	ubeus				and related
	organizations below	lual tr	tional	Ι.	n ploy	st con	-			organization
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
27) GE WANG	2.00	-	-		-	-				
IEMBER, BOARD OF GOVERNORS		х						0.	0.	
28) JEROME M. GUILLEN	4.00									
IEMBER, BOARD OF GOVERNORS		x						0.	0.	
29) VINCENT MATTHEWS	1.00									
IEMBER, BOARD OF GOVERNORS		x						0.	0.	
30) ERIC X. LI	2.00									
MEMBER, BOARD OF GOVERNORS		x						0.	0.	
(31) F. CURT KIRSCHNER	3.00								- •	
EMBER, BOARD OF GOVERNORS		x						0.	0.	
32) FRED M. LEVIN	4.00									
IEMBER, BOARD OF GOVERNORS		x						0.	0.	
33) FRED SEEGAL	3.00								••	
MEMBER, BOARD OF GOVERNORS	5.00	x						0.	0.	
(34) GORDON P. GETTY	1.00	<u>л</u>						•••	· ·	
	1.00	x						0.	0.	
MEMBER, BOARD OF GOVERNORS 35) GREGORY E. JOHNSON	3.00	^						υ.	υ.	
	3.00								0	
MEMBER, BOARD OF GOVERNORS	4.00	Х						0.	0.	
(36) GRETCHEN KIMBALL	4.00								0	
MEMBER, BOARD OF GOVERNORS		х						0.	0.	
(37) IRIS CHAN	3.00	-							_	
IEMBER, BOARD OF GOVERNORS		Х						0.	0.	
(38) ISABEL VALDS	4.00									
EMBER, BOARD OF GOVERNORS		Х						0.	0.	
39) JACK VAN GEEM	2.00									
IEMBER, BOARD OF GOVERNORS		Х						0.	0.	
40) JEFF BHARKHDA	3.00									
IEMBER, BOARD OF GOVERNORS		Х						0.	0.	
41) JEFF HAN	4.00									
MEMBER, BOARD OF GOVERNORS		Х						٥.	0.	
42) JIM HENRY	6.00									
EMBER, BOARD OF GOVERNORS		х						0.	0.	
43) JOHN D. GOLDMAN	4.00									
EMBER, BOARD OF GOVERNORS		х						0.	0.	
44) JOHN S. CHEN	1.00									
EMBER, BOARD OF GOVERNORS		х						0.	0.	
45) JOYCE CORRIGAN	1.00	1								
EMBER, BOARD OF GOVERNORS		х						0.	0.	
46) JUDI KANTER	3.00	1								
		x			1			0.	0.	

Part VII Section A. Officers, Directors,	<u>Trustees, Key Er</u>	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(C	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				ploye		the organization	organizations (W-2/1099-MISC)	compensatior from the
	hours for	direct				d em		(W-2/1099-MISC)	(00-2/1033-10100)	organization
	related	ee or	stee			nsate				and related
	organizations	trust	nal tru		oyee	om pe				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
	line)	pul	Inst	Offi	Key	Hig	For			
(47) KAUSIK RAJGOPAL	3.00									
MEMBER, BOARD OF GOVERNORS (48) MARC T. MACAULAY	4.00	Х						0.	0.	
MEMBER, BOARD OF GOVERNORS	4.00	x						0.	0.	(
(49) MARGARET LIU COLLINS	2.00									
MEMBER, BOARD OF GOVERNORS		х						0.	0.	(
(50) MARK A. JUNG	1.00									
MEMBER, BOARD OF GOVERNORS		х						0.	0.	(
(51) MARK C. PERRY	2.00									
MEMBER, BOARD OF GOVERNORS		х						٥.	0.	(
(52) MARY A. FRANCIS	2.00									
MEMBER, BOARD OF GOVERNORS		х						0.	0.	
(53) MARY C. FALVEY	7.00									
MEMBER, BOARD OF GOVERNORS	1 00	Х						0.	0.	
(54) MARYON DAVIES LEWIS	1.00	x						0.	0.	
MEMBER, BOARD OF GOVERNORS	3.00	^						0.	0.	
MEMBER, BOARD OF GOVERNORS	5.00	x						0.	0.	
(56) METTA KRACH	3.00							···	••	
MEMBER, BOARD OF GOVERNORS		x						0.	0.	
(57) MICHAEL ANDERS	3.00									
MEMBER, BOARD OF GOVERNORS		х						0.	0.	
(58) MICHAEL PIERCE	4.00									
MEMBER, BOARD OF GOVERNORS		х						0.	0.	
(59) MICHLE BEIGEL CORASH	8.00									
MEMBER, BOARD OF GOVERNORS		х						0.	0.	
(60) NANCY H. BECHTLE	4.00									
MEMBER, BOARD OF GOVERNORS		х						٥.	0.	
(61) NANCY CONNER	1.00									
MEMBER, BOARD OF GOVERNORS		х						0.	0.	
(62) PATTI LEE-HOFFMANN	2.00								_	
MEMBER, BOARD OF GOVERNORS		х						0.	0.	
(63) PAULA BLANK	5.00									
TEMBER, BOARD OF GOVERNORS	1.00	х						0.	0.	
64) RAJ MATHAI (START 8/20)	1.00								<u>^</u>	
MEMBER, BOARD OF GOVERNORS	2.00	Х						0.	0.	
65) REBECCA MACIEIRA-KAUFMANN	2.00	x							0	
MEMBER, BOARD OF GOVERNORS	1.00	^						0.	0.	
MEMBER, BOARD OF GOVERNORS	1.00	x						0.	0.	
1	1	1							- •	<u> </u>

Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours	(cl	heck	Posi all t			y)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatior from the organization and related organizations
67) ROB THOMPSON	4.00									
IEMBER, BOARD OF GOVERNORS		Х						0.	0.	
68) ROBERT R. TUFTS	4.00									
EMBER, BOARD OF GOVERNORS		Х						0.	0.	
69) ROBERTA B. DENNING	2.00									
MEMBER, BOARD OF GOVERNORS		х						0.	0.	
(70) TIFFANY CHANG (START 10/19)	3.00									
MEMBER, BOARD OF GOVERNORS		х						0.	0.	
(71) TRINE SORENSEN	8.00									
TEMBER, BOARD OF GOVERNORS	4.00	Х						0.	0.	
72) ZAC TOWNSEND MEMBER, BOARD OF GOVERNORS	4.00	x						0	0	
73) RAYMOND LI	1.00	~						0.	0.	
MEMBER, BOARD OF GOVERNORS	1.00	x						0.	0.	
(74) J. WILLIAM MORRIS	1.00	Δ						υ.	0.	
MEMBER, BOARD OF GOVERNORS	1.00	x						0.	0.	
(75) MARK HANSON	60.00							•••	••	
CEO	00.00			x				974,040.	0.	47,55
(76) ELIZABETH PESCH (START 11/19)	60.00							5,1,010.		1,,00
CFO				x				39,224.	Ο.	1,72
77) COLETTE CHESTNUT (LEFT 12/19)	60.00							, -		_, _
NTERIM CFO				х				243,036.	Ο.	10,37
(78) DAVID CHAMBERS (LEFT 6/20)	60.00							,		,
CHIEF ADVANCEMENT & REVENUE OFFICER					x			428,369.	Ο.	34,74
(79) ALEXANDER BARANTSCHIK	60.00							,		
CONCERTMASTER						x		565,737.	Ο.	97,30
(80) SCOTT PINGEL	60.00									
PRINCIPAL BASS						x		328,147.	Ο.	85,75
81) MARK INOUYE	60.00									
PRINCIPAL TRUMPET						x		324,863.	Ο.	48,99
(82) TIMOTHY HIGGINS	60.00									
RINCIPAL TROMBONE						х		317,705.	Ο.	60,58
(83) EDWARD STEPHAN	60.00									
PRINCIPAL TIMPANI		-				х		306,798.	0.	48,00
		 								
Total to Part VII, Section A, line 1c								3,527,919.		435,04

ar	t VIII	Statement of Re	ven	ue					
		Check if Schedule O o	conta	ains a response	or note to any line			(
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
s	1 a	Federated campaigns		1a					
and Other Similar Amounts		Membership dues							
e		Fundraising events			7,878,287.				
I		Related organizations							
		Government grants (contr			11,517,530.				
0		All other contributions, gifts,							
ner		similar amounts not included			27,085,732.				
D	g	Noncash contributions included in	lines [.]	a-1f 1g \$	1,262,766.				
an	h	Total. Add lines 1a-1f			▶	46,481,549.			
					Business Code				
	2 a	CONCERT & RELATED R	EVE		711130	14,712,167.	14,712,167.		
Ð	b	SFS MEDIA			515100	444,174.	444,174.		
nue	с	VOLUNTEER COUNCIL			711130	198,352.	198,352.		
Hevenue	d				ļ				
٩	е								
		All other program service				4.5. 6.5. 5.5.			
+		Total. Add lines 2a-2f				15,354,693.			
	3	Investment income (includ	-					F 050 0	
		other similar amounts)				5,081,366.		22,348.	5,059,0
	4	Income from investment o			· · · ·				
	5	Royalties	·····						
	-			(i) Real	(ii) Personal				
		Gross rents	6a		18,128.				
		Less: rental expenses	6b		18,128.				
		Rental income or (loss)	<u>6c</u>		10,120.	18,128.		18,128.	
		Net rental income or (loss)) <u></u>	(i) Securities	(ii) Other	10,120.		10,120.	
	7 a	Gross amount from sales of	7-	32,269,280.					
	h	assets other than inventory Less: cost or other basis	7 a	52,205,200.					
	D	and sales expenses	76	31,775,642.	158,494.				
	c	Gain or (loss)	7c						
		Net gain or (loss)				335,144.			335,1
		Gross income from fundraisin				,			
	0 4	including \$7,8							
		contributions reported on							
		Part IV, line 18			903,481.				
	b	Less: direct expenses		8b	2,755,868.				
		Net income or (loss) from			►	-1,852,387.			-1,852,3
		Gross income from gamin							
		Part IV, line 19	-	9a					
	b	Less: direct expenses)				
		Net income or (loss) from			>				
.		Gross sales of inventory, I							
		and allowances		10:	a 485,430.				
	b	Less: cost of goods sold			6 25,532.				
		Net income or (loss) from				-140,102.	-140,102.		
					Business Code				
Kevenue	11 a	MISCELLANEOUS			900099	58,827.			58,8
nue	b				ļ l				
eve	с								
r	d	All other revenue							
		Total. Add lines 11a-11d			►	58,827.			
	12	Total revenue. See instruction				65,337,218.	15,214,591.	40,476.	3,600,6

13170511 701245 102384

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SAN FRANCISCO SYMPHONY

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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 (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 65,372 65,372. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 652,232. trustees, and key employees 1,450,068 91,929. 705,907. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 40,584,222. 35,242,408. 3,402,373. 1,939,441. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 5,918,485 4,849,779 912,514 156,192. 5,128,104 6,144,548 681,335 335,109. 9 Other employee benefits 2,675,651 2,249,172 258,092 168,387. 10 Payroll taxes 11 Fees for services (nonemployees): 54,487 54,487 Management а 34,238. 34,238. b Legal С Accounting 36,000 36,000 Lobbying d 610,776. 610,776. Professional fundraising services. See Part IV, line 17 е 353,791 353,791. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 6,111,922 4,458,390 410,866 1,242,666. column (A) amount, list line 11g expenses on Sch O.) 1,810,440 1,808,565, 1,875 Advertising and promotion 12 2,119,536. 1,391,333. 227,707 500,496. 13 Office expenses _____ 782,763, 303,392, 446,193 33,178. 14 Information technology 2,327. 2,327. 15 Royalties 947,365 366,955. 481,619 98,791. 16 Occupancy 760,198 634,233. 28,021 97,944. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 44,877. 17,950. 309. Conferences, conventions, and meetings 26,618. 19 1,692. 1,692 20 Interest Payments to affiliates 21 1,623,107 511,662, 1,111,445 22 Depreciation, depletion, and amortization 380,675 9,340. 371,335 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) PRINTING AND BROCHURES 473,205 348,711. 124,494. а OTHER EXPENSES 237,919 233,064 4,447 408. b С d All other expenses е 73,223,664 6,014,098. Total functional expenses. Add lines 1 through 24e 57,712,686 9,496,880 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

13

932010 01-20-20

Form 990 (2019)

13170511 701245 102384

Check here

educational campaign and fundraising solicitation.

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

 Form 990 (2019)
 SAN FRANCISCO SYMPHONY

 Part X
 Balance Sheet

					(A) Beginning of year		(B) End of year		
<u> </u>	4	Cash pap interact bearing			3,867,069.	-	5,274,42		
	1	-			297,578.	1	340,58		
		Savings and temporary cash investments		F		2	•		
		Pledges and grants receivable, net			15,989,403.	3	10,520,20 705,70		
		Accounts receivable, net			4,280,629.	4	705,70		
1		Loans and other receivables from any current of							
		trustee, key employee, creator or founder, subs			544,444.	_	466 13		
		controlled entity or family member of any of the	-		544,444.	5	466,13		
6		Loans and other receivables from other disqual							
		under section 4958(f)(1)), and persons describe		· · · · · · · · · · · · · · · ·	0. (20. 054	6	0.015.00		
2 7		Notes and loans receivable, net	2,638,954.	7	2,915,80				
2		Inventories for sale or use			368,119.	8	362,50		
				·····	2,620,483.	9	984,77		
10	0a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D		38,622,786.					
		Less: accumulated depreciation		20,455,250.	17,482,124.	10c	18,167,53		
1	1	Investments - publicly traded securities		····· -	210,695,000.	11	229,789,12		
12		Investments - other securities. See Part IV, line			72,948,970.	12	71,704,99		
13		Investments - program-related. See Part IV, line		13					
14		Intangible assets		14					
15	5	Other assets. See Part IV, line 11		8,294,240.	15	8,093,2			
16	6	Total assets. Add lines 1 through 15 (must equ	340,027,013.	16	349,325,0				
17	7	Accounts payable and accrued expenses		5,934,621.	17	5,942,2			
18	8	Grants payable		18					
19	9	Deferred revenue	11,188,319.	19	6,998,5				
20	0	Tax-exempt bond liabilities		20					
2	1	Escrow or custodial account liability. Complete	chedule D		21				
, 22	2	Loans and other payables to any current or form	director,						
		trustee, key employee, creator or founder, subs	tantial cont	ributor, or 35%					
		controlled entity or family member of any of the	se persons			22			
i 23	3	Secured mortgages and notes payable to unrel	ated third p	arties	1,000,000.	23	1,000,5		
24		Unsecured notes and loans payable to unrelate				24			
25		Other liabilities (including federal income tax, pa							
		parties, and other liabilities not included on line	s 17-24). Co	omplete Part X					
		of Schedule D			32,581,599.	25	30,637,8		
26	6	Total liabilities. Add lines 17 through 25			50,704,539.	26	44,579,1		
		Organizations that follow FASB ASC 958, ch	eck here 🄰	X					
3		and complete lines 27, 28, 32, and 33.							
2 27	7	.			-4,112,783.	27	6,608,0		
28		Net assets with donor restrictions			293,435,257.	28	298,137,7		
2		Organizations that do not follow FASB ASC							
:		and complete lines 29 through 33.							
29	9	Capital stock or trust principal, or current funds	6			29			
, , _,	-	Paid-in or capital surplus, or land, building, or e				30			
3		,,,,,,,,,							
30 2 3	1	Retained earnings, endowment, accumulated in							
27 28 29 29 29 29 29 29 29 29 29 29 29 29 29		Retained earnings, endowment, accumulated in Total net assets or fund balances			289,322,474.	31 32	304,745,83		

932011 01-20-20

Form	990 (2019) SAN FRANCISCO SYMPHONY	94-11562	84	Pa	_{ae} 12
	rt XI Reconciliation of Net Assets				4
	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	65,	337,	218.
2	Total expenses (must equal Part IX, column (A), line 25)	2	73,	223,	664.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,	886,	446.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	289,	322,	474.
5	Net unrealized gains (losses) on investments	5			203.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3,	987,	608.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	304,	745,	839.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	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 on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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 on Schedule O and describe any steps taken to undergo such audits		3b		
			-	000	(0010)

Form **990** (2019)

932012 01-20-20

SCI	IED	ULE	Α
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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	
2()19	

Open to Public

	Inspection
nlovor	identification number

nterna	al Reve	enue Service		Go to www.irs.go	v/Form990 for instructio	ons and th	ie latest ir	nformation.		Inspection
Nam	e of	the organizat								identification number
Pa	rt I	Docon		RANCISCO SYMPHON						94-1156284
					All organizations must co			e instruction	S.	
	orgar		•		For lines 1 through 12, cl		,			
1		-			on of churches described			I)(A)(i).		
2	Щ				(Attach Schedule E (Form					
3	Щ	•	•		anization described in se			•		
4			-	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
-		city, and sta	-	ar the banefit of a co		or on or ot		vornmontol	wit doooriba	
5				Complete Part II.)	llege or university owned	or operation	eu by a gu	veninentart	Init describe	
6		A federal, sta	ate, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X			-	ntial part of its support fr				he general p	oublic described in
		-		complete Part II.)		U			0 1	
8					(1)(A)(vi). (Complete Part	11.)				
9			-		in section 170(b)(1)(A)(i		ed in coniu	unction with a	land-grant	college
		-	-	-	ulture (see instructions).		-		-	-
		university:		grain concigo or agino				, and clare e.	and demoge	
10			ion that norma	ally receives: (1) more	e than 33 1/3% of its supp	ort from c	contributio	ns, members	hip fees, an	d gross receipts from
					ct to certain exceptions,					
				-	(less section 511 tax) fro					-
				mplete Part III.)			loop acqui		gamzationa	
11					ively to test for public saf	etv See	section 50	9(a)(4)		
12	\square	0	•	•	ively for the benefit of, to				arry out the	purposes of one or
		-	-	-	ed in section 509(a)(1) o	-			-	
		-		-	f supporting organization					
а		_	-		supervised, or controlled l				-	aivina
				-	gularly appoint or elect a	•	-			
			•	complete Part IV, Se	• • • •	majority o				pporting
b		_ ·			or controlled in connect	ion with its	s sunnorte	ad organizatio	n(s) by hav	ina
					anization vested in the sa			•		-
			-	st complete Part IV,					ge the supp	
с		_ ~	.,	•	g organization operated i	n connect	tion with a	and functiona	llv integrate	d with
Ŭ			-	• • • •	b). You must complete F				iny integrate	a with,
d		_	-		porting organization operation				rted organiz	ration(s)
u			-	• • •	zation generally must sati				•	
			-		mplete Part IV, Sections	-		-		
е					written determination from				II Type III	
Ũ			0		nally integrated supportir			Type I, Type	n, rype m	
f	Fnt		of supported of		nany integrated supportin	ig organiz				
a			• •	n about the supporte	ed organization(s)					
3		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount c	f monetary	(vi) Amount of other
		organizatio	n		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
_										

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 16

Schedule A (Form 990 or 990-EZ) 2019 SAN FRANCISCO SYMPHONY

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	31,602,376.	29,263,278.	41,942,469.	42,113,427.	46,481,549.	191,403,099.
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 \dots						
4	Total. Add lines 1 through 3	31,602,376.	29,263,278.	41,942,469.	42,113,427.	46,481,549.	191,403,099.
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)						33,758,123.
6	Public support. Subtract line 5 from line 4.						157,644,976.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	31,602,376.	29,263,278.	41,942,469.	42,113,427.	46,481,549.	191,403,099.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,139,804.	4,897,507.	4,860,874.	5,369,909.	5,059,018.	24,327,112.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	373,531.	495,041.	132,276.	98,825.	35,552.	1,135,225.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	917,400.	842,473.	907,323.	868,277.	962,308.	4,497,781.
11	Total support. Add lines 7 through 10						221,363,217.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	136,124,446.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	71.22 %
	Public support percentage from 2018					15	70.91 %
16 a	33 1/3% support test - 2019. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check thi	is box and stop h	ere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported organ	nization	>
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s >
					Sche	edule A (Form 990	or 990-FZ) 2019

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

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Suppo	<u>rt</u>			_		
Calendar year (or fiscal year begin	ning in) 🕨 (a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions	, and					
membership fees received	. (Do not					
include any "unusual grant	.s.")					
2 Gross receipts from admis merchandise sold or servic formed, or facilities furnish any activity that is related organization's tax-exempt	ees per- ed in to the					
3 Gross receipts from activit are not an unrelated trade						
iness under section 513						
4 Tax revenues levied for the ization's benefit and either	paid to					
or expended on its behalf						
5 The value of services or factorial furnished by a government the organization without cl	al unit to					
-						
 6 Total. Add lines 1 through 7a Amounts included on lines 3 received from disqualifier 	1, 2, and					
 Amounts included on lines 2 and 3 r from other than disqualified persons exceed the greater of \$5,000 or 1% amount on line 13 for the year 	eceived 5 that of the					
c Add lines 7a and 7b						
8 Public support. (Subtract line 70 Section B. Total Support	from line 6.)					
Calendar year (or fiscal year begin	ning in) 🕨 (a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interes dividends, payments receiv securities loans, rents, roya and income from similar so	ved on alties,					
b Unrelated business taxable inc						
(less section 511 taxes) from	businesses					
acquired after June 30, 1975						
c Add lines 10a and 10b \dots						
11 Net income from unrelated activities not included in lir whether or not the busines regularly carried on	ne 10b,					
12 Other income. Do not inclu or loss from the sale of car assets (Explain in Part VI.)	pital					
13 Total support. (Add lines 9, 10c,						
14 First five years. If the Form	n 990 is for the organizatior	n's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) org	anization,
	ere					>
Section C. Computation	of Public Support Pe	ercentage				
15 Public support percentage	for 2019 (line 8, column (f),	divided by line 13,	column (f))		15	%
	from 2018 Schedule A, Par				16	%
Section D. Computation					 	
17 Investment income percen	tage for 2019 (line 10c, colu	umn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percen	•				18	%
19a 33 1/3% support tests - 2						ne 17 is not
	this box and stop here. Th					▶∟
b 33 1/3% support tests - 2						
	1/3%, check this box and					
20 Private foundation. If the	organization did not check a	a box on line 14, 19	a, or 19b, check t			······
932023 09-25-19		1 9	2	Sch	edule A (Forn	n 990 or 990-EZ) 2019

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.)

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Schedule A (Form 990 or 990-EZ) 2019

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			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 Part VI.	11c		
	tion B. Type I Supporting Organizations	TIC		
000			Vac	Ne
			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			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
U	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
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		
932025	5 09-25-19 Schedule A (Form 9)0-EZ)	2019

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Schedule A (Form 990 or 990-EZ) 2019 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) 2019

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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	es of supported organizations	6	
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 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			Earm 990 or 990 EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FUNDRAISING INCOME
2015 AMOUNT: \$ 864,350.
2016 AMOUNT: \$ 782,371.
2017 AMOUNT: \$ 891,052.
2018 AMOUNT: \$ 836,561.
2019 AMOUNT: \$ 903,481.
MISCELLANEOUS INCOME
2015 AMOUNT: \$ 53,050.
2016 AMOUNT: \$ 60,102.
2017 AMOUNT: \$ 16,271.
2018 AMOUNT: \$ 31,716.
2019 AMOUNT: \$ 58,827.

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Schedule A (Form 990 or 990-EZ) 2019

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

2019

Employer identification number

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

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

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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 contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed.

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 E	3 (Form	990,	990-EZ,	or 990-PF) (2019)
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Name of organization

Page **2**

SAN FRANCISCO SYMPHONY

Employer identification number

94-1156284

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$7,776,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$3,155,381.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$3,740,430.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$3,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$2,463,875.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

SAN FRANCISCO SYMPHONY

94-1156284

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$2,000,562.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	i	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Name of organization

Employer identification number

SAN FRANCISCO SYMPHONY

94-1156284

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

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Name of orga	anization		Employer identification number
AN FRANCI	SCO SYMPHONY		94-1156284
1	from any one contributor. Complete columns (a)) through (e) and the following line en charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea try. For organizations less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif	tt Relationship of transferor to transferee
-			
(a) No. from Part I –	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, ar	(e) Transfer of gif	It Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of git	it Relationship of transferor to transferee
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
23454 11-06-19			Schedule B (Form 990, 990-EZ, or 990-PF) (201

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SCHEDULE C

Department of the Treasury

(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.

g ZU Open to Public Inspection

OMB No. 1545-0047

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.
Name of organization	

Nan	Name of organization Emp					loyer 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 or	ganization.		
1 2 3	Political Voluntee	campaign activity expendit r hours for political campai	gn activities		▶ \$			
Pa	art I-B	Complete if the org	anization is exempt under					
1	Enter the	e amount of any excise tax	incurred by the organization under	section 4955	► \$			
2		•	incurred by organization managers					
3			n 4955 tax, did it file Form 4720 for	r this year?				
						Yes No		
		describe in Part IV.	anization is exempt under	section 501(c)	veent section 501/c	1(3)		
FC			•					
1			l by the filing organization for section			·		
2			ization's funds contributed to othe					
2			. Add lines 1 and 2. Enter here and					
3			. Add lines 1 and 2. Enter here and			i		
4			1120-POL for this year?					
5			ployer identification number (EIN)					
Ū			tion listed, enter the amount paid fr		-			
	contribut	tions received that were pro	omptly and directly delivered to a s	eparate political organ	ization, such as a separat	e segregated fund or a		
	political	action committee (PAC). If a	additional space is needed, provide	e information in Part IV				
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0		

Schedule C (Form 990 or 990-EZ) 2019

932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019 SAN FRANCISCO SYMPHONY 94-1156284 P Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under

section 501(h)).			ction under
A Check if the filing organization belor	ngs to an affiliated group (and list in Part IV each affiliated	group member's name	, address, EIN,
expenses, and share of exce	ss lobbying expenditures).		
B Check if the filing organization chec	ked box A and "limited control" provisions apply.		
	bying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence put	lic opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a le	gislative body (direct lobbying)	36,000.	
c Total lobbying expenditures (add lines 1a an	d 1b)	36,000.	
		73,187,664.	
	es 1c and 1d)	73,223,664.	
	ount 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% o	f line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less,	enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, e	enter -0-	0.	
j If there is an amount other than zero on eith	er 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) a section 501(h) election do not have to complete all o e the separate instructions for lines 2a through 2f.)	f the five columns be	low.
Lob	bying Expenditures During 4-Year Averaging Period		

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total			
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.			
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					6,000,000.			
c Total lobbying expenditures	36,361.	18,750.	49,400.	36,000.	140,511.			
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.			
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.			
f Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2019

932042 11-26-19

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)	
	e lobbying activity.	Yes	No	Amo	ount
1 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)?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	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				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	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 '	'No" OR (b) Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		. 3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		. 5		
	t IV Supplemental Information				
Prov	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) 2019

932043 11-26-19

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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

SAN FRANCISCO SYMPHONY

Employer identification number 94-1156284

Pa	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
	,, _,, _	(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 v	vriting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	- 	Yes No
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form o	f a conservation 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 stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structur	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	organization during the tax
	year ►		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the period	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing conse	rvation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statemer	nts that describes the
Pa	organization's accounting for conservation easements. T III Organizations Maintaining Collections of	Art Historical Treasures or Oth	er Similar Assets
I U	Complete if the organization answered "Yes" on Form		
10			d belence ebect works
Ia	If the organization elected, as permitted under FASB ASC 956		
	of art, historical treasures, or other similar assets held for pub		
h	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 956 art, historical treasures, or other similar assets held for public		
	· · · · · · · · · · · · · · · · · · ·	exhibition, education, or research in furthe	fance of public service,
	provide the following amounts relating to these items:		¢
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea	asures or other similar assets for financial	
2	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2019

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2019.05094	SAN	FRANCISCO	SYMPHONY

Sche	dule D (Form 990) 2019 SAN FRANCIS	SCO SYMPHONY				94-115	6284	P	age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tr	easures, or Oth	er Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that make	significant	use of its	•	. ,	
	collection items (check all that apply):								
а	X Public exhibition	d	Loan or ex	change program					
b	Scholarly research	е	X Other RE	PLICA FOR ANNUA	AL POSTER				
с	X Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they further t	he organization's e>	empt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	ollection?			Yes	X	No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organizati	on answered "Yes"	on Form 990), Part IV, I	line 9, or		
	reported an amount on Form 990, Par		C C						
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributior	is or other assets no	ot included				
	on Form 990, Part X?		•				Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
							Amount	t	
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
	Ending balance				1f				
	Did the organization include an amount on Fo				·····		Yes		No
	If "Yes," explain the arrangement in Part XIII.						_		Ī
Par									
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	vears	back
1a	Beginning of year balance	280,638,948.	301,999,893			16,391.		415,	
	Contributions	2,976,000.	785,026			32,430.		305,	
	Net investment earnings, gains, and losses	26,260,000.	4,104,155			74,167.		803,	
	Grants or scholarships	, ,	, ,	, ,	,	,	,	,	
	Other expenditures for facilities								
•	and programs	16,177,246.	26,250,126	45,835,275	. 31.5	14,953.	17.	608.	054.
f	Administrative expenses						,	/	
		293,697,702.	280,638,948	301,999,893	. 314 8	08 035.	303	916	391.
2	End of year balance Provide the estimated percentage of the curr					,	,	/	
a	Board designated or quasi-endowment	2.80	%						
	Permanent endowment 97.20	%							
		% %							
C	The percentages on lines 2a, 2b, and 2c sho								
20	Are there endowment funds not in the posse		tion that are hold a	nd administored for	the organiz	ation			
Ja		ssion of the organiza	tion that are neid a		the organiz	ation	Г	Yes	No
	by: (i) Unrelated organizations						3a(i)	X	
							3a(ii)		x
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza	tiona listad on require					3b		
-							30		L
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment lunds.						
	Complete if the organization answered		Part IV line 11a	Soo Form 000 Part	V lino 10				
						ad			
	Description of property	(a) Cost or of basis (investm	• • •		Accumulated		(d) Bool	valu	е
4-	Land	· · · · ·			acpreciation				
	Land								
	Buildings		11	,488,558.	15 272	585	1	114	972
	Leasehold improvements				15,373,		,		973. 853.
	Equipment		10	8,672,518.	5,081,				
	Other			461,710.				461,	
Tota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part)</u>	<u>X, column (B), line '</u>	'0c.)				167,	
						Schedule	D (Form	ı 990)	2019

anc	3

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	71,704,991.	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)	71 704 991.					

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	3,317,753.

(3) PENSION BENEFIT LIABILITIES	27,320,123.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	30,637,876.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2019

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Sche	dule D (Form 990) 2019 SAN FRANCISCO SYMPHONY			94-1156	284 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With I	Revenue per Re ⁻	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	93,352,223.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	19,322,203.		
b	Donated services and use of facilities	2b	1,323,794.		
	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	3,987,608.		
е	Add lines 2a through 2d			2e	24,633,605.
3	Subtract line 2e from line 1			3	68,718,618.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-3,381,400.		
с	Add lines 4a and 4b			4c	-3,381,400.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	65,337,218.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	77,928,858.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,323,794.		
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)		3,381,400.		
е	Add lines 2a through 2d			2e	4,705,194.
3	Subtract line 2e from line 1			3	73,223,664.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	73,223,664.
Pa	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b	and 2b; Part V, line 4	; Part X, line	e 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional inform	nation.		

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,

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ACCORDINGLY, IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON INCOME

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Schedule D (Form 990) 2019 SAN FRANCISCO SYMPH Part XIII Supplemental Information (continued)	IONY	94-1156284	Page 5					
RELATED TO ITS TAX-EXEMPT PURPOSE.								
THE SFS EVALUATED ITS CURRENT TAX POSITIONS AND C	CONCLUDED THAT AS OF							
AUGUST 31, 2020 AND 2019, THE SFS DOES NOT HAVE A	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 2016. FOR FEDERAL TAX PURPOSES, TH	HE SFS IS NO LONGER							
SUBJECT TO TAX EXAMINATIONS FOR YEARS PRIOR TO 20	017.							
PART XI, LINE 2D - OTHER ADJUSTMENTS:								
CHANGE IN PENSION BENEFIT LIABILITIES	3,987,608.							
PART XI, LINE 4B - OTHER ADJUSTMENTS:								
SPECIAL EVENTS EXPENSE	-2,755,868.							
COST OF GOODS SOLD	-625,532.							
	-3,381,400.							
PART XII, LINE 2D - OTHER ADJUSTMENTS:								
SPECIAL EVENTS EXPENSE	2,755,868.							
COST OF GOODS SOLD	625,532.							
TOTAL TO SCHEDULE D, PART XII, LINE 2D	3,381,400.							
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 VA	ALUE. DEFICIENCIES CAN							
RESULT FROM UNFAVORABLE MARKET FLUCTUATIONS THAT	OCCUR WHILE CONTINUED							
APPROPRIATIONS ARE DEEMED PRUDENT BY THE BOARD. S	SFS HAS ONE FUND WITH AN							
AGGREGATE MARKET VALUE OF \$2,865 AND \$2,312 AT AU	JGUST 31, 2020 AND 2019,							
RESPECTIVELY THAT IS BELOW THE VALUES OF THE ORIG	GINAL GIFTS. AND IT WILL							
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Part XIII Supplemental Information (continued)

NOT DRAW ON SUCH FUND UNTIL THE BALANCE IS RESTORED TO THAT OF THE

ORIGINAL GIFTS. IF THEY OCCUR, FUTURE MARKET GAINS WILL 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) 2019

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THE CARIBBEAN -					
ANTIGUA & BARBUDA,					
ARUBA, BAHAMAS,	0	0	PASSIVE INVESTMENTS		13,686,554.
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	PASSIVE INVESTMENTS		22,041,476.
3 a Subtotal	0	0			35,728,030.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	0	0			35,728,030.
LHA For Paperwork Reduct	ion Act Notice,	see the Instruc	tions for Form 990.	Schedule F (Form 990) 2019

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States.

(by type) (such as, fundraising, pro-

gram services, investments, grants to

recipients located in the region)

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (a) Region employees, agents, and

independent

contractors

in the region

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

offices

in the region

Attach to Form 990. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

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

Open to Public Inspection

Employer	identification	number
	aomanouadom	

Yes

94-1156284

is a program service,

describe specific type

of service(s) in the region



SCHEDULE	F
(Form 990)	

Name	of the	organization
vanic		organization

CENTRAL AMERICA AND

SAN FRANCISCO SYMPHONY

OMB No. 1545-0047

No

(f) Total

expenditures

for and

investments

in the region

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			ecognized as charities by the f						
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									

Schedule F (Form 990) 2019

Page 2

Schedule F (Form 990) 2019	SAN FRANCISCO SYMPHONY

Part III can be duplicated if additional space is needed.

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.

(c) Number of (d) Amount of

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
Schedule F (Form 990) 2019									

Page 3

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 may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	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," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	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) 2019

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);	
	(estimated number of recipients), as applicable. Also complete this part to pr	ovide any additional information. See instructions.
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502010 10-12-	42	Schedule F (FUIII 330) 2013
	44	

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MARTS & LUNDY - 160 CHUBB AVE SUITE 303, LYNDHURST, NJ ADVANCEMENT/DEVELOPMENT X 0. 251,137. -251,137. JEFF MILLARD - 8114 LURLINE AVE, CANOGA PARK, CA 91306 DEVELOPMENT CONSULTING X 0. 33,150. -33,150.	SCHEDULE G	Suppleme	ental Information Regarding	, Func	Irais	ing or Gaming A	ctivities	OMB No. 1545-0047		
Mare of the organization As FRANCISCO SYMPHONY SAF PRANCISCO	(Form 990 or 990-EZ)									
Image of the organization Image of the organization Image of the organization Image of the organization number get and the latest information. Image of the organization number get and the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Main solicitations b Solicitation of non government grants a Main solicitations g Solicitation of non government grants c X Phone solicitations g Solicitation of non government grants b Internet and email solicitations g Solicitation of government grants x No 2 a Did the organization nave a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in form 990, Part VII) Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be companiated at lasts \$5,000 by the organization. (w) Gross receipts (v) Amount paid to (or retained by) organization fundraising events (v) Amount paid to (or retained by) organization ATEMARKETING SERVICES - 260 CONUT 4 SOLICIT FOR Yes No 251,137. -251,137. -251,137.	Department of the Treasury		Attach to Form 990) or Fo	rm 99	0-EZ.		Open to Public		
SAN FRANCISCO SYMPHONY 94-1156284 Part Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 indicate whether the organization raised funds through any of the following activities. Check all that apply. a 1 indicate whether the organization raised funds through any of the following activities. Check all that apply. a 1 indicate whether the organization raised funds through any of the following activities. Check all that apply. a 1 indicate whether the organization raised funds through any of the following activities. Check all that apply. a 2 interest and email solicitations f Solicitation of government grants 1 interest and email solicitations g Special fundraising events 2 Did the organization have a written or oral agreement with professional fundraising services? X Yes No 0 In yenes on solicitations g Special fundraising events (i) Arount paid (ii) Activity (iii) point interview? (iii) Arount paid (iii) Arount paid (iii) corretained by fundraises) proceeds in the fundraise is to be 0 INT SET MILLAR INT SET Solicitation of proceeds in the fundraise services? (iii) Arount paid (iii) (iii) Activity (iii) Proceeds interview? (iii) Arount paid (iii) (iii) Arount paid (iii) (ii) activity (iii) Arount		► G	o to www.irs.gov/Form990 for inst	ruction	s and	I the latest informati	on.	Inspection		
Part Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of government grants b Internet and email solicitations g Solicitation of government grants c Phone solicitations g Solicitation of government grants c Phone solicitations g Solicitation of government grants d Inperson solicitations g Solicitation of government grants d Information g Solicitation of government grants d Information Information Givernation Givernation <td>Name of the organization</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Employe</td> <td>r identification number</td>	Name of the organization						Employe	r identification number		
required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c X Phone solicitations g Solicitation of government grants c Z a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in form 990, Part VII) or entity in connection with professional fundraising services? X Yes No b If 'Yes,'' list the 10 highest pad individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Did for organization from activity from activity from activity from activity fundraiser (i) Amount paid to (or retained by) organization (i) Name and address of individual or entity is SOLICIT FOR Yes No 348,517. 316,489. 32,028. RATSMARKETING SERVICES - 260 CONSULT & SOLICIT FOR Yes No 251,137. -251,137. JET MILLARD - 0114 LURLINE AUDY - 160 CHOBE AVE SUTE SOL, 251,137. -251,137. -33,150. JERF MILLARD - 0131 FUNDER TREE NOT SUTE SOL CONSULT K SOLICIT FOR X 0. 10,000. -10,000.		SAN FRANCI	SCO SYMPHONY				94-115	6284		
A internet and email solicitations b internet and email solicitations f Solicitation of non-government grants f Solicitation of government grants g Special fundraising events d In-person solicitations g Special fundraising events g Special fundraising events g Special fundraising services? X Yes No b If 'Yes,'' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Activity form activity from activity form activ				ered "Y	'es" oi	n Form 990, Part IV,	ine 17. Form 99	0-EZ filers are not		
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser is called by fundraiser is to be for entity (fundraiser) (v) Amount paid to (or retained by) organization. ARTSMARKETING SERVICES - 260 CONSULT & SOLICIT FOR Yes No XING STREET EAST, SUITE 500, TELEFUNDING X 348,517. 316,489. 32,028. MARTS & LUNDY - 160 CHUBB AVE ADVANCEMENT/DEVELOPMENT X 0. 251,137. -251,137. JEF MILARD - 8114 LURLINE ADVANCEMENT/DEVELOPMENT X 0. 33,150. -33,150. NREE SIMI - 318 FRUME TREE DEVELOPMENT CONSULTING X 0. 10,000. -10,000. NREE SIMI - 318 FRUME TREE Image: Call Call Call Call Call Call Call Cal	 a Mail solicitation b Internet and en c X Phone solicitati d In-person solici 2 a Did the organization h 	nail solicitations ions tations nave a written o	e Solicita s f Solicita g Specia or oral agreement with any individua	ation of ation of I fundra	non-g gover aising ding o	overnment grants rnment grants events fficers, directors, trus		Yee No		
(i) Name and address of individual or entity (lundraiser) (ii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity (v) Amount paid to (or retained by) organization ARTSMARKETING SERVICES - 260 CONSULT & SOLICIT FOR Yes No 348,517. 316,489. 32,028. ARTSMARKETING SERVICES - 160 CONSULT & SOLICIT FOR Yes No 348,517. 316,489. 32,028. MARTS & LUNDY - 160 DUBB AVE DUANCEMENT/DEVELOPMENT X 0. 251,137. -251,137. JEFF MILLARD - 8114 LURLINE AVE, CANGGA PARK, CA 91306 DEVELOPMENT CONSULTING X 0. 10,000. -10,000. RENEE SIMI - 318 PRUNE TREE DIVE, HEALDSBURG, CA 95448 ANNUAL GIVING X 0. 10,000. -10,000. MIVE, HEALDSBURG, CA 95448 ANNUAL GIVING Image: Simile	b If "Yes," list the 10 hi	ghest paid indi	viduals or entities (fundraisers) pursu			0				
KING STREET EAST, SUITE 500, TELEFUNDING III III III IIII IIII IIIIIII IIIIIIII IIIIIIIII IIIIIIIIII IIIIIIIIIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	(i) Name and address o	findividual		fùndi have c or cor	raiser ustody ntrol of		to (or retained fundraiser	by) to (or retained by)		
MARTS & LUNDY - 160 CHUBB AVE AVANCEMENT/DEVELOPMENT X 0. 251,137. -251,137. SUITE 303, LYNDHURST, NJ ADVANCEMENT/DEVELOPMENT X 0. 251,137. -251,137. JEFF MILLARD - 8114 LURLINE AVE, CANOGA PARK, CA 91306 DEVELOPMENT CONSULTING X 0. 33,150. -33,150. RENEE SIMI - 318 PRUNE TREE DRIVE, HEALDSBURG, CA 95448 ANNUAL GIVING X 0. 10,000. -10,000. Image: Comparison of the comparison o	ARTSMARKETING SERVIC	ES - 260	CONSULT & SOLICIT FOR	Yes	No					
SUITE 303, LYNDHURST, NJ ADVANCEMENT/DEVELOPMENT X 0. 251,137. -251,137. JEFF MILLARD - 8114 LURLINE AVE, CANOGA PARK, CA 91306 EVELOPMENT CONSULTING X 0. 33,150. -33,150. RENEE SIMI - 318 PRUNE TREE DRIVE, HEALDSBURG, CA 95448 ANNUAL GIVING X 0. 10,000. -10,000. Image: Comparison of the company of the company. 348,517. 610,776. -262,259. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. 348,517. 610,776. -262,259.	KING STREET EAST, SU	ITE 500,	TELEFUNDING		x	348,517.	316,4	89. 32,028.		
JEFF MILLARD - 8114 LURLINE AVE, CANOGA PARK, CA 91306 DEVELOPMENT CONSULTING X 0. 33,15033,150. RENEE SIMI - 318 PRUNE TREE DRIVE, HEALDSBURG, CA 95448 ANNUAL GIVING X 0. 10,00010,000.	MARTS & LUNDY - 160	CHUBB AVE				·				
AVE, CANOGA PARK, CA 91306 DEVELOPMENT CONSULTING X 0. 33,15033,150. RENEE SIMI - 318 PRUNE TREE DRIVE, HEALDSBURG, CA 95448 ANNUAL GIVING X 0. 10,00010,000. 	SUITE 303, LYNDHURST	, NJ	ADVANCEMENT/DEVELOPMENT		x	0.	251,1	37251,137.		
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RENEE SIMI - 318 PRUNE TREE NUAL GIVING X 0. 10,000. -10,000. DRIVE, HEALDSBURG, CA 95448 NNUAL GIVING X 0. 10,000. -10,000. Image: Comparison of the second se	AVE, CANOGA PARK, CA	91306	DEVELOPMENT CONSULTING		x	0.	33,1	5033,150.		
Total 348,517. 610,776. -262,259. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. -262,259.	RENEE SIMI - 318 PRU	NE TREE					,			
Total 348,517. 610,776. -262,259. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. -262,259.	DRIVE, HEALDSBURG, C.	A 95448	ANNUAL GIVING		x	0.	10,0	0010,000.		
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	· · ·						-			
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.										
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3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.										
or licensing.	Total					348,517.	610,7	76262,259.		
		the organization	on is registered or licensed to solicit	contrib	utions	s or has been notified	it is exempt from	n registration		
	СА									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2019

932081 09-11-19

Schedule G (Form 990 or 990-EZ) 2019 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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CHINESE NEW YEARS		(add col. (a) through
		OPENING GALA		1	col. (c)
		(event type)	(event type)	(total number)	
1	Gross receipts	5,726,782.	1,949,081.	1,105,905.	8,781,768
2	Less: Contributions	5,261,302.	1,791,971.	825,014.	7,878,287
3	Gross income (line 1 minus line 2)	465,480.	157,110.	280,891.	903,481
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	30,920.	8,450.	21,784.	61,154
7	Food and beverages	303,758.	158,666.		462,424
			306,375.	327,905.	, ,
10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	2,755,868
	1				-1,852,387
		answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
	\$15,000 OIT FOITH 990-EZ, IIITE 6a.		(b) Dull tabe/instant		(d) Total gaming (add
		(a) Bingo		(c) Other gaming	col. (a) through col. (c
					(u) (-
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
	Dent (facility acots				
4					
5	Other direct expenses				
<u> </u>		Yes %	Yes %	Yes %	
6	Volunteer labor	□ No //	□ No	No	
7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
8	Net gaming income summary. Subtract line	7 from line 1, column (d)		🕨	
	· · · ·				
			states?		Yes No
lf "I	No," explain:				
	re any of the organization's gaming licenses	revoked suspended or te	erminated during the tax v	ear?	Yes No
₩≏	10 any of the organization 5 garming heelises i	evence, suspended, or te	anna co ounny the tax y	ou: .	
	Yes," explain:				
	2 3 4 5 6 7 8 9 10 11 1 2 3 4 5 6 7 8 9 10 11 1 2 3 4 5 6 7 8 9 10 11 11 1 2 3 4 5 6 7 8 9 10 11 11 11 1 1 1 1 1 1 1 1 1	 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 throug 1 Net income summary. Subtract line 10 from rt III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throug 8 Net gaming income summary. Subtract line Enter the state(s) in which the organization conduct gaming and station licensed to conduct gaming and station	I Gross receipts 5,726,782. 2 Less: Contributions 5,261,302. 3 Gross income (line 1 minus line 2) 465,480. 4 Cash prizes	DPENING GALA (event type) (event type) 1 Gross receipts 5,726,782. 1,949,081. 2 Less: Contributions 5,261,302. 1,791,971. 3 Gross income (line 1 minus line 2) 465,480. 157,110. 4 Cash prizes	DPENTING GALA 1 (event type) (total number) 1 Gross receipts 5,726,782. 1,949,081. 1,105,905. 2 Less: Contributions 5,261,302. 1,791,971. 825,014. 3 Gross income (line 1 minus line 2) 465,480. 157,110. 280,891. 4 Cash prizes

Sch	edule G (Form 990 or 990-EZ) 2019 SAN FRANCISCO SYMPHONY	94-115	6284	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	s 🗌 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	s 🗌 No
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility	L	13a	%
	a An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address 🕨			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	s 🗌 No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	ıt		
	of gaming revenue retained by the third party \blacktriangleright \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation <a> <a> <a> <a> <a> <a> <a> <a> <a> <a> <			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Г		
F	retain the state gaming license? • Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	L		
	organization's own exempt activities during the tax year > \$			
Pa	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar	nd Part II	I, lines §	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SCH	EDULE 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			
(I)	NAME OF FUNDRAISER: MARTS & LUNDY			
<u>(т</u>)	ADDRESS OF FUNDRAISER: 160 CHUBB AVE SUITE 303, LYNDHURST, NJ 07071			
(1)	ADDALGO OL FONDARIDER. 100 CHODD AVE BUILE 303, HINDHURSI, NU 0/0/1			
9320	83 09-11-19 Schedule G	(Form 9	90 or 9	90-EZ) 2019

Part IV Supplemental Information (continued)	
	Schedule G (Form 990 or 990-F7)

Schedule G (Form 990 or 990-EZ)

SCHEDULE I		arants and Oth					OMB No. 1545-0047
(Form 990)		vernments, an					2019
Department of the Treasury	Comp	ete if the organizatio	Attach to For		irt IV, line 21 or 22.		Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo		nation.		Inspection
Name of the organization	RANCISCO SYMPHONY		-				Employer identification number 94-1156284
Part I General Information of	on Grants and Assistance						
1 Does the organization mainta	in records to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or assi	stance, and the selection	on
criteria used to award the gra	ants or assistance?						X Yes No
2 Describe in Part IV the organ	ization's procedures for monit	oring the use of grant	funds in the United	d States.			
	istance to Domestic Organia				anization answered "א	/es" on Form 990, Part	IV, line 21, for any
	more than \$5,000. Part II can				(f) Method of		
1 (a) Name and address of org or government	anization (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AP GIANNINI MIDDLE SCHOOL							
3151 ORTEGA STREET	04 0000410			10 170		PERFORMANCE TICKETS	ENCOURAGE PARTICIPATION
SAN FRANCISCO, CA 94122	94-6000416	GOVERNMENT	0.	18,172.	FMV	TICKETS	IN THE ARTS
PRESIDIO MIDDLE SCHOOL							
450 30TH AVENUE						PERFORMANCE	ENCOURAGE PARTICIPATION
SAN FRANCISCO, CA 94121	94-6000416	GOVERNMENT	0.	20,128.	FMV	TICKETS	IN THE ARTS
· · · ·				, ,			
SAN FRANCISCO ART & FILM P	ROGRAM						
540 ALABAMA STREET						PERFORMANCE	ENCOURAGE PARTICIPATION
SAN FRANCISCO, CA 94110	94-3310464	501(C)(3)	0.	27,072.	FMV	TICKETS	IN THE ARTS
2 Enter total number of section	501(c)(3) and government or	anizations listed in the	e line 1 table	1	1	1	3.
3 Enter total number of other o	· / · · · ·	5	·				0.
	-						•

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Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019) 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.

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

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

PART I, LINE 2:

THE SYMPHONY DONATES TICKETS TO VARIOUS ORGANIZATIONS, PREDOMINANTLY

RELATED TO EDUCATION. SYMPHONY STAFF MEMBER(S) WORK DIRECTLY WITH THE

SCHOOLS AND ATTEND CONCERTS TO PERSONALLY WELCOME THE TEACHERS AND STUDENTS

WHO ARE ATTENDING THESE CONCERTS.

94-1156284

SC	HEDULE J	Comp	ensation Information	1	OMB No. 1	1545-004	47
	rm 990)	For certain Officers, D	irectors, Trustees, Key Employees, and Highest		20	10	<u> </u>
			Compensated Employees tion answered "Yes" on Form 990, Part IV, line 23.		20	IJ)
Depar	tment of the Treasury		Attach to Form 990.		Open to		ic
Intern	al Revenue Service		orm990 for instructions and the latest information.		Inspe		
Nam	e of the organization			Employer id		on nui	nber
Do	rt I Question	SAN FRANCISCO SYMPHONY		94-11	56284		
Pa		s Regarding Compensation					
4-	Chaoli the energy	ate bay(as) if the argonization provides	d any of the following to av fax a nerson listed on Farm	000		Yes	No
1a			d any of the following to or for a person listed on Form	990,			
	First-class or c	· ·	ny relevant information regarding these items.				
	Travel for com		Housing allowance or residence for perso				
		ation and gross-up payments	Health or social club dues or initiation fee				
		spending account	Personal services (such as maid, chauffeu				
b	If any of the boxes	on line 1a are checked, did the organiz	zation follow a written policy regarding payment or				
	•		ed above? If "No," complete Part III to explain		1b		
2			ursing or allowing expenses incurred by all directors,				
			or, regarding the items checked on line 1a?		2		
	,	, ,					
3	Indicate which, if ar	ny, of the following the organization us	ed to establish the compensation of the organization's				
	CEO/Executive Dire	ector. Check all that apply. Do not che	ck any boxes for methods used by a related organization	on to			
	establish compensa	ation of the CEO/Executive Director, b	ut explain in Part III.				
	X Compensation	i committee	Written employment contract				
	Independent of	ompensation consultant	X Compensation survey or study				
	X Form 990 of o	ther organizations	X Approval by the board or compensation c	ommittee			
4	During the year, dic	l any person listed on Form 990, Part V	/II, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:					
а		e payment or change-of-control payme					X
b			onqualified retirement plan?				X
С			compensation arrangement?		. 4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide t	he applicable amounts for each item in Part III.				
	Only an ation 501/a	V2) 501(a)(4) and 501(a)(20) arrange					
F)(3), 501(c)(4), and 501(c)(29) organiz	-	n			
5	contingent on the r		a, did the organization pay or accrue any compensatio	11			
-	•				5a		x
h	Any related organiz	ation?			5b		x
		or 5b, describe in Part III.					
6			a, did the organization pay or accrue any compensatio	n			
•	contingent on the n						
а					6a		x
b	Anv related organiz	ation?			6b		x
		or 6b, describe in Part III.					
7			a, did the organization provide any nonfixed payments				
					7		x
8			r accrued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section	1 53.4958-4(a)(3)? If "Yes," describe in Part III		. 8		X
9	If "Yes" on line 8, d	id the organization also follow the rebu	uttable presumption procedure described in				
	Regulations section		· · · · · · · · · · · · · · · · · · ·		. 9		
LHA	For Paperwork R	eduction Act Notice, see the Instruc			le J (Forn	n 990)	2019

932111 10-21-19

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	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(6)(i)-(0)	reported as deferred on prior Form 990
(1) MARK HANSON	(i)	809,059.	41,391.	123,590.	4,500.	43,051.	1,021,591.	0.
	(ii)	Ο.	0.	٥.	0.	0.	0.	0.
(2) COLETTE CHESTNUT (LEFT 12/19)	(i)	243,036.	0.	0.	0.	10,373.	253,409.	0.
	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(3) DAVID CHAMBERS (LEFT 6/20)	(i)	428,369.	0.	0.	13,050.	21,696.	463,115.	٥.
	(ii)	0.	0.	0.	0.	0.	0.	٥.
(4) ALEXANDER BARANTSCHIK	(i)	564,213.	0.	1,524.	22,075.	75,230.	663,042.	٥.
	(ii)	٥.	0.	٥.	٥.	0.	0.	٥.
	(i)	306,339.	0.	21,808.	18,207.	67,548.	413,902.	٥.
	(ii)	٥.	0.	٥.	٥.	0.	0.	٥.
· · · · · · · · · · · · · · · · · · ·	(i)	317,183.	7,500.	180.	25,179.	23,820.	373,862.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
· · · · · · · · · · · · · · · · · · ·	(i)	302,597.	15,000.	108.	13,352.	47,232.	378,289.	0.
	(ii)	٥.	0.	0.	Ο.	0.	0.	٥.
· · · · · · · · · · · · · · · · · · ·	(i)	284,507.	0.	22,291.	7,283.	40,724.	354,805.	٥.
	(ii)	٥.	0.	٥.	٥.	0.	0.	٥.
	(i)							
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	(i)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2019

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) 2019

SCHEDULE L	ר ן	OMB No. 1545-0047							
(Form 990 or 990-EZ)	Complete if t	28b, or 28c,	or Form 990	s" on Form 990, Part -EZ, Part V, line 38a 990 or Form 990-EZ	or 40b.	6, 27, 28a,	2	201 en To Pu	9
Department of the Treasury Internal Revenue Service	► Go		pection	DIIC					
Name of the organization	n					Employe	r identifi	cation n	umber
		SCO SYMPHONY				94-115			
Part I Excess E	Benefit Transa	actions (section 5	01(c)(3), sect	ion 501(c)(4), and sec	tion 501(c)(29) orga	nizations or	ıly).		
Complete it				art IV, line 25a or 25b	, or Form 990-EZ, Pa	art V, line 40	lb.	. <u> </u>	
1 (a) Name of disquali	ified person	(b) Relationship bet person and o		lified (c) Description of tran	saction			rected?
	· ·		rganization		· ·			Yes	No
									<u> </u>
								<u> </u>	
2 Enter the amount o	f tax incurred by t	he organization mar	agers or disc	qualified persons duri	ng the year under				
						🕨 \$			
3 Enter the amount o	f tax, if any, on lin	e 2, above, reimburs	sed by the or	ganization		🕨 \$			
Part II Loans to	and/or From	Interested Per	sons						
				, Part V, line 38a or F	orm 000 Dort IV lin	o OG: or if th	o organi	zation	
	-	990, Part X, line 5,			0111 990, Fait IV, iiii	e 20, 01 il ti	le organi.	zation	
(a) Name of	(b) Relation		(d) Loan to or	(e) Original	(f) Balance due	(g) In	(h) Appr	oved (i)	Written
interested person	1		from the organization?	principal amount	(1) 20101100 0000	default?	by boar commit		eement?
			To From	1		Yes No	Yes	No Ye	s No
MARK C HANSON	OFFICER	RELOCATI	X	500,000.	366,139.	Х	х	Х	
SCOTT J PINGEL	HIGHEST	HOUSING	X	100,000.	40,000.	X		x x	
EDWARD STEPHAN	HIGHEST	HOUSING	X	100,000.	60,000.	X	+	x x	_
							+		_
							+		_
							+		
							+		-
							+		
							+		+
Total				▶ \$	466,139.				
Part III Grants o	or Assistance	Benefiting Inter	rested Per	sons.					
Complete it	f the organization	answered "Yes" on	Form 990, Pa	art IV, line 27.					
(a) Name of interested person		(b) Relationship interested per the organiz	son and	(c) Amount of assistance	(d) Type assistan		• • •	Purpose sistance	
LHA For Paperwork R	eduction Act Not	ice, see the Instruc	tions for Fo	rm 990 or 990-EZ.	Sch	edule L (Fo	rm 990 c	or 990-E	Z) 2019

SEE PART V FOR CONTINUATIONS

932131 10-21-19

Schedule L (Form 990 or 990-EZ) 2019	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	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
				Yes	No

Part V Supplemental Information.

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

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

(A) NAME OF PERSON: MARK C HANSON

(C) PURPOSE OF LOAN: RELOCATION ASSISTANCE

(A) NAME OF PERSON: SCOTT J PINGEL

(B) RELATIONSHIP WITH ORGANIZATION: HIGHEST COMPENSATED EMPLOYEE

(C) PURPOSE OF LOAN: HOUSING ASSISTANCE

(A) NAME OF PERSON: EDWARD STEPHAN

(B) RELATIONSHIP WITH ORGANIZATION: HIGHEST COMPENSATED EMPLOYEE

(C) PURPOSE OF LOAN: HOUSING ASSISTANCE

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

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

APPROVAL FROM THE BOARD AND/OR COMMITTEES.

Schedule L (Form 990 or 990-EZ) 2019

932132 10-21-19

13170511 701245 102384

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.

2019 Open to Public Inspection

Name of the organization

SAN	FRANCISCO	SYMPHONY	

Employer identification number
94-1156284

Image: state of the state o	art	ст јату	pes of Property							
applicable contributions or amounts reported on amounts reported on a mounts reported on a mount reported reported on a mount reported on a mount reported reported on a mount reported on a mount reported reported on mount and report of mount report a mount reporemor promet reported				1						
Art. Works of art X 4 1,340, PMV 2 Art. Historical treasures Art. Fractional interests Art. Fractional interests 3 Art. Fractional interests Art. Fractional interests Art. Fractional interests 5 Clothing and household goods X 49,505, BALES PRICE 6 Cars and other vehicles Art. Historical treasures Art. Historical treasures 6 Cars and other vehicles Art. Beaks and planes Art. Beaks and planes 8 Intellectual property Art. Beaks and planes Art. Beaks and planes 9 Securities - Closely held stock Art. Beaks and planes Art. Beaks and planes 10 Securities - Closely held stock Art. Beaks and planes Art. Beaks and planes 11 Securities - Closely held stock Art. Beaks and planes Art. Beaks and planes 12 Securities - Miscellaneous Art. Beaks and planes Art. Beaks and planes 12 Securities - Miscellaneous Art. Beaks and planes Art. Beaks and planes 13 Qualified conservation contribution - Other Art. Beaks and planes Art. Beaks and planes 14 Collectibles X <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>•</th> <th></th>									•	
Art - Historical treasures				applicable				ntribution amo	ounts	3
2 Art - Historical resources 3 Art - Historical resources 4 Books and publications 5 Clothing and household goods X 49,505. SALES PRICE 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Closely held stock 10 Securities - Publicly traded X 89 11 Securities - Publicly traded X 89 12 Securities - Publicly traded X 89 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Historic structures 15 Real estate - Residential 16 Real estate - Residential 17 Real estate - Residential 18 Collectibles 20 Drugs and medical supplies 21 Taxidermy 21 Taxidermy 21 Taxidermy 22 Scientific specimens 23 Collectibles 24		Art - Work	s of art	X	4	1,34	0.FMV			
3 Art - Fractional interests										
4 Books and publications X 49,505. SALES PRICE 5 Clothing and household goods X 49,505. SALES PRICE 6 Cars and other vehicles										
5 Clothing and household goods X 49,505, SALES PRICE 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Closely held stock 11 Securities - Pathership, LLC, or trust interests 12 Securities - Niscellaneous 13 Gualified conservation contribution - Other 14 Qualified conservation contribution - Other 14 Qualified conservation contribution - Other <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>										
6 Cars and other vehicles						49 50	5. SALES PRICE			
7 Boats and planes							•			
8 Intellectual property X 89 1, 015, 928. PMV 9 Securities - Publicly traded X 89 1, 015, 928. PMV 10 Securities - Closely held stock.										
9 Securities - Publicly traded X 89 1,015,928. PMV 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial <t< th=""><th></th><th></th><th>di se se</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>			di se							
30 Securities - Closely held stock					89	1 015 92	28. FMV			
11 Securities · Partnership, LLC, or trust interests										
trust interests										
12 Securities - Miscellaneous										
13 Qualified conservation contribution - Historic structures										
14 Qualified conservation contribution · Other										
14 Qualified conservation contribution - Other	1	Historic st	ructures							
16 Real estate · Commercial Image: Collectibles X 5 3,390. FMV 17 Real estate · Other X 5 3,390. FMV 18 Collectibles X 40 178,140. SALES PRICE 20 Drugs and medical supplies Image: Collectibles X 40 178,140. SALES PRICE 20 Drugs and medical supplies Image: Collectibles Image: Collectibles Image: Collectibles Image: Collectibles 21 Taxidermy Image: Collectibles Image: Collectibles Image: Collectibles Image: Collectibles 22 Use State Stat	Ļ (Qualified								
17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxiderny 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (SPECTAL EVENT) 26 Other ▶ (DINING) 27 Other ▶ (DINING) 28 Other ▶ (INING) 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Sola 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a If "Yes," describe the arrangement in Part II. 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	5	Real estat	e - Residential							
17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxiderny 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (SPECTAL EVENT) 26 Other ▶ (DINING) 27 Other ▶ (DINING) 28 Other ▶ (INING) 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Sola 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a If "Yes," describe the arrangement in Part II. 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	;	Real estat	e - Commercial							
18 Collectibles X 5 3,390. FMV 19 Food inventory X 40 176,140. SALES PRICE 20 Drugs and medical supplies Image: Collectible Section Sectin Section Sectin Section Section Section Se										
19 Food inventory X 40 178,140. SALES PRICE 20 Drugs and medical supplies Image: Constraint of the second					5	3,39	0.FMV			
20 Drugs and medical supplies					40	178,14	0. SALES PRICE			
21 Taxidermy										
22 Historical artifacts										
23 Scientific specimens										
24 Archeological artifacts x 14 10,532. SALES PRICE 25 Other ▶ (DINING) x 14 3,931. SALES PRICE 26 Other ▶ (DINING) x 14 3,931. SALES PRICE 27 Other ▶ () x 14 3,931. SALES PRICE 27 Other ▶ () x 14 3,931. SALES PRICE 28 Other ▶ () x 14 3,931. SALES PRICE 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. 31 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a										
25 Other ▶ (SPECIAL EVENT) X 14 10,532. SALES PRICE 26 Other ▶ (DINING) X 14 3,931. SALES PRICE 27 Other ▶ ()										
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 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,)	Number o	f Forms 8283 received by the or	ganization during	g the tax year for c	ontributions				
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?30abIf "Yes," describe the arrangement in Part II.3131Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?3132aDoes the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?32abIf "Yes," describe in Part II.32a33If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,32a	1	for which	the organization completed Forr	m 8283, Part IV, I	Donee Acknowledg	gement			48	
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?30abIf "Yes," describe the arrangement in Part II.3131Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?3132aDoes the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?32abIf "Yes," describe in Part II.32a33If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,32a								Y	/es	No
 exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,)a I	During the	e year, did the organization recei	ive by contributio	on any property rep	orted in Part I, lines 1 thro	ough 28, that it			
 b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 	I	must hold	for at least three years from the	e date of the initia	al contribution, and	which isn't required to be	e used for			
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 	(exempt p	urposes for the entire holding pe	eriod?				30a		Х
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 	b	lf "Yes," c	lescribe the arrangement in Part	: II.						
contributions? 32a b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		Does the	organization have a gift accepta	nce policy that re	equires the review	of any nonstandard contri	ibutions?	31	X	
 b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	(contributi	ons?					32a		Х
	b If "Yes," describe in Part II.									
describe in Part II.	3	If the orga	nization didn't report an amoun	t in column (c) fo	r a type of property	/ for which column (a) is c	hecked,			
	(

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

Schedule M (Form 990) 2019

932141 09-27-19

Schedule M (Form 990) 2019 SAN FRANCISCO SYMPHONY	94-1156284	Page 2
Part II Supplemental Information. 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 c this part for any additional information.	l 33, and whether the organiz combination of both. Also cor	zation
CHEDULE M, PART I, COLUMN (B):		
THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTIONS MADE, NOT THE NUMBER		
OF ITEMS CONTRIBUTED.		
032142 09-27-19	Schedule M (For	m 990) 2019
55		

13170511 701245 102384

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 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:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19 Schedule O (Form 990 or 990-EZ) (2019)

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 XI, LINE 9, CHANGES IN NET ASSETS:
932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 57

Schedule O (Form 990 or 990-EZ) (2019)

SAN FRANCISCO SYMPHONY

Name of the organization

Page 2

Employer identification number

94-1156284

Schedule O (Form 990 or 990-EZ) (2019)		Page
Name of the organization SAN FRANCISCO SYMPHONY		Employer identification number 94-1156284
CHANGE IN PENSION BENEFIT LIABILITIES	3,987,608.	
FORM 990, PART XII, LINE 2C:		
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.		
932212 09-06-19	So So	chedule O (Form 990 or 990-EZ) (2019