



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2010**  
**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning 09-01-2010 and ending 08-31-2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization SAN FRANCISCO SYMPHONY  Doing Business As  Number and street (or P O box if mail is not delivered to street address) Room/suite DAVIES SYMPHONY HALL 201 VAN NESS  City or town, state or country, and ZIP + 4 SAN FRANCISCO, CA 941024585  <b>F</b> Name and address of principal officer JOHN D GOLDMAN DAVIES SYMPHONY HALL 201 VAN NESS SAN FRANCISCO, CA 941024585	<b>D</b> Employer identification number 94-1156284  <b>E</b> Telephone number (415) 552-8000  <b>G</b> Gross receipts \$ 97,699,666
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ WWW.SFSYMPHONY.ORG		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1910 <b>M</b> State of legal domicile CA

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities ENRICHES, SERVES, AND SHAPES CULTURAL LIFE THROUGHOUT THE SPECTRUM OF BAY AREA COMMUNITIES			
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>		80
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>		80
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .	<b>5</b>		905
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>		1,832
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>		83,730
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>		77,759
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	
<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .		30,887,903		51,960,280
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .		24,375,879		27,329,381
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .		5,594,862		7,312,854
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .		-1,397,317		-182,918
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	59,461,327		86,419,597
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	51,160		41,535
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	0		0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	36,754,090		39,541,650
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶5,475,699	897,230		469,352
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .			
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	33,950,242		32,101,798	
<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	71,652,722		72,154,335	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) . . . . .	-12,191,395		14,265,262
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	<b>Beginning of Current Year</b>		<b>End of Year</b>
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	274,408,304		306,759,580
		44,699,292		44,075,065
	229,709,012		262,684,515	

**Part II Signature Block**

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

<b>Sign Here</b>	***** Signature of officer	2012-08-16 Date
	JIM KIRK CFO Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name MAGA KISRIEV	Preparer's signature MAGA KISRIEV	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ BURR PILGER MAYER INC				Firm's EIN ▶
	Firm's address ▶ 600 CALIFORNIA STREET SUITE 1300 SAN FRANCISCO, CA 94108				Phone no ▶ (415) 421-5757

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question 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 RECOGNITION AS A MEANS OF ENSURING ITS ABILITY TO FULFILL ITS MISSION

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 60,644,759 including grants of \$ 41,535 ) (Revenue \$ 27,329,381 )
THROUGH ITS ARTISTIC, EDUCATION AND COMMUNITY PROGRAMS, THE SAN FRANCISCO SYMPHONY EACH YEAR SERVES MORE THAN 600,000 BAY AREA RESIDENTS AND VISITORS OF EVERY ECONOMIC AND CULTURAL BACKGROUND IN OVER 200 CONCERTS THE SYMPHONY ADDITIONALLY REACHES MILLIONS OF OTHERS THROUGHOUT THE UNITED STATES AND ABROAD THROUGH TOURING, RECORDING, THE WEB, AND RADIO AND TELEVISION BROADCASTS THE GRAMMY AWARD WINNING SAN FRANCISCO SYMPHONY IS REGARDED INTERNATIONALLY AS ONE OF THE FOREMOST AMERICAN ORCHESTRAS UNDER MUSIC DIRECTOR MICHAEL TILSON THOMAS, THE SYMPHONY OFFERS EXCITING CLASSICAL PROGRAMS WITH INTERNATIONALLY ACCLAIMED GUEST ARTISTS IN ITS 100+ CONCERT SUBSCRIPTION SERIES OTHER ANNUAL SERIES INCLUDE THE GREAT PERFORMERS SERIES, MUSIC FOR FAMILIES AND THE CHAMBER MUSIC SERIES IN ADDITION, THE ORCHESTRA OFFERS FREE COMMUNITY CONCERTS, AN ANNUAL SUMMER FESTIVAL AND DECEMBER HOLIDAY CONCERTS THE SYMPHONY PROVIDES AN EXTENSIVE ARRAY OF MUSIC EDUCATION PROGRAMS FOR YOUTH AND ADULTS, MOST OF WHICH ARE FREE OF CHARGE FOR YOUNG CHILDREN, THERE IS ADVENTURES IN MUSIC, A COMPREHENSIVE MUSIC EDUCATION PROGRAM IN EVERY SAN FRANCISCO PUBLIC ELEMENTARY SCHOOL AND CONCERTS FOR KIDS, REACHING NEARLY 30,000 SCHOOL CHILDREN EACH YEAR FROM AROUND THE GREATER BAY AREA OTHER PROGRAMS INCLUDE A SPECIAL WEB SITE FOR CHILDREN, WWW.SFSKIDS.ORG, OFFERING YOUNGSTERS AROUND THE WORLD AN INTRODUCTION TO MUSIC, THE INSTRUMENT TRAINING PROGRAM FOR MIDDLE AND HIGH SCHOOL MUSIC STUDENTS, THE HOWARD SKINNER STUDENT FORUM, OFFERING GREATLY DISCOUNTED TICKETS TO COLLEGE STUDENTS, AND FREE TICKETS FOR HIGH SCHOOL AND COLLEGE MUSIC STUDENTS FOR ADULTS, THE SYMPHONY PRESENTS INSIDE MUSIC TALKS, WHICH ARE FREE OF CHARGE BEFORE EACH CONCERT OTHER PROGRAMS REACH ECONOMICALLY DISADVANTAGED BAY AREA RESIDENTS AND INCLUDE FREE OUTDOOR CONCERTS AND SEVERAL PROGRAMS DISTRIBUTING DISCOUNTED AND COMPLIMENTARY TICKETS THE SYMPHONY'S WIDE-RANGING RECORDING AND MEDIA PROJECTS MAKE CLASSICAL MUSIC MORE ACCESSIBLE TO PEOPLE OF ALL AGES AND BACKGROUNDS, INCLUDING A NATIONAL PBS-TV SERIES OF DOCUMENTARIES AND CONCERTS, NATIONALLY SYNDICATED RADIO PROGRAMS, AND INTERACTIVE WEBSITES

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

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

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

4e Total program service expenses \$ 60,644,759

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	Yes	
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	Yes	
<b>9</b>	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
<b>11</b>	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
<b>b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	Yes	
<b>c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
<b>d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
<b>f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	Yes	
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	Yes	
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
<b>17</b>	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	Yes	
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
<b>20a</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
<b>b</b>	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**Part IV Checklist of Required Schedules** *(continued)*

<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . . <input checked="" type="checkbox"/>	<b>21</b>	Yes	
<b>22</b>	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . . <input checked="" type="checkbox"/>	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . . <input checked="" type="checkbox"/>	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . . <input checked="" type="checkbox"/>	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . . <input checked="" type="checkbox"/>	<b>25b</b>		No
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . . <input checked="" type="checkbox"/>	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . . <input checked="" type="checkbox"/>	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . <input checked="" type="checkbox"/>	<b>28a</b>	Yes	
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . <input checked="" type="checkbox"/>	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . <input checked="" type="checkbox"/>	<b>28c</b>	Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	<b>29</b>	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . . <input checked="" type="checkbox"/>	<b>30</b>	Yes	
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . . <input checked="" type="checkbox"/>	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . . <input checked="" type="checkbox"/>	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . . <input checked="" type="checkbox"/>	<b>34</b>	Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35</b>		No
<b>a</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input checked="" type="checkbox"/>	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . [ ]

Table with columns for question number, question text, and Yes/No columns. Rows include questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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

Check if Schedule O contains a response to any question in this Part VI . . . . . [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (80), 1b (80), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (No), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

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



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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							3,124,740	0	530,354	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **133**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
MTT INC 1745 BROADWAY 18TH FLOOR NEW YORK, NY 10019	MUSIC DIRECTOR	2,412,662
INDEPENDENT COMMUNICATIONS ASSOC INC 38 MILLER AVENUE PMB 289 MILL VALLEY, CA 94941	PRODUCTION MANAGEMENT	922,707
SD&A TELESERVICES INC 5757 WEST CENTURY BLVD SUITE 300 LOS ANGELES, CA 90045	PROFESSIONAL FUNDRAISER	917,514
ROBERT W FOUNTAIN INC 80 MISSOURI STREET SAN FRANCISCO, CA 94107	EVENT PRODUCTION	787,568
TOUR ARTS 2829 BRIDGEWAY SUITE 205 SAUSALITO, CA 94965	TOURING SERVICES	725,839

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **27**

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b>					
	<b>b</b> Membership dues . . . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . . . <b>1c</b>	2,734,757				
	<b>d</b> Related organizations . . . . . <b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . . <b>1e</b>	818,386				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . . <b>1f</b>	48,407,137				
	<b>g</b> Noncash contributions included in lines 1a-1f \$	4,885,106				
	<b>h Total.</b> Add lines 1a-1f . . . . .	51,960,280				
	<b>Program Service Revenue</b>	<b>2a</b> <u>CONCERT &amp; RELATED REV</u>	711130	26,985,950	26,985,950	
<b>b</b> <u>SFS MEDIA</u>		515100	177,734	177,734		
<b>c</b> <u>VOLUNTEER COUNCIL</u>		711130	165,697	165,697		
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . .			27,329,381			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .		3,184,276	51,682	3,132,594
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross Rents	(i) Real		32,048		
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)		32,048		
	<b>d</b> Net rental income or (loss) . . . . .		32,048	32,048		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	13,025,803			
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses	8,897,225			
		<b>c</b> Gain or (loss)	4,128,578			
<b>d</b> Net gain or (loss) . . . . .		4,128,578		4,128,578		
<b>8a</b> Gross income from fundraising events (not including \$ <u>2,734,757</u> of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>		732,241			
	<b>b</b> Less direct expenses . . . . . <b>b</b>		1,749,766			
	<b>c</b> Net income or (loss) from fundraising events . . . . .		-1,017,525		-1,017,525	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>		1,080,505			
<b>b</b> Less cost of goods sold . . . . . <b>b</b>		633,078				
<b>c</b> Net income or (loss) from sales of inventory . . . . .		447,427		447,427		
<b>Miscellaneous Revenue</b>	<b>11a</b> <u>FOOD &amp; BEV FROM PATRON</u>	812900	220,155		220,155	
	<b>b</b> <u>MISCELLANEOUS</u>	900099	134,977		134,977	
	<b>c</b> _____					
	<b>d</b> All other revenue . . . . .					
	<b>e Total.</b> Add lines 11a-11d . . . . .		355,132			
	<b>12 Total revenue.</b> See Instructions . . . . .		86,419,597	27,329,381	83,730	7,046,206

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	41,535	41,535		
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	1,912,405	656,248	1,081,587	174,570
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	27,138,202	23,916,785	2,027,333	1,194,084
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	3,909,621	3,662,946	175,682	70,993
<b>9</b>	Other employee benefits . . . . .	4,661,637	4,093,057	368,087	200,493
<b>10</b>	Payroll taxes . . . . .	1,919,785	1,666,688	182,169	70,928
<b>a</b>	Fees for services (non-employees)				
	Management . . . . .				
<b>b</b>	Legal . . . . .	27,767	15,109	12,658	
<b>c</b>	Accounting . . . . .	193,975		193,975	
<b>d</b>	Lobbying . . . . .	16,768	8,469	8,299	
<b>e</b>	Professional fundraising services See Part IV, line 17 . . . . .	469,352			469,352
<b>f</b>	Investment management fees . . . . .	224,716		224,716	
<b>g</b>	Other . . . . .	314,319	132,262	179,872	2,185
<b>12</b>	Advertising and promotion . . . . .	1,502,111	1,291,295	18,691	192,125
<b>13</b>	Office expenses . . . . .	1,603,333	984,327	369,242	249,764
<b>14</b>	Information technology . . . . .	267,440	16,342	250,374	724
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	548,438	201,878	273,606	72,954
<b>17</b>	Travel . . . . .	93,044	59,202	19,643	14,199
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .				
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	1,133,761	1,027,026	57,718	49,017
<b>23</b>	Insurance . . . . .	435,847	95,379	340,468	
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
<b>a</b>	CONCERT PRODUCTION	16,735,248	16,610,875	57,375	66,998
<b>b</b>	CONSULTING FEES	2,438,060	2,349,902	72,559	15,599
<b>c</b>	AMORTIZATION	2,380,416	2,379,252	647	517
<b>d</b>	DIR FNDRSNG/ENDOWMENT	1,814,691			1,814,691
<b>e</b>	CREDIT CARD FEES	636,612	460,223	8,293	168,096
<b>f</b>	All other expenses	1,735,252	975,959	110,883	648,410
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	72,154,335	60,644,759	6,033,877	5,475,699
<b>26</b>	<b>Joint costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0	-191,402	-386,960	578,362

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,373,185	<b>1</b>	1,241,002
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	18,607,200	<b>3</b>	26,433,053
	<b>4</b> Accounts receivable, net . . . . .	620,877	<b>4</b>	2,756,226
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	1,387,377	<b>7</b>	1,966,757
	<b>8</b> Inventories for sale or use . . . . .	397,774	<b>8</b>	755,433
	<b>9</b> Prepaid expenses and deferred charges . . . . .	11,790,834	<b>9</b>	9,700,083
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	33,640,077		
	<b>10b</b> Less accumulated depreciation . . . . .	15,644,210		
		17,080,253	<b>10c</b>	17,995,867
	<b>11</b> Investments—publicly traded securities . . . . .	166,343,185	<b>11</b>	181,535,455
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	46,453,324	<b>12</b>	53,990,047
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 . . . . .	10,354,295	<b>15</b>	10,385,657	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	274,408,304	<b>16</b>	306,759,580	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,821,106	<b>17</b>	4,532,218
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	12,642,098	<b>19</b>	13,158,974
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	28,236,088	<b>25</b>	26,383,873
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	44,699,292	<b>26</b>	44,075,065
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	58,030,695	<b>27</b>	62,108,600
	<b>28</b> Temporarily restricted net assets . . . . .	52,953,619	<b>28</b>	67,823,806
	<b>29</b> Permanently restricted net assets . . . . .	118,724,698	<b>29</b>	132,752,109
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	229,709,012	<b>33</b>	262,684,515	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	274,408,304	<b>34</b>	306,759,580	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	86,419,597
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	72,154,335
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	14,265,262
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	229,709,012
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	18,710,240
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	262,684,515

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

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

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SAN FRANCISCO SYMPHONY

Employer identification number

94-1156284

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

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

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

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	45,066,383	40,103,581	35,916,731	30,887,904	51,541,717	203,516,316
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	45,066,383	40,103,581	35,916,731	30,887,904	51,541,717	203,516,316
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						20,468,001
<b>6 Public Support.</b> Subtract line 5 from line 4						183,048,315

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4	45,066,383	40,103,581	35,916,731	30,887,904	51,541,717	203,516,316
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,240,014	5,265,510	3,710,194	3,334,967	3,184,276	20,734,961
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on			40,888	42,513	41,228	124,629
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	817,962	776,111	369,631	357,787	323,703	2,645,194
<b>11 Total support</b> (Add lines 7 through 10)						227,021,100
<b>12</b> Gross receipts from related activities, etc (See instructions)					<b>12</b>	137,163,308

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	80.630%
<b>15</b> Public Support Percentage for 2009 Schedule A, Part II, line 14	<b>15</b>	72.970%

**16a 33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> 						

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

<b>15</b> Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2010.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>b 33 1/3% support tests—2009.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

---

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

---

**Additional Data**

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN D GOLDMAN BOARD PRESIDENT	30 00	X		X				0	0	0
MRS WILLIAM S FISHER BOARD VICE PRESIDENT	1 00	X		X				0	0	0
RICHARD M KOVACEVICH BOARD VICE PRESIDENT	3 00	X		X				0	0	0
JEREMIAH J SULLIVAN BOARD VICE PRESIDENT	3 00	X		X				0	0	0
ROBERT R TUFTS BOARD SECRETARY	3 00	X		X				0	0	0
CLAIRE N BARNES BOARD GOVERNOR	1 00	X						0	0	0
NANCY H BECHTLE BOARD GOVERNOR	1 00	X						0	0	0
LYDIA I BEEBE BOARD GOVERNOR	1 00	X						0	0	0
ATHENA T BLACKBURN BOARD GOVERNOR	1 00	X						0	0	0
ROBERT H BRANT BOARD GOVERNOR	2 00	X						0	0	0
BARBARA BROOKINS-SCHNEIDER BOARD GOVERNOR	2 00	X						0	0	0
CAROL FRANC BUCK BOARD GOVERNOR	1 00	X						0	0	0
MRS HERBERT E CAEN BOARD GOVERNOR	1 00	X						0	0	0
MRS LYMAN H CASEY BOARD GOVERNOR	1 00	X						0	0	0
JOHN S CHEN BOARD GOVERNOR	1 00	X						0	0	0
DR YANEK S Y CHIU BOARD GOVERNOR	1 00	X						0	0	0
MATT COHLER BOARD GOVERNOR	1 00	X						0	0	0
MARGARET LIU COLLINS BOARD GOVERNOR	1 00	X						0	0	0
NANCY R CONNER BOARD GOVERNOR	1 00	X						0	0	0
MICHELE CORASH BOARD GOVERNOR	1 00	X						0	0	0
MRS ROBERT A CORRIGAN BOARD GOVERNOR	1 00	X						0	0	0
COURTENAY CORRIGAN BOARD GOVERNOR	1 00	X						0	0	0
GAIL L COVINGTON BOARD GOVERNOR	1 00	X						0	0	0
RAY DOLBY BOARD GOVERNOR	1 00	X						0	0	0
DIXON R DOLL BOARD GOVERNOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA C DUNN BOARD GOVERNOR	2 00	X						0	0	0
MARY C FALVEY BOARD GOVERNOR	1 00	X						0	0	0
MRS DONALD G FISHER BOARD GOVERNOR	1 00	X						0	0	0
ELIZABETH J FOLGER BOARD GOVERNOR	1 00	X						0	0	0
A JOHN GAMBS BOARD GOVERNOR	2 00	X						0	0	0
CARLOS A GARCIA BOARD GOVERNOR	1 00	X						0	0	0
PRISCILLA B GEESLIN BOARD GOVERNOR	1 00	X						0	0	0
CHARLES M GESCHKE BOARD GOVERNOR	1 00	X						0	0	0
GORDON P GETTY BOARD GOVERNOR	1 00	X						0	0	0
ROBERT D GLYNN JR BOARD GOVERNOR	1 00	X						0	0	0
EMMA GOLTZ BOARD GOVERNOR	1 00	X						0	0	0
TED W HALL BOARD GOVERNOR	2 00	X						0	0	0
JOHN H HAMMERGREN BOARD GOVERNOR	2 00	X						0	0	0
ANETTE L HARRIS BOARD GOVERNOR	1 00	X						0	0	0
KENNETH L HIRSCH BOARD GOVERNOR	1 00	X						0	0	0
DAVID A HOYT BOARD GOVERNOR	1 00	X						0	0	0
GREGORY E JOHNSON BOARD GOVERNOR	1 00	X						0	0	0
JUDITH S JORGENSEN BOARD GOVERNOR	1 00	X						0	0	0
MARK A JUNG BOARD GOVERNOR	1 00	X						0	0	0
JUDI KANTER BOARD GOVERNOR	1 00	X						0	0	0
MRS WILLIAM R KIMBALL BOARD GOVERNOR	1 00	X						0	0	0
F CURT KIRSCHNER BOARD GOVERNOR	1 00	X						0	0	0
JANET W LAMKIN BOARD GOVERNOR	1 00	X						0	0	0
CHRISTINE E LAMOND BOARD GOVERNOR	1 00	X						0	0	0
MAX LEVCHIN BOARD GOVERNOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRED M LEVIN BOARD GOVERNOR	1 00	X						0	0	0
MARYON DAVIES LEWIS BOARD GOVERNOR	1 00	X						0	0	0
RAYMOND KY LI BOARD GOVERNOR	1 00	X						0	0	0
GORRETTI LO LUI BOARD GOVERNOR	1 00	X						0	0	0
MARC T MACAULAY BOARD GOVERNOR	1 00	X						0	0	0
REBECCA MACIEIRA-KAUFMANN BOARD GOVERNOR	1 00	X						0	0	0
RICHARD B MADDEN BOARD GOVERNOR	2 00	X						0	0	0
MRS MERRILL L MAGOWAN BOARD GOVERNOR	1 00	X						0	0	0
EFF W MARTIN BOARD GOVERNOR	1 00	X						0	0	0
MRS J STANLEY MATTISON BOARD GOVERNOR	1 00	X						0	0	0
AMY S MCCOMBS BOARD GOVERNOR	2 00	X						0	0	0
NAN TUCKER MCEVOY BOARD GOVERNOR	1 00	X						0	0	0
KENNETH P MCNEELY BOARD GOVERNOR	1 00	X						0	0	0
WILLIAM F MEEHAN III BOARD GOVERNOR	1 00	X						0	0	0
ANTHONY W MILES BOARD GOVERNOR	1 00	X						0	0	0
J WILLIAM MORRIS III BOARD GOVERNOR	2 00	X						0	0	0
MRS WALTER S NEWMAN BOARD GOVERNOR	1 00	X						0	0	0
MRS JOHN F NICOLAI BOARD GOVERNOR	1 00	X						0	0	0
PAUL S OTELLINI BOARD GOVERNOR	1 00	X						0	0	0
MRS JAMES C PARAS BOARD GOVERNOR	1 00	X						0	0	0
LAURA K PFAFF BOARD GOVERNOR	1 00	X						0	0	0
PAULA B PRETLOW BOARD GOVERNOR	1 00	X						0	0	0
GEORGE R ROBERTS BOARD GOVERNOR	1 00	X						0	0	0
RICHARD M ROSENBERG BOARD GOVERNOR	2 00	X						0	0	0
SHARON L SETO BOARD GOVERNOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MRS GEORGE P SHULTZ BOARD GOVERNOR	1 00	X						0	0	0
PATRICIA SUGHRUE SPRINCIN BOARD GOVERNOR	1 00	X						0	0	0
NICHOLAS E TOUSSAINT BOARD GOVERNOR	2 00	X						0	0	0
TONY TROUSSET BOARD GOVERNOR	1 00	X						0	0	0
ANITA L WORNICK BOARD GOVERNOR	1 00	X						0	0	0
BRENT ASSINK EXECUTIVE DIRECTOR	60 00			X				456,179	0	55,744
MARK KOENIG CFO (THROUGH 9/1/2010)	60 00			X				160,041	0	16,882
JAMES KIRK CFO (STARTED 10/25/2010)	60 00			X				38,666	0	1,376
JOHN KIESER GENERAL MANAGER	60 00				X			186,351	0	30,626
MARA FINERTY DIRECTOR, HUMAN RESOURCES	60 00				X			174,559	0	12,704
GREGG GLEASNER DIRECTOR, ARTISTIC PLANNING	60 00				X			185,537	0	28,911
NAN KEETON DIRECTOR, EXTERNAL AFFAIRS	60 00				X			267,316	0	27,852
ROBERT W LASHER DIR , DEVELOPMENT (THROUGH 10/1/2010)	60 00				X			335,061	0	19,054
ALEXANDER BARANTSCHIK CONCERTMASTER	60 00					X		440,081	0	66,982
NADYA TICHMAN ASSOC CONCERTMASTER	60 00					X		219,146	0	89,619
MARK INOUYE PRINCIPAL TRUMPET	60 00					X		235,845	0	19,143
WILLIAM BENNETT PRINCIPAL OBOE	60 00					X		207,959	0	82,924
ROBERT WARD PRINCIPAL HORN	60 00					X		217,999	0	78,537

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

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

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

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

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

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

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

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

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

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

Name of the organization  
SAN FRANCISCO SYMPHONY

Employer identification number

94-1156284

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

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

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

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

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

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

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

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

- A** Check  if the filing organization belongs to an affiliated group
- B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?	Yes		1,701
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		15,067
<b>i</b> Other activities? If "Yes," describe in Part IV		No	
<b>j</b> Total lines 1c through 1i			16,768
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

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

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization SAN FRANCISCO SYMPHONY

Employer identification number 94-1156284

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

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

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1: \$15,000; (ii) Assets included in Form 990, Part X: \$73,000
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

**3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other REPLICA FOR ANNUAL POSTER

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .	232,661,245	230,679,902	258,321,438		
<b>b</b> Contributions . . . . .	20,521,288	6,872,990	16,791,506		
<b>c</b> Investment earnings or losses . . . . .	24,946,947	10,899,942	-25,359,327		
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	16,004,445	15,791,589	19,073,715		
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	262,125,035	232,661,245	230,679,902		

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 32 000 %
- b** Permanent endowment ▶ 51 000 %
- c** Term endowment ▶ 17 000 %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b> Yes	
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	No
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		15,106,838	9,514,516	5,592,322
<b>d</b> Equipment . . . . .		17,124,312	6,129,694	10,994,618
<b>e</b> Other . . . . .		1,408,927		1,408,927
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				17,995,867



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	86,419,597
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	72,154,335
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	14,265,262
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	17,870,169
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	840,071
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	18,710,240
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	32,975,502

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	107,023,895
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	17,870,169
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	576,001
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	2,382,844
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	20,829,014
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	86,194,881
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	224,716
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	224,716
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	86,419,597

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	74,888,463
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	576,001
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	2,382,844
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	2,958,845
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	71,929,618
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	224,716
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	224,716
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	72,154,334

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE SYMPHONY RECEIVES A DONATED WATERCOLOR ON AN ANNUAL BASIS, WHICH IS CAPITALIZED AS PART OF IMPROVEMENTS, FURNITURE, AND EQUIPMENT THE DONATED WATERCOLOR IS BEING MAINTAINED AS PART OF THE SYMPHONY'S COLLECTION THE SYMPHONY MAINTAINS OTHER ARTWORK AROUND DAVIES SYMPHONY HALL, BUT NO OTHER ITEMS ARE RECORDED AS ASSETS
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	TO SUPPORT THE SYMPHONY'S PROGRAMS AND MAINTAIN FINANCIAL STABILITY
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE SYMPHONY HAS EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED THAT AS OF AUGUST 31, 2011, THE SYMPHONY DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY FOR STATE TAX PURPOSES, THE SYMPHONY IS GENERALLY NO LONGER SUBJECT TO TAX EXAMINATIONS FOR YEARS PRIOR TO 2007 FOR FEDERAL TAX PURPOSES, THE SYMPHONY IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR YEARS PRIOR TO 2008
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN PENSION BENEFIT LIABILITIES 840,071
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS EXPENSE LINE 8B, PART VIII, FORM 990 1,749,766 COST OF GOODS SOLD LINE 10B, PART VIII, FORM 990 633,078
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS EXPENSE LINE 8B, PART VIII, FORM 990 1,749,766 COST OF GOODS SOLD LINE 10B, PART VIII, FORM 990 633,078







**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*  Yes  No

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 94-1156284

**Name:** SAN FRANCISCO SYMPHONY

---

**Part V Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

---

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization SAN FRANCISCO SYMPHONY

Employer identification number 94-1156284

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

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

CA
.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>OPENING GALA</u> (event type)	<u>CHINESE NEW YEAR</u> (event type)	<u>4</u> (total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	2,122,882	464,235	879,881	3,466,998
	<b>2</b> Less Charitable contributions . . . . .	1,793,701	326,941	614,115	2,734,757
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	329,181	137,294	265,766	732,241
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	15,260	29,420	12,150	56,830
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	1,031,095	257,812	404,029	1,692,936
<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				1,749,766	
<b>11</b> Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶				-1,017,525	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes .....% <input type="checkbox"/> No	<input type="checkbox"/> Yes .....% <input type="checkbox"/> No	<input type="checkbox"/> Yes .....% <input type="checkbox"/> No		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," Explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," Explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? . . . . .  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .  Yes  No

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility . . . . .	<b>13a</b>	
<b>b</b> An outside facility . . . . .	<b>13b</b>	

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

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

**c** If "Yes," enter name and address

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions

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

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

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------



**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

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

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE SYMPHONY DONATES TICKETS TO VARIOUS ORGANIZATIONS, PREDOMINANTLY RELATED TO EDUCATION SYMPHONY STAFF MEMBER(S) WORK DIRECTLY WITH THE SCHOOLS AND ATTEND CONCERTS TO PERSONALLY WELCOME THE TEACHERS AND STUDENTS WHO ARE ATTENDING THESE CONCERTS

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SAN FRANCISCO SYMPHONY

Employer identification number

94-1156284

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel                        | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

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

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

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

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

**a** Receive a severance payment or change-of-control payment from the organization or a related organization?

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

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

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

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

**a** The organization?

**b** Any related organization?

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

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

**a** The organization?

**b** Any related organization?

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

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

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

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRENT ASSINK	(i)	449,726	0	6,453	38,758	16,986	511,923	0
	(ii)	0	0	0	0	0	0	0
(2) MARK KOENIG	(i)	156,196	0	3,845	7,240	9,642	176,923	0
	(ii)	0	0	0	0	0	0	0
(3) JOHN KIESER	(i)	186,222	0	129	29,904	722	216,977	0
	(ii)	0	0	0	0	0	0	0
(4) MARA FINERTY	(i)	174,490	0	69	6,854	5,850	187,263	0
	(ii)	0	0	0	0	0	0	0
(5) GREGG GLEASNER	(i)	185,288	0	249	21,042	7,869	214,448	0
	(ii)	0	0	0	0	0	0	0
(6) NAN KEETON	(i)	256,069	0	11,247	2,624	25,228	295,168	0
	(ii)	0	0	0	0	0	0	0
(7) ROBERT W LASHER	(i)	225,036	110,000	25	9,726	9,328	354,115	0
	(ii)	0	0	0	0	0	0	0
(8) ALEXANDER BARANTSCHIK	(i)	439,565	0	516	34,222	32,760	507,063	0
	(ii)	0	0	0	0	0	0	0
(9) NADYA TICHMAN	(i)	218,870	0	276	56,859	32,760	308,765	0
	(ii)	0	0	0	0	0	0	0
(10) MARK INOUYE	(i)	235,737	0	108	9,993	9,150	254,988	0
	(ii)	0	0	0	0	0	0	0
(11) WILLIAM BENNETT	(i)	207,683	0	276	50,664	32,260	290,883	0
	(ii)	0	0	0	0	0	0	0
(12) ROBERT WARD	(i)	217,483	0	516	64,728	13,809	296,536	0
	(ii)	0	0	0	0	0	0	0
( 13 )								
( 14 )								
( 15 )								
( 16 )								

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	NAN KEETON, DIRECTOR OF EXTERNAL AFFAIRS, RECEIVED A GROSS-UP PAYMENT OF \$3,702 DURING THE YEAR
	PART I, LINE 4B	BRENT ASSINK, EXECUTIVE DIRECTOR, PARTICIPATES IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. SFS CONTRIBUTED \$16,500 TO THE PLAN IN 2010.
	PART I, LINE 5	ROBERT W LASHER, DIRECTOR OF DEVELOPMENT, RECEIVED \$100,000 INCENTIVE COMPENSATION BASED ON ACHIEVEMENT OF CAPITAL CAMPAIGN GOALS.
	PART I, LINE 7	THE DIRECTOR OF DEVELOPMENT RECEIVED \$10,000 RELATED TO ADDITIONAL RESPONSIBILITIES ASSUMED DURING THE YEAR. THE DIRECTOR OF EXTERNAL AFFAIRS RECEIVED \$11,702 INCLUDING \$3,702 DESCRIBED IN LINE 1 IN LIEU OF A CONTRIBUTION TO A RETIREMENT PLAN.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization SAN FRANCISCO SYMPHONY

Employer identification number 94-1156284

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

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

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DIXON DOLL	BOARD MEMBER IS A GENERAL PARTNER IN A LIMITED PARTNERSHIP	1,700,307	SEE SCH O - THE SYMPHONY INVESTED IN A LIMITED PARTNERSHIP IN WHICH A BOARD MEMBER IS A GENERAL PARTNER FUTURE CAPITAL COMMITMENTS RELATED TO THESE PARTNERSHIPS AS OF 8/31/2011 WAS \$3,299,693		No

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SAN FRANCISCO SYMPHONY

Employer identification number

94-1156284

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
<b>1</b> Art—Works of art . . . . .	X	1	15,000	FMV
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .				
<b>5</b> Clothing and household goods . . . . .	X		293,562	ANNUAL SALES REVENUE
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	92	4,146,385	FMV
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( <u>FOOD/GOODS</u> ) . . . . .	X	215	264,832	FMV
<b>26</b> Other ▶ ( <u>SOFTWARE</u> ) . . . . .	X	1	17,783	FMV
<b>27</b> Other ▶ ( <u>LEASEHOLD IMPROVEMENTS</u> ) . . . . .	X	2	69,000	FMV
<b>28</b> Other ▶ ( <u>EQUIPMENT</u> ) . . . . .	X	3	78,544	FMV

**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**

	Yes	No
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		No
<b>b</b> If "Yes," describe the arrangement in Part II		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .		No
<b>b</b> If "Yes," describe in Part II		
<b>33</b> If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

Schedule M (Form 990) 2010

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

**Name of the organization**  
SAN FRANCISCO SYMPHONY

**Employer identification number**

94-1156284

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		TWO MEMBERS OF THE BOARD ARE RELATED BY MARRIAGE

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE BYLAWS STATE THAT ANY ONE DONATING OVER A DOLLAR AMOUNT OF \$350 AND HAS SUBSCRIBED TO AT LEAST THREE CONCERTS IS A MEMBER AND HAS THE RIGHT TO VOTE AT THE ANNUAL MEETING

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		EACH PERSON OR ENTITY WHO OR WHICH HAS SUBSCRIBED TO AT LEAST THREE CONCERTS IN ANY REGULAR SEASON SYMPHONY SERIES AND HAS CONTRIBUTED AT LEAST \$350 TO THE CORPORATION DURING A PERIOD OF 12 MONTHS ENDING UPON THE 60TH DAY BEFORE THE ANNUAL MEETING SHALL BE A VOTING MEMBER THE VOTING MEMBERS, AT EACH OF THEIR ANNUAL MEETINGS, SHALL ELECT APPROXIMATELY ONE-THIRD OF THE TOTAL NUMBER OF GOVERNORS, ROUNDED TO SUCH NEAREST WHOLE NUMBER AS DETERMINED BY THE BOARD OF GOVERNORS

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

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE ADMINISTRATIVE COMPENSATION COMMITTEE (COMMITTEE) OF THE BOARD OF GOVERNORS DETERMINES THE COMPENSATION PACKAGE OF THE EXECUTIVE DIRECTOR (ED) AND THE CHIEF FINANCIAL OFFICER (CFO) OF THE SYMPHONY. THE COMMITTEE WILL MEET ANNUALLY TO REVIEW AND APPROVE THE COMPENSATION AND BENEFIT PACKAGES FOR THE ED AND CFO. THE COMMITTEE RELIES ON COMPARABILITY DATA PREPARED BY THE DIRECTOR OF HUMAN RESOURCES FOR THE SAME OR SIMILAR POSITIONS IN COMPARABLE ORCHESTRAS IN THE UNITED STATES AND SIMILAR POSITIONS FOR NON-PROFITS IN THE SAN FRANCISCO BAY AREA. THE ED AND CFO ARE NOT PRESENT FOR ANY DELIBERATIONS OF THE COMMITTEE NOR DO THEY HAVE ACCESS TO THE INFORMATION PRESENTED TO THE COMMITTEE BY THE DIRECTOR OF HUMAN RESOURCES. DURING THE FISCAL YEAR BEING REPORTED, THE COMMITTEE REVIEWED THE COMPENSATION PACKAGES ON 9/27/2010.

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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 17,870,169 CHANGE IN PENSION BENEFIT LIABILITIES 840,071 TOTAL TO FORM 990, PART XI, LINE 5 18,710,240

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	NO CHANGE IN THE AUDIT COMMITTEE'S OVERSIGHT PROCESS

Identifier	Return Reference	Explanation
REASON FOR AMENDING FORM 990	FORM 990, PAGE 1, SECTION B	FORM 990 IS BEING AMENDED TO REFLECT A CORRECTION TO THE STATEMENT OF FUNCTIONAL EXPENSES ON FORM 990, PART IX LINE 11E COLUMN D AS ORIGINALLY FILED \$933,396 LINE 11E COLUMN D AS AMENDED \$469,352 LINE 24 F COLUMN B AS ORIGINALLY FILED \$511,914 LINE 24 F COLUMN B AS AMENDED \$975,959 SCHEDULE G PART 1, LINE 2B,(V) AS ORIGINALLY FILED \$933,396 SCHEDULE G PART 1, LINE 2B,(V) AS AMENDED \$469,352

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
SAN FRANCISCO SYMPHONY

**Employer identification number**

94-1156284

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

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

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
<b>(1)</b> POOLED INCOME FUND DAVIES SYMPHONY HALL 201 VAN NESS A SAN FRANCISCO, CA94102	TRUST	CA	SAN FRANCISCO SYMPHONY	T		138,421	89 000 %
<b>(2)</b> CRUT #1 DAVIES SYMPHONY HALL 201 VAN NESS A SAN FRANCISCO, CA94102	TRUST	CA	SAN FRANCISCO SYMPHONY	T		142,312	76 000 %
<b>(3)</b> CRUT #2 DAVIES SYMPHONY HALL 201 VAN NESS A SAN FRANCISCO, CA94102	TRUST	CA	SAN FRANCISCO SYMPHONY	T		128,614	73 000 %
<b>(4)</b> CRUT #3 DAVIES SYMPHONY HALL 201 VAN NESS A SAN FRANCISCO, CA94102	TRUST	CA	SAN FRANCISCO SYMPHONY	T		148,805	58 000 %
<b>(5)</b> UNITRUST DAVIES SYMPHONY HALL 201 VAN NESS A SAN FRANCISCO, CA94102	TRUST	CA	SAN FRANCISCO SYMPHONY	T		87,857	53 000 %

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
  
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
  
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
  
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
  
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

**Identifier****Return Reference****Explanation****Schedule R (Form 990) 2010**