Department o	f the Treasury	1	Do not enter Socia	I Security n	umbers0 T	B29-13							_
Internal Rever	f the Treasury nue Service	ľ		,									
Check if applicable	e:												
Addres chang Name chang Initial return	e							-					
Initial								_					
Termin)-												
Ameno return	led							Gros	ss receipts \$	\$			
Termir ated Ameno return Applic tion pendir	a-												
pendir	ig												
								A	re all subord	dinates inclu	uded´	?	
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									C	heck			
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OMB No. 1545-0047

							Yes	No
							105	No
3	Code: Expenses \$	·		including grants of \$		Revenue \$		
b	Code: Expenses \$			including grants of \$		Revenue \$		
	Code: Expenses \$			including grants of \$		Revenue \$		
0								
1d	Expenses \$	inclu	iding grants of \$		Revenue \$			

37

38

Note.

F	
Form	990 (2013) (continued)
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease
	any tax-exempt bonds? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,
	complete Schedule L, Part II ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV
	instructions for applicable filing thresholds, conditions, and exceptions):
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ~~
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? ^{If} "Yes," complete Schedule N, Part II
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b	If "Yes" to line 35a, did the organization receive any payment ~~~~~~5~~~~5~~~~~ If "Yes," complete Schedule R, Part V, line 2
36	Section 501(c)(3) organizations. If "Yes," complete Schedule R, Part V, line 2

No

Yes

21

22

23

24a 24b

24c 24d

25a

25b

26

27

<u>28a</u> 28b

<u>28c</u> 29

30

31

32

33

34 35a

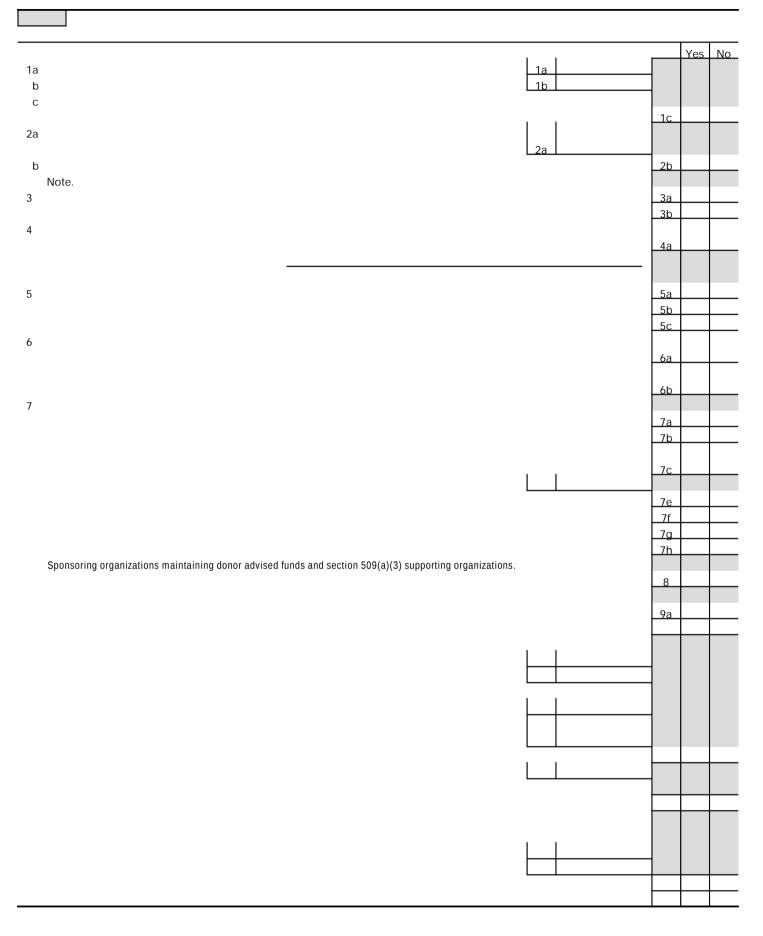
<u>35b</u>

36

37

38

If "Yes," complete Schedule R, Part VI



SAN FRANCI SC2byl address, NSE5

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

Check if Schedule O contains a response or note to any line in this Part VI		•	•	 •	•	••	•	 •	 •	••	•	• •	 •	 •	
Section A. Governing Body and Management															

500	tion A. Governing Dody and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ~~~~ 1a	-		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent ~~~~~ 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ~ ~ ~ ~ ~	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates? ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements? • • • • • • • • • • • • • • • • • • •	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed J			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	ıd finar	ncial	

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: |

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. ¥ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 ¥ List all of the organization's current key employees, if any. See instructions for definition of "key employee."

¥ List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ¥ List all of the organization's former

former directors or trustees

(A)	(B)			(0	C)			(D)	(E)	(F)
		(do box, offic	not cl unles cer an	heck i ss pei d a di	more rson i irecto	than is bot r/trus	one h an tee)			
		Individual trustee or director	Institutional trustee		loyee	Highest compensated employee				
		Individu	Institutio	Officer	Key emp	Highest employe	Former			

		0.48 re BYE0:					
		0.350.40					
		InstitutB203.40 309.6 27.00 273.62 540.00 0.48 re 80.350.40 0.48 re BYE0					
	or director	9.6 27.00 273.62					
	Individual trustee or director	nstituB203.40 30					
		_					
 1							
					1	1	L

Form 990 SAN FRANC	CISCO CO	ONS	SEF	RVA	AT(ORY	Y (OF MUSIC	94-115	6610
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	oyee	es, a	nd I	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours				ition that			Reportable	Reportable	Estimated amount of
	per	(CI	leck		Inat	app	l I	compensation from	compensation from related	other
	week	-				oyee		the	organizations	compensation
	(list any	directo				d emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	hours for related	tee or	ustee			ensate		(00-2/1099-0013C)		organization and related
	organizations	ial trus	onal tr		oloyee	comp				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) DAVID MTCHELL	40.00	=	_	0	×		<u> </u>			
CHI EF ENGINEER						X		121, 655.	0.	39, 350.
Total to Part VII. Section A. line 1c • • • • • •	· · · · · · · · ·	•••					•	1, 358, 531.		226, 617.

				(A)	(B)	(C)	(D)
-							
	1 a	1a					
	b	1b					
	C d	<u>1c</u>					
	d e	1d 1e					
2	f						
		1f					
2		Noncash contributions included in lines 1a-1f: \$					
3	h	Total.					
			Business Code				
	d						
		L					
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Т

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

		(A)	(B)	(C)	(D)
1	Grants and other assistance to governments and				
'	organizations in the United States. See Part IV, line 21				
2					
3					
4					
5					
6	Compensation not included above, to disqualified				
	and 5011 0 0 1 432.12 69710 Tm50Joint cosPnotc)pla	n accrTotal funProfesse	enses.l edrais8-2 servicart IV,	line 212694j1 0 disq.TjLjt	e miscellaneous 2694j01 0 e393
7					
8					
9					
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11 а					
b					
c d					
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f					
g					
12					
13 14					
15					
16 17					
18					
19					
20					
21 22					
23					
24					
b c					
d					
е 25	Total functional expenses.				
26					
			1	1	

	(A)		(B)
1			
2			
3			
5			
6			
		+	
		+	
		+	

				_
 	 		<u> </u>	—
			-+	

		ļ	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.		
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ.		Open to Public Inspection
Name of the organizati	on		

(i)	(ii)		(iv) (i)	(v) (i)	(vi) (i)	-	(vii)
		(see instructions)					

94-1156610 Page 2

Part	II	

Schedule A (Form 990 or 990 FZ) 2013 SAN FRANCISCO CONSERVATORY OF MUSIC 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.)

<u>Sec</u>	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.") $\sim \sim$						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf $\sim \sim \sim \sim$						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \sim						
4	Total. Add lines 1 through 3 ~~~~						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f) ~~~~~~~~~~~~~						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	1		1	1	1	T
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4 ~~~~~~~						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \sim						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \sim						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.) ~~~~						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities					12	
13	First five years. If the Form 990 is for						
<u> </u>	organization, check this box and stor			• • • • • • • • •	• • • • • • • • •	• • • • • • • • •	• • • •
	ction C. Computation of Publ					1 1	
14	Public support percentage for 2013 (14	%
15	Public support percentage from 2012					15	%
16a	33 1/3% support test - 2013. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			•	•	•	
	meets the "facts-and-circumstances"	Ũ		, <u> </u>	9		1
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-cire		-				
18	Private foundation. If the organization	n did not check a	box on line 13. 16	ba. 16b. 17a. or 17			
					Sch	edule A (Form 990) or 990-EZ) 2013

16360430 759146 75680

Schedule A (Form 990 or 990-FZ) 2013 SAN FRANCI SCO CONSERVATORY OF MUSIC

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.)

	ction A. Public Support						i
Cale	ndar year (or fiscal year beginning in)	<u>(a) 2009</u>	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.") $\sim\sim$						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513 ~~~~~						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf $\sim \sim \sim \sim$						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \sim						ļ
6	Total. Add lines 1 through 5 ~~~~						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year $\sim \sim \sim \sim \sim \sim$						
	Add lines 7a and 7b ~~~~~~~						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1		1	1
	ndar year (or fiscal year beginning in)	<u>(a) 2009</u>	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6 ~~~~~~						
0a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources ~						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975 $\sim \sim \sim \sim$						
	Add lines 10a and 10b ~ ~ ~ ~ ~ ~						
1	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on ~~~~~~~						
2	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						L
4	First five years. If the Form 990 is for						
	check this box and stop here •••			• • • • • • • • •	• • • • • • • • •	• • • • • • • • •	••••
sec	ction C. Computation of Publ	<u>ic Support Pe</u>	ercentage			<u>, , </u>	
5	Public support percentage for 2013 (I	ine 8, column (f) d	livided by line 13,	column (f)) ~ ~ ~ ~	~ ~ ~ ~ ~ ~ ~ ~	15	c
6	Public support percentage from 2012	Schedule A. Part	III. line 15 •••			16	c
Sec	ction D. Computation of Investion	stment Incom	e Percentage			i i	
7	Investment income percentage for 20	13 (line 10c, colu	mn (f) divided by li	ne 13, column (f))	~~~~~~	17	ç
8	Investment income percentage from 2	2012 Schedule A,	Part III, line 17 ~	~ ~ ~ ~ ~ ~ ~ ~ ~	~ ~ ~ ~ ~ ~ ~ ~	18	c
9a	33 1/3% support tests - 2013. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	ifies as a publicly	supported organiz	ation ~~~~~~	~~~~
b	33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, che	-					
				-		-	
0	Private foundation. If the organization	<u>n did not check a</u>	<u>box on line 14. 19</u>	<u>a. or 19b. check th</u>	<u>his box and see in</u>	structions • • •	• • • •

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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

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

Schedule B (Form 990,	990-EZ, o	r 990-PF)	(2013))
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Employer identification number

SAN FRANCI SCO CONSERVATORY OF MUSIC

94-1156610

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$92, 348	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$14, 136	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$30, 000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$13, 500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> 323452 10-24		\$5, 000	Person X Payroll Noncash (Complete Part II for noncash contributions.) 290, 990-EZ, or 990-PF) (2013)

21 2013. 05080 SAN FRANCI SCO CONSERVATORY 756801

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person Payroll
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person
-			Payroll Noncash

Page

Schedule B (F	Form 990,	990-EZ, or	990-PF)) (2	2013)	
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Employer identification number

SAN FRANCI SCO CONSERVATORY OF MUSIC

94-1156610 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ <u>10, 000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ <u>10, 000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ 6, 869.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$ <u>55, 900.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$ <u>10, 000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$ <u>133, 700.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 10-2	4-13	Schedule B (Form	990, 990-EZ, or 990-PF) (2013)

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16360430 759146 75680

Schedule B (Form 990,	990-EZ, o	r 990-PF)	(2013))
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SAN FRANCI SCO CONSERVATORY OF MUSIC

Employer identification number

94-1156610

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 8, 000. _	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$ 5, 000. _	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$ <u>15, 000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$ <u>100, 000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$ 7, 500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 8, 155.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

756801

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16360430 759146 75680

323452 10-24-13

Name of organization	Employer identification number

(a) No.	(b) Name, address, and ZIP + 4	(c) ,972.60Cl contribu nums	SiF51162_04.04 670.50 db)

			1	

Employer identification number

Name of organization

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_			Person Payroll Noncash
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_			Person Payroll Noncash
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_			Person Payroll Noncash
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_			Person Payroll Noncash
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_			Person Payroll Noncash
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_			Persoom Sj1 0nSj1 0n Payroll Noncash

Employer	identification	number
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	4.5		())
(a) No.	(b) N&medardsbssad	(c) Total contributions	(d) Type of contribution
<u> </u>			
			Person
			Payroll
			Noncash
(a)	(b)	(C)	(d)305115 .56205041787494
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Dereen
			Person Payrolla)
			Tayrona)

Schedule B (Form 990,	990-EZ, o	r 990-PF)	(2013))
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SAN FRANCI SCO CONSERVATORY OF MUSIC

Employer identification number

94-1156610

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 67</u>		\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$17,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>69</u>		\$ 24, 427.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10, 000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 3, 300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72 323452 10-24		\$\$6, 812.	Person Payroll Noncash X (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)

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2013. 05080 SAN FRANCI SCO CONSERVATORY 756801

	(see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II forComplete Part
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash

Page

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person Payroll
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person
-			Payroll Noncash

Page

Employer	identification	number

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	Noncash (d) Type of contribution
			₽ቋpscoof contribution Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

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

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

Schedule B (Form 990,	990-EZ, o	r 990-PF)	(2013))
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SAN FRANCI SCO CONSERVATORY OF MUSIC

Employer identification number

94-1156610

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_103		\$ 5, 000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$10, 000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$ 30, 540.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106		\$ <u>\$118, 500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 7, 137.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108 323452 10-24		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)

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Schedule B (F	Form 990,	990-EZ, or	990-PF)) (2	2013)	
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Employer identification number

94-1156610

SAN FRANCI SCO CONSERVATORY OF MUSIC

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
109		\$ <u>13, 789.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		\$ 5, 024	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111		\$ 20, 000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112		\$ <u>101, 000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>114</u> 323452 10-2-		\$64, 003.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)

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Employer	identification	number

(d)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash
			()
(a) No.	((d)) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash
(a) No.	(443.46 Tm (No.) Tj1 0address, and72to	eddress, and ZIP + 4	
	·		
	<u></u>		

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	Page 3
Name of organization	Employer identification number
SAN FRANCI SCO CONSERVATORY OF MUSI C	94- 1156610

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
0	18 CASES OF WINE		
8		—	
		\$ <u>\$14, 136.</u>	06/30/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	STEI NWAY PI ANO		
47		—	
		\$18, 250.	06/30/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
40	3 CASES WINE		
<u>49</u>		—	
		\$900	06/30/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	300 SHRS SILVER WHEATON CORP		
72		—	
		\$26, 812.	06/30/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
70	VIOLIN AND 3 VIOLIN BOWS		
73		—	
		\$36, 300.	06/30/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
78	25 SHRS PPG		
		<u> </u>	
		\$4, 928	06/30/14

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Schedule B (Form 990, 990-EZ, or 990-PF) (2013	3)	
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Name of organization

Page 3 Employer identification number

94-1156610

SAN FRANCI SCO CONSERVATORY OF MUSIC

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
$108 \begin{bmatrix} 50 & 9 \\ - & - \end{bmatrix}$	SHRS EXXON MOBIL XOM		
		\$13, 826.	06/30/14
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom lart I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			

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2013. 05080 SAN FRANCISCO CONSERVATORY 756801

tion CI SCO CONSERVATORY O	OF MUSIC	Employer identification number 94- 1156610
rear. Complete columns (a) through (e) and t he total of ^{exclusivel} y religious, charitable, et	the following line entry. For organizations contributions of \$1,000 or less for the year the second statement of \$1,000 or less for the year the second statement of \$1,000 or less for \$1,000 or les	mpleting Part III, enter
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
ł	CI SCO CONSERVATORY O Exclusively religious, charitable, etc., indi eear. Complete columns (a) through (e) and the total of exclusively religious, charitable, et Jse duplicate copies of Part III if addition (b) Purpose of gift	CLISCO CONSERVATORY OF MUSIC Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (rear. Complete columns (a) through (e) and the following line entry. For organizations constructed of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year complex copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (c) Transfer of gift (e) Transfer of gift (b) Purpose of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (c) Use of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (c) Use of gift (c) Use of gift

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	•

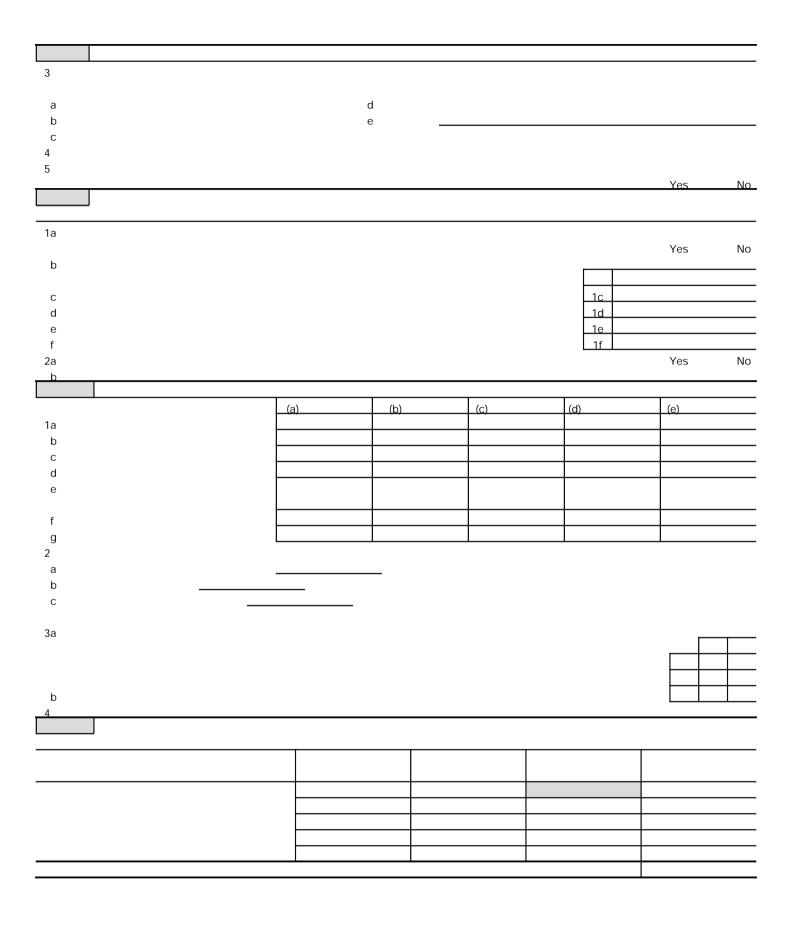
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, an	_	Relationship of transferor to transferee
3454 10-24-13			Schedule B (Form 990, 990-EZ, or 990-PI

(Form 990)

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Held at the End of the Tax Year



		•



Sche	dule D (Form 990) 2013 SAN FRANCI SCO CONSERVATORY	0F	MUSI C	94-	1156610 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts V	Vith Revenue per F		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		•		
1	Total revenue, gains, and other support per audited financial statements ~~~~~	~ ~ ~ ~	~~~~~~~~~~	1	35, 328, 815.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	2, 840, 718.		
b	Donated services and use of facilities		213, 000.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			2e	3, 312, 659.
3	Subtract line 2e from line 1	~ ~ ~ ~	~~~~~~~~~	3	32, 016, 156.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1		
а	Investment expenses not included on Form 990, Part VIII, line 7b ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4a			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	8, 262, 365.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	40, 278, 521.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	ents	With Expenses per	Retu	urn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				47 407 000
1	Total expenses and losses per audited financial statements \sim	~ ~ ~ ~	~~~~~~~~~~	1	17, 495, 829.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1			
а	Donated services and use of facilities \sim	2a	213, 000.	-	
b	Prior year adjustments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			-	
С	Other losses ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		070 044	-	
d	Other (Describe in Part XIII.)				471 041
е	Add lines 2a through 2d ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			2e	471, 941.
3	Subtract line 2e from line 1	~ ~ ~ ~	~~~~~~~~~~	3	17, 023, 888.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	100 151		
а	Investment expenses not included on Form 990, Part VIII, line 7b $\ \sim \sim \sim \sim \sim \sim \sim \sim \sim$			-	
b	Other (Describe in Part XIII.)				0 000 007
С	Add lines 4a and 4b			4c	8, 262, 365.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	• • • •	• • • • • • • • • • • •	5	25, 286, 253.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			4; Part	t X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	itional	information.		

PART V, LINE 4:

EXPLANATION: THE CONSERVATORY HAS ADOPTED INVESTMENT AND SPENDING POLICIES

FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF

FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN

THE PURCHASING POWER OF THE ENDOWMENT ASSETS.

PART X, LINE 2:

EXPLANATION: SFCM OPERATES AS A NOT-FOR-PROFIT CORPORATION AND IS EXEMPT

FROM INCOME TAXES ON RELATED INCOME UNDER PROVISIONS OF THE U.S. INTERNAL

REVENUE CODE, SECTION 501(C)(3) AND THE CALIFORNIA TAX CODE. ACCORDINGLY,

46

NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THESE FINANCIAL

STATEMENTS.

332054 09-25-13 Part XIII Supplemental Information (continued)

RENTAL EXPENSES17, 237.FUNDRAI SI NG EXPENSES241, 704.

TOTAL TO SCHEDULE D, PART XI, LINE 2D

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIPS NETTED AGAINST REVENUE

STUDENT RESIDENT EXPENSES NETTED AGAINST REVENUE

POST RETIREMENT HEALTHCARE OBLIGATIONS NETTED AGAINST

REVENUE

TOTAL TO SCHEDULE D, PART XI, LINE 4B

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES

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FUNDRAI SI NG EXPENSES

TOTAL TO SCHEDULE D, PART XII, LINE 2D

Schedule D (Form 990) 2013

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258, 941.

7, 331, 378.

114, 518.

626, 318.

17, 237.

241, 704.

258, 941.

8, 072, 214.

332055 09-25-13

2013. 05080 SAN FRANCISCO CONSERVATORY

Schedule D (Form 990) 2013 SAN FRANCI SCO CONSERVATORY OF MUSI C	94-1156610 Page 5
Part XIII Supplemental Information (continued)	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
SCHOLARSHIPS NETTED AGAINST REVENUE	7, 331, 378.
STUDENT RESIDENT EXPENSES NETTED AGAINST REVENUE	114, 518.
POST RETIREMENT HEALTHCARE OBLIGATIONS NETTED AGAINST	
REVENUE	626, 318.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	8, 072, 214.
332055 09-25-13	Schedule D (Form 990) 2013
<u>48</u>	

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SCHEDULE E (Form 990 or 990-E2	c) Schools Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.		B No. 18		
Department of the Treasury	Attach to Form 990 or Form 990-EZ.		en to		ic
Internal Revenue Service	Information about Schedule F (Form 990 or 990-FZ) and its instructions is at www.irs.gov/form9	701	pection		
Name of the organizat		ployer identif			
	SAN FRANCI SCO CONSERVATORY OF MUSIC	94-11	566	510	
Part I					
		Г		YES	NO
•	zation have a racially nondiscriminatory policy toward students by statement in its charter, bylaws			x	ĺ
	instrument, or in a resolution of its governing body? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		1	Λ	
-	zation include a statement of its racially nondiscriminatory policy toward students in all its brochur		2	X	
-	other written communications with the public dealing with student admissions, programs, and scl ation publicized its racially nondiscriminatory policy through newspaper or broadcast media during		-		
-	ition for students, or during the registration period if it has no solicitation program, in a way that ma				
	n to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.				
If you need more	e snace use Part II ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		3		X
OUR COLL	EGIATE CATALOG IS LINKED TO THE WEBSITE AND IT				
	OUR GENERAL NON-DISCRIMINATION POLICY AT THE BOT				
	ITLE PAGE. THE CATALOG IS ALSO BROADLY DISTRIBUTE	D TO			
PROSPECT	I VE STUDENTS.				
4 Does the organi	zation maintain the following?				
a Records indicati	ng the racial composition of the student body, faculty, and administrative staff? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	·~~~~ 🛓	4a	X	
	enting that scholarships and other financial assistance are awarded on a racially nondiscriminator		4b	X	
	alogues, brochures, announcements, and other written communications to the public dealing with			v	
	grams, and scholarships? ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		4c	X X	
	terial used by the organization or on its behalf to solicit contributions? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~	4d	Л	
If you answered	"No" to any of the above, please explain. If you need more space, use Part II.				
		I			
		I			
5 Does the organi	zation discriminate by race in any way with respect to:				
	or privileges?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~	5a		X
	cies? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		56 56		X
	faculty or administrative staff? ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		5c		X
d Scholarships or	other financial assistance?		5d		X
	cies? ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		5e		X
	`~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		5f		X
g Athletic program	15? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	· ~ ~ ~ ~ ~ L	5g		X
h Other extracurri	cular activities? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	·~~~~	5h		X
If you answered	"Yes" to any of the above, please explain. If you need more space, use Part II.				

b Has the organization's right to such aid ever been revoked or suspended? ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ If you answered "Yes" to either line 6a or line 6b, explain on Part II.

7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50. 1975-2 C.B. 587. covering racial nondiscrimination? If "No." explain on Part II. • • • • • • • • • • • • • •

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

6a Does the organization receive any financial aid or assistance from a governmental agency? ~~~~~

Х

Х

X

<u>6a</u>

6b

~ ~

Schedule E (Form 990 or 990-EZ) (2013)

16360430 759146 75680

	EXPLANATION OF GOVERNMENT		
	ON: THE SAN FRANCI SCO CON		NAGES AN EXTENSIV
	L ASSISTANCE PROGRAM TO EN		
	ON ATTENDS AND GRADUATES F	· · · · · · · · ·	THE CONSERVATOR
	FUNDS FROM VARIOUS FEDERA		
	I NCLUDI NG PELL, SEOG, CW		
	EIVES GRANTS FROM THE SAN		
LSU REC	TVES GRANTS FROM THE SAN	TRANCISCO GRANIS FOR	IIIL ARIS.

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 Attach to Form 990.
 See separate instructions.
 Information about Schedule F (Form 990) and its instructions is at

OMB No. 1545-0047

Open to Public

Inspection Employer identification number

Name of the organization

Complete if the organization answered "Yes" on

	Form 990, Part IV, line 14b.		
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,		
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? \sim ~	Yes	No

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

3 Activities per Region. (TI	he following Part	I, line 3 table ca	n be duplicated if additional space is r	needed.)	-
(a) Region	(b) Number of offices in the region		(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	 (e) If activity listed in (d) is a program service, describe specific type of service(s) in region 	(f) Total
3 a b					
c Totals					

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

Schedule F (Form 990) 2013

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Schedule F (Form 990) 2013

SAN FRANCI SCO CONSERVATORY OF MUSIC

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if a	dditional space is neede	d			1		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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Page 3

94-1156610

Schedule F	(Form 990) 2013	

Schedule F (Form 990) 2013 SAN FRANCI SCO CONSERVATORY	OF MUSIC	94-1156610 Page 5
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); P. investments vs. expenditures per region); Part II, line 1 (accounting meth (estimated number of recipients), as applicable. Also complete this part	nod); Part III (accounting m	ethod); and Part III, column (c)
PART I, LINE 3, COLUMN (E):	to provide any additionant	
REGION: EAST ASIA AND THE PACIFIC		
(E) SPECIFIC TYPES OF SERVICES IN REGION: S		
REPRESENTATIVES TO ATTEND AND SPEAK AT SEM	INARS AND CON	FERENCES;
RECRUI TI NG.		
332075 10-03-13		Schedule F (Form 990) 201
55	FRANCI SCO CON	

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization SAN FRA	ised funds through any of the followin e Solicita ns f Solicita g Special	Form 9 5,000 c o r For and its 2 Y 0 ered "Yend mg activition of it tion of it fundra	90, Pon Foi rm 99 instru F M es" to vities. non-g gover ising o	art IV, lines 17, 18, o rm 990-EZ, line 6a. 0-EZ. ctions is at www irs g USI C Form 990, Part IV, I Check all that apply overnment grants nment grants events	or 19 pov/fc ine 1	rm 990 Employer ide 94- 1156 7. Form 990-Ez	
-	Part VII) or entity in connection with p dividuals or entities (fundraisers) purs	rofessi	onal f	undraising services?	>	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or cont contribu	ustody trol of	(iv) Gross receipts from activity	tó (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
							-
Total		• • •	1				
3 List all states in which the organizat or licensing.	ion is registered or licensed to solicit	contrib	utions	s or has been notified	d it is	exempt from I	egistration

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

Schedule G (Form 990 or 990-EZ) 2013

332081 09-12-13

1 46.

	;	(a)	m 990-EZ, lines 1 and 6b. Li IV (b)	(c)	
		(a)	(D)	(C)	(d)
					(a)
					(c)
1					
2					
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9 10					
11	1				
	J				
		(a)	(b) Pull tabs/instant	(C)	(d)
		(a)	bingo/progressive bingo	(C)	(a)
1					
2					
3					
4					
5					
		Yes	Yes	Yes	_
6		No	No	No	
7					
8					
					Yes
					Yes

Sch	edule G (Form 990 or 990-FZ) 2013 SAN FRANCI SCO CONSERVATORY OF MUSI C 94-1	1566	10 Pag	ge 3
11	Does the organization operate gaming activities with nonmembers?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Ye	es	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?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Ye I I	es	No
13	Indicate the percentage of gaming activity operated in: a The organization's facility ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	13a		%
		13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ~ ~ ~ ~ ~	Ye	es	No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
c	of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party:			
-	· · · · · · · · · · · · · · · · · · ·			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
6	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Ye	25	No
ł	retain the state gaming license?			NO
_	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, li	nes 9, 9l	o, 10b, 15	ōb,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			
3320	83 09-12-13 Schedule G (Forn	ן 990 or	990-F7)	2013
0	58			

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		ete if the organizatio on about Schedule L	Attach to For	m 990.			OMB No. 1545-0047 Open to Public
	1						
	L		I	l	1	1	I

SAN FRANCISCO CONSERVATORY OF MUSIC

94-1156610

Page 3

Part III Supplemental Information

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

PART I, LINE 1A:

Schedule J (Form 990) 2013

EXPLANATION: THE PRESIDENT MUST LIVE IN SFCM-PROVIDED HOUSING, WHICH ARE

TREATED AS A NON-TAXABLE BENEFIT.

PART I, LINES 4A-B:

EXPLANATION: MARY ELLEN POOLE, DEAN, RECEIVED SEVERANCE PAYMENTS. SHE

SERVED AS DEAN THROUGH 12/31/13 AND CONSULTANT TO THE INTERIM DEAN FROM

1/1/14 - 6/30/14. IN EXCHANGE FOR HER SERVICES AS A CONSULTANT, SHE

RECEIVED SEVERANCE PAYMENTS TOTALING \$75, 779 AND FORGIVENESS OF THE

OUTSTANDING BALANCE OF THE EQUITY PARTICIPATION AGREEMENT OF \$110,000.

COLIN MURDOCH, PRESIDENT, RECEIVED LUMP SUM DISTRIBUTIONS FROM HIS 457B

PLAN. DISTRIBUTIONS WERE PAID ON 9/3/13 FOR \$17, 528. 54 AND 1/2/14 FOR

\$148, 147. 43.

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

SCHEDULE M, PART I, COLUMN (B):

EXPLANATION: THE NUMBER OF CONTRIBUTORS REFLECTS THE NUMBER OF DONORS,

NOT THE NUMBER OF ITEMS DONATED.

SCHEDULE M, LINE 32B:

EXPLANATION: THE CONSERVATORY UTILIZES THE SERVICES OF AUCTION CITY, AN

UNRELATED THIRD PARTY, TO OPERATE ITS VEHICLE DONATION PROGRAM.

Schedule M (Form 990) (2013)

756801

332142 09-03-13

1			OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete to provide information for responses to specific questions on		
(FOITH 990 OF 990-EZ)	Form 990 or 990-EZ or to provide any additional information.		
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ.		Open to Public Inspection
Internal Revenue Service	Information about Schedule O (Form 990 or 990-FZ) and its instructions is at	Employo	r identification number
		спрюуе	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ..0037.00 73Tm abISEE74e9ZE 498.60 70L0.5me545-0047org7

Name of the organization SAN FRANCISCO CONSERVATORY OF MUSIC

Page 2

HE/SHE WILL NOT BE COUNTED TOWARD A QUORUM AT ANY MEETING WHERE THE

CONFLICT IS DISCUSSED, AND WILL NOT BE ALLOWED TO VOTE ON ANY ACTION

REGARDING THE ISSUE.

IN THE EVENT THAT A TRUSTEE (OR FAMILY MEMBER) HAS A MATERIAL FINANCIAL INTEREST IN AN ACTUAL OR CONTEMPLATED TRANSACTION, THE BOARD SHALL REQUIRE DISCLOSURE OF SUCH FINANCIAL INTEREST AND ALL MATERIAL FACTS RELATING THERETO.

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

EXPLANATION: THE BOARD OF TRUSTEES HAS AUTHORIZED THE EXECUTIVE COMMITTEE OF THE BOARD TO DETERMINE ANNUAL COMPENSATION FOR MANAGEMENT. ANNUALLY, THE DIRECTOR OF HR GATHERS COMPARATIVE SALARY DATA FROM AVAILABLE SOURCES AND PRESENTS THE DATA ALONG WITH PROPOSED SALARIES. THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES SALARIES. THE REVIEW PROCESS AND VOTE IS RECORDED IN THE MINUTES OF THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

ADDITIONALLY, THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE

ORGANI ZATI ON' S WEBSI TE.

332212 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. | See separate instructions.

| Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization

SAN FRANCISCO CONSERVATORY OF MUSIC

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

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

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 Part II 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	ent	olled ity?
THE HARRIS GUITAR FOUNDATION - 46-10250131563 SOLANO AVE SUITE 201BERKELEY, CA 94707	SUPPORTING ORGANIZATION	CALI FORNI A	501 (C) (3)		SAN FRANCISCO Conservatory of Misic	Yes	No X

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

OMB No. 1545-0047 2013

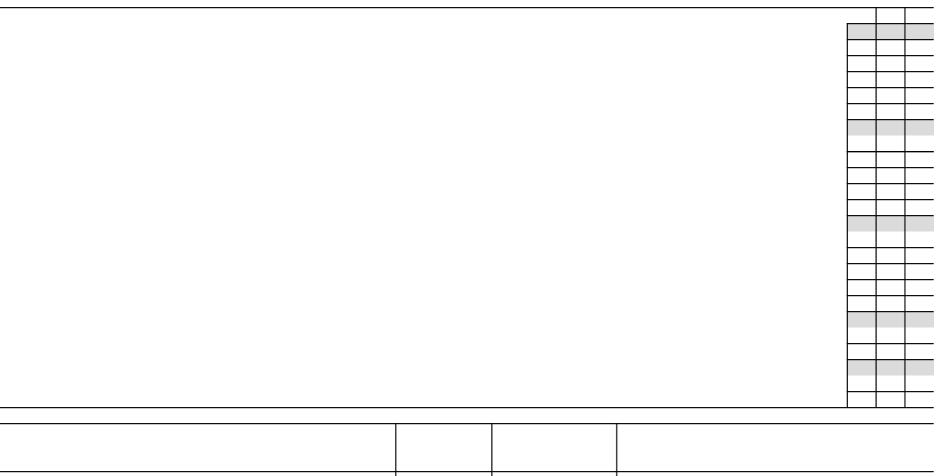
Open to Public Inspection $\begin{array}{c} \text{Employer identification number} \\ 94-1156610 \end{array}$

Schedule R (Form 990) 2013 SAN FRANCI SCO CONSERVATORY OF MUSI C

94-1156610 Page 2

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	Predomi (related excluded f	(e) nant income , unrelated, rom tax under s 512-514)	Share	(f) e of total come	Sha	g) are of of-year sets	Disprop	h) ortionate tions? No	(i) Code V-U amount in I 20 of Scheo K-1 (Form 10	BI box dule 065)	(j) General o managin partner? Yes No	(k) ^r Percentage ownership
	-														
	-														
	-														
	-														
Part IV Identification of Related O organizations treated as a c (a)	rganizations Taxable orporation or trust dur	as a Corpo ing the tax	pration or Trust C year. (b)	omplete if tl	ne organizati (d)	on answ	vered "Yes (e)		m 990, Pa		line 34	because it h		e or m (h)	(i) Section
Name, address, and of related organizati	EIN ion	Prim	ary activity	Legal domicile (state or foreign country)	entity	y	Type of (C corp, S or tru	entity S corp, ist)	Share c inco	of total me	,	Share of end-of-year assets	Perc owr	centago nership	e 512(b)(13)
POOLED INCOME FUNDS (6)		INVESTMEN	TS		SAN FRANC CONSERVAT OF MUSIC	ORY	TRUST								x



Part VI Unrelated Organizations Taxable as a Partnership

(a)	(b)	(C)	(d)	(e) Are all	(f)	(g)	(h)				
				Are all partners s 501(c)(3 orgs.?	Sec.		Dispropo tionate	r-	Gene mana part	ral or	
							allocations	<u>5?</u>			
				Yes N	lo		Yes N	D	Yes	N	
									+		
									-		
									+		
				\vdash			++				
				+			+		-		
	•										
	1										
	1										
	•	-	•			•		•	· · · ·		

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orm	n 8865 (2013)								Page 2
	address, and U.S. taxpayer identifying a Owns a direct interest		e intere		tively own. See				5
	Name	Address			Identifying	number (if any)	Check if foreign person	Check if direct partner
r	Name	ip (see instructions) Address			Identi	fying nun	nber (if any)		Check if foreign person
	s the partnership have any other foreign person as a dir nedule A-2 Affiliation Schedule. List all partnersh						Yes		No
	indirectly owns a 10% interest.	Address	-		EIN (if any)			ordinary e or loss	Check i foreign partner ship
-					(ii diiy)				ship
-									
h	nedule B Income Statement - Trade or Busines	s Income							
t	tion. Include only trade or business income and expens	ses on lines 1a through 22 below. See	he inst	ructions for mo	ore information	i			
	1 a Gross receipts or sales ~~~~~~~~~~~		1a						
	b Less returns and allowances ~~~~~~~ 2 Cost of goods sold ~~~~~~~~~~~~~	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	1b ~ ~ ~ ~	~ ~ ~ ~ ~ ~ ~		1c 2			
	3 Gross profit. Subtract line 2 from line 1c $\sim \sim \sim$			~ ~ ~ ~ ~ ~ ~	~ ~ ~ ~ ~ ~	3			
	 Ordinary income (loss) from other partnerships, Net farm profit (loss) (attach Schedule F (Form 1) 			~~~~~		4 5			
	 6 Net gain (loss) from Form 4797, Part II, line 17 (a 7 Other income (loss) (attach statement) ~ ~ ~ ~ 					6 7			
	8 Total income (loss). Combine lines 3 through 7					8			
	9 Salaries and wages (other than to partners) (less					9			
	 Guaranteed payments to partners O7fn2(y1on as a dirE5 • • • • • • • AT*(wage 	s 6Badonstru))Tttach sxeck-430.56 5	04 Td(Nam0h sxeck T	d(foreign)Tj-1		33~~~	~ ~ ~ ~ ~	- ~ ~ G
I	12 13					<u>12</u> 13			
	14					14			
	15 16 a		16a			15			
	b 17 Do not		16b			16c 17			
	18					18			
	19 20					19 20			
	21 Total deductions.					21			
ļ	22 Ordinary business income (loss)					22			

Forn	m 8865 (2013) SAN FRANCI SCO CO	NSERVATORY OF MUSI	С		94-1	15661	O Pag	ge 2
Sch	hedule A Constructive Ownership of Partnershi	p Interest. Check the boxes that apply to t	he filer. If you che	ck box b, enter	the name,			
		number (if any) of the person(s) whose in			instruction	ns.		
	a X Owns a direct interest	b	Owns a construct	ive interest		Ch	eck if Che	ck if
	Name	Address		Identifying r	number (if an	y) for	eign dire	ect
						pe	rson part	tner
Sch	hedule A-1 Certain Partners of Foreign Partnersh	ip (see instructions)						
	News	Address		1.1		(16)	Che	ck if
	Name	Address		Identif	ying number	(ir any)		son
Does	s the partnership have any other foreign person as a dir	ect partner?			• Y	es	No	
		ps (foreign or domestic) in which the fore				00		<u> </u>
	indirectly owns a 10% interest.	, ,	5 1 1					
				EIN		Total ordina	ry Ch	neck if preign artner- ship
	Name	Address		(if any)		income or lo	oss pa	artner- ship
Sch	hedule B Income Statement - Trade or Busines	sincome						
	ition. Include only trade or business income and expension		instructions for m	ore information.				
	1 a Gross receipts or sales ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		la					
	b Less returns and allowances ~~~~~~~~		1b		1c			
	2 Cost of goods sold ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~ ~ ~ ~ ~ ~ ~ ~	~ ~ ~ ~ ~ ~	2			
icome	3 Gross profit. Subtract line 2 from line 1c ~~~		~ ~ ~ ~ ~ ~ ~ ~ ~	~ ~ ~ ~ ~ ~	3			
lnco	 Ordinary income (loss) from other partnerships, e Net farm profit (loss) (attach Schedule F (Form 10) 	estates, and trusts (attach statement) ~	~ ~ ~ ~ ~ ~ ~ ~ ~	~~~~~	4			
	 5 Net farm profit (loss) (attach Schedule F (Form 10 6 Net gain (loss) from Form 4797, Part II, line 17 (a 	$J40)) \sim $	~~~~~~~	~ ~ ~ ~ ~ ~	<u>5</u> 6			
	7 Other income (loss) (attach statement) $\sim \sim \sim \sim$		~~~~~~~	~ ~ ~ ~ ~ ~ ~	7			
				İ	<u> </u>			
	8 Total income (loss). Combine lines 3 through 7				8			
	9 Salaries and wages (other than to partners) (less	employment credits) ~~~~~~~~	~ ~ ~ ~ ~ ~ ~ ~	~ ~ ~ ~ ~ ~	9			
	10 Guaranteed payments to partners ~~~~~~	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		~ ~ ~ ~ ~ ~	10			
(su	11 Repairs and maintenance ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				11			
nitatio	12 Bad debts ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				12			
for lin	13 Rent ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				13			
ctions	14 Taxes and licenses				14			
instru	15 Interest • • • • • • • • • • • • • • • • • • •		1	••••	15			
s (see	b Less depreciation reported elsewhere on return				16c			
ion	17 Depletion (Do not deduct oil and gas depletion.)	<u>+ -</u>	~~~~~~	~ ~ ~ ~ ~ ~	17			
luct	18 Retirement plans, etc.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~ ~ ~ ~ ~ ~ ~ ~	~ ~ ~ ~ ~ ~	18			
Deductions (see instructions for limitations)	19 Employee benefit programs ~ ~ ~ ~ ~ ~ ~ ~ ~	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~ ~ ~ ~ ~ ~ ~ ~	~ ~ ~ ~ ~ ~	19			
_	20 Other deductions (attach statement) ~~~~~		~ ~ ~ ~ ~ ~ ~ ~ ~	~ ~ ~ ~ ~ ~	20			
	21 Total deductions. Add the amounts shown in the	far right column for lines 9 through 20	• • • • • • • • •	• • • • • •	21			
3106	22 Ordinary business income (loss) from trade or b	usiness activities. Subtract line 21 from li	IIE & • • • • •		22	Form	n 8865 (20	012)
11-07	1/-13					FULL	11 0000 (2)	UI3)

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⁷⁷ 2013. 05080 SAN FRANCI SCO CONSERVATORY 7

SCHEDULE O
(Form 8865)

Department of the Treasury

OMB No. 1545-1668

201

3

(under section 6038B)

| Attach to Form 8865. See Instructions for Form 8865.

Internal Revenu	le Service	Informati	on about Schedule O (I	Form 8865) and its se	parate instructions is at www.	irs.gov/form88	365.	
Name of tran	SAN		ISCO CONSE	RVATORY OF	MUSI C	Filer's iden 94 - 1	tifying nur L 1566	nber 10
Name of fore	ign partnership	ORI GI	N		EIN (if an 98- 06	^{y)} 513730	Referen NONE	ce ID number (see instr)
Part I	Transfers Repo	rtable Und	er Section 6038B					
Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gai recogniz trans	n ed on	(g) Percentage interest in partnership after transfer
Cash	06/30/14		1, 425, 000.					0. 0278
Stock, notes receivable and payable, and other securities								
Inventory								
Tangible property used in trade or business								
Intangible property								
Other property								
Supplement	al Information Req	uired To Be	Reported (see instruc	tions):	1	1		

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
Part III Is any	transfer reported o	on this schedule su	bject to gain reco	nition under section 9	04(f)(3) or section 904	(f)(5)(F)? •••	Yes X No
LHA For Paperwork	Reduction Act Not	tice, see the Instru	uctions for Form 8	865.		Schee	dule O (Form 8865) 2013

310661 11-07-13

							2
Schedule A	Constructive Ownership of Partnershi	o Interest.	b,				
	a	b			Cheo	sk if	Check if
	Name	Address	Identifying n	umber (if any)	fore	ign	direct
					pers	son	partner
Schedule A-1	Certain Partners of Foreign Partnersh	Ip					Check if
	Name	Address	Identify	/ing number (i	f any)		foreign person
						_	
				Ye	e		No
Schedule A-2	Affiliation Schedule.			16	5		NU
	Name	Address	EIN (if any)		Total ordinar	y	Check i foreign partner- ship
		, identities	(ii airy)		Income or los	5	ship
Schedule B	Income Statement - Trade or Busines	s Income					
Caution. or	nly						
1							
2			-				
3			ŀ				
4 5			ŀ				
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7							
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Schedule A	Constructive Ownership of Partnershi	p Interest.	b,			
	a	b			Check if	Check if
Name		Address	Identifying nun	nber (if any)	foreign person	direct partner
Schedule A-1	Certain Partners of Foreign Partnersh	ip				Check if
	Name	Address	Identifyin	g number (if any)		foreign person
				Yes		No
Schedule A-2	Affiliation Schedule.					
			EIN	Total ordinary income or loss		Check ir foreign partner- ship
Name		Address	(if any)	income	or loss	partner- ship
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Schedule B	Income Statement - Trade or Busines					
	only	<u>s income</u>				
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Attach to Form 8865. See Instructions for Form 8865.i670 c1 0 0 14m1 0 0 about pch)i670 n

Type of property	(a) Date of transfer	(b) Number of items transferred	value on dat	t Cost c le ba	d) or other sis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
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(a) Type of propert	f y	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner