

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 private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization SAN FRANCISCO CONSERVATORY OF MUSIC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 50 OAK STREET City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94102 F Name and address of principal officer: DAVID STULL SAME AS C ABOVE	D Employer identification number 94-1156610 E Telephone number 415-759-3423 G Gross receipts \$ 59,714,829. H(a) Is this a group return for subordinates? -- Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () § (insert no.) 4947(a)(1) or 527		
J Website: WWW.SFCM.EDU		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: 1923
		M State of legal domicile: CA

Part I Summary			
	1	Briefly describe the organization's mission or most significant activities: THE CONSERVATORY OFFERS UNDERGRADUATE, GRADUATE AND POSTGRADUATE MUSICAL EDUCATION.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a) ~~~~~	37
	4	Number of independent voting members of the governing body (Part VI, line 1b) ~~~~~	37
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a) ~~~~~	557
	6	Total number of volunteers (estimate if necessary) ~~~~~	46
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 ~~~~~	2,932.
	7b	Net unrelated business taxable income from Form 990-T, line 34	824.
	Revenue	8	Contributions and grants (Part VIII, line 1h) ~~~~~
9		Program service revenue (Part VIII, line 2g) ~~~~~	18,971,567.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d) ~~~~~	1,049,486.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ~~~~~	246,849.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ***	26,166,619.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) ~~~~~
	14	Benefits paid to or for members (Part IX, column (A), line 4) ~~~~~	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ~~~	12,451,376.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) ~~~~~	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 1,625,746.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ~~~~~	5,877,935.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ~~~~~	26,005,867.
	19	Revenue less expenses. Subtract line 18 from line 12	160,752.
	20	Total assets (Part X, line 16) ~~~~~	142,882,590.
	21	Total liabilities (Part X, line 26) ~~~~~	25,750,882.
	22	Net assets or fund balances. Subtract line 21 from line 20	117,131,708.

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, true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here	= Signature of officer KATHRYN WITTENMYER, V.P. FINANCE & ADMIN = Type or print name and title
	Date
Paid	Print/Type preparer's name MAGA E. KISRIEV
Preparer Use Only	Preparer's signature
	Date
	Check if self-employed <input type="checkbox"/>
	PTIN P01008919
	Firm's name 9 HOOD & STRONG LLP
	Firm's EIN 9 94-1254756
	Firm's address 9 275 BATTERY ST, STE 900
	9 SAN FRANCISCO, CA 94111
	Phone no. 415.781.0793

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

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

| File a separate application for each return.
| Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

☞ If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X

☞ If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only _____
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. SAN FRANCISCO CONSERVATORY OF MUSIC	Enter filer's identifying number Employer identification number (EIN) or 94-1156610
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 50 OAK STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94102	

Enter the Return code for the return that this application is for (file a separate application for each return) _____ 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KATHRYN WITTENMYER

☞ The books are in the care of | **50 OAK STREET - SAN FRANCISCO, CA 94102**
Telephone No. | **415-759-3423** Fax No. | _____

☞ If the organization does not have an office or place of business in the United States, check this box _____
☞ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box _____. If it is for part of the group, check this box _____ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
| calendar year _____ or
| tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

[Redacted]

1

2

Yes No

3

Yes No

4

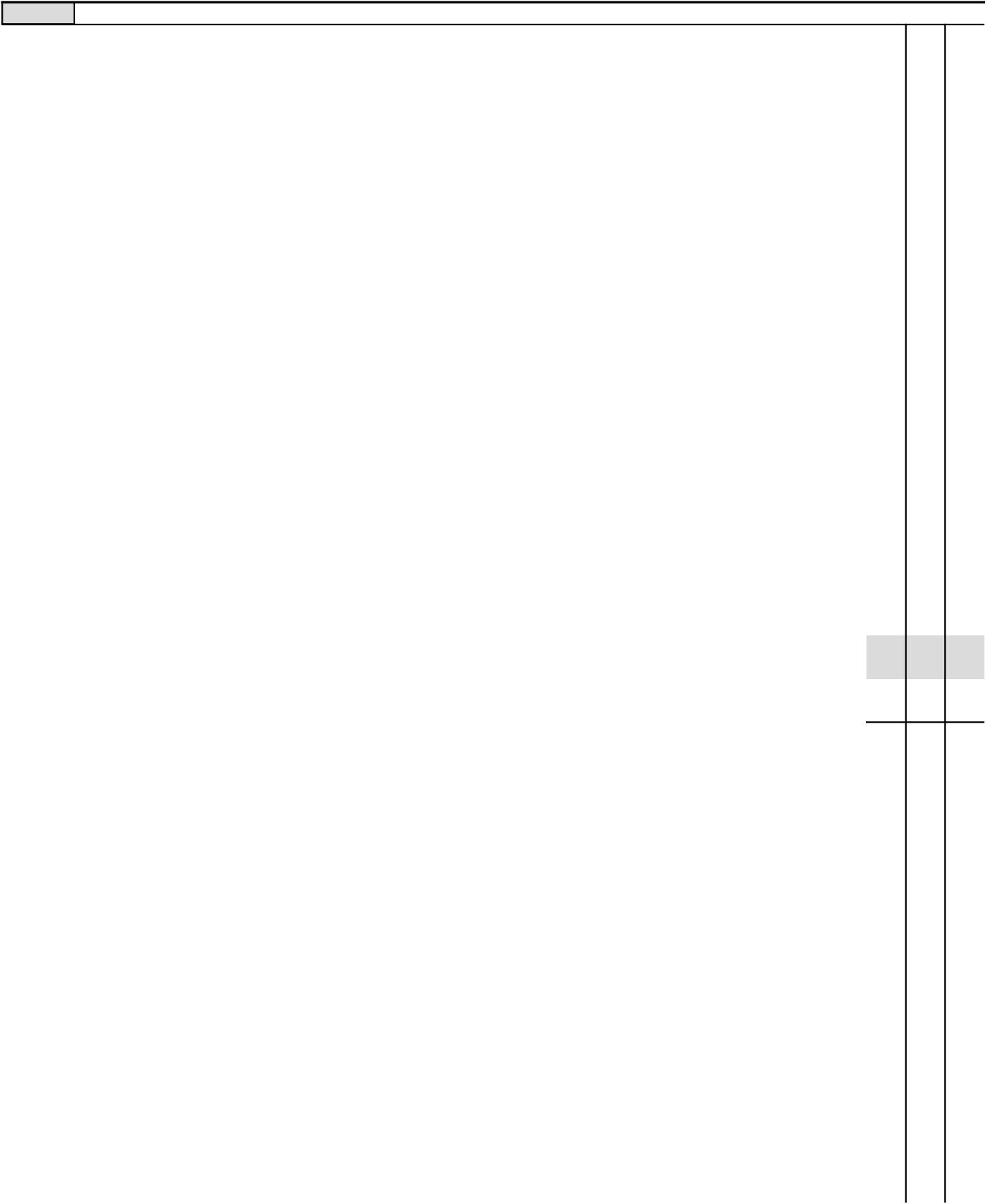
4a Code: _____ Expenses \$ _____ including grants of \$ _____ Revenue \$ _____

4b Code: _____ Expenses \$ _____ including grants of \$ _____ Revenue \$ _____

4c Code: _____ Expenses \$ _____ including grants of \$ _____ Revenue \$ _____

4d Expenses \$ _____ including grants of \$ _____ Revenue \$ _____

4e _____



		Yes	No
1a	1a		
b	1b		
c			
2a		1c	
b	2a		
Note.		2b	
3a		3a	
b		3b	
4a		4a	
b			
5a		5a	
b		5b	
c		5c	
6a		6a	
b		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a		7a	
b		7b	
c		7c	
d	7d		
e		7e	
f		7f	
g		7g	
h		7h	
8 Sponsoring organizations maintaining donor advised funds.		8	
9 Sponsoring organizations maintaining donor advised funds.		9a	
a		9b	
b			
10 Section 501(c)(7) organizations.			
a	10a		
b	10b		
11 Section 501(c)(12) organizations.			
a	11a		
b	11b		
12a a			
13			
14			

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ~~~~~ 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.		
1b	Enter the number of voting members included in line 1a, above, who are independent ~~~~~		
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? ~~~~~		
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? ~~~~~		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ~~~~~		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? ~~~~~		
6	Did the organization have members or stockholders? ~~~~~		
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? ~~~~~		
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ~~~~~		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body? ~~~~~		
8b	b Each committee with authority to act on behalf of the governing body? ~~~~~		
9	If "Yes," provide the names and addresses in Schedule O		

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

		Yes	No
10a			
b			
11a			
b			
12a	If "No," go to line 13		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? If "Yes," describe		
c	in Schedule O how this was done		
13			
14			
15			
a			
b			
16a			
b			
16b			

17
18

(explain in Schedule O)

19
20

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

¥ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

¥ List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

¥ List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

¥ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TIMOTHY W. FOO BOARD CHAIR	10.00	X		X				0.	0.	0.
(2) DEEPA R. PAKIANATHAN BOARD EXECUTIVE VICE CHAIR	1.00	X		X				0.	0.	0.
(3) WILLIAM K. BOWES, JR. BOARD VICE-CHAIR	1.00	X		X				0.	0.	0.
(4) MICHAEL R. V. WHITMAN BOARD VICE CHAIR	1.00	X		X				0.	0.	0.
(5) JOSHUA M. RAFNER BOARD TREASURER	1.00	X		X				0.	0.	0.
(6) KAREN KUBIN BOARD SECRETARY	1.00	X		X				0.	0.	0.
(7) LOUIS BELDEN TRUSTEE	1.00	X						0.	0.	0.
(8) EILEEN BLUM-BOURGADE TRUSTEE	1.00	X						0.	0.	0.
(9) DIDI BORING TRUSTEE	1.00	X						0.	0.	0.
(10) JAN BUCKLEY TRUSTEE	1.00	X						0.	0.	0.
(11) CAROL CASEY TRUSTEE	1.00	X						0.	0.	0.
(12) REBECCA-SEN CHAN TRUSTEE	1.00	X						0.	0.	0.
(13) STEVEN A. CINELLI TRUSTEE	1.00	X						0.	0.	0.
(14) MRS. A. BARLOW FERGUSON TRUSTEE	1.00	X						0.	0.	0.
(15) ANN GIRARD TRUSTEE	1.00	X						0.	0.	0.
(16) LISA M. GROTTTS TRUSTEE	1.00	X						0.	0.	0.
(17) JOHN LEITNER TRUSTEE	1.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns ~~~~~	1a					
	b	Membership dues ~~~~~	1b					
	c	Fundraising events ~~~~~	1c	788,996.				
	d	Related organizations ~~~~~	1d					
	e	Government grants (contributions)	1e	57,580.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,881,485.				
	g	Noncash contributions included in lines 1a-1f: \$		610,042.				
	h	Total. Add lines 1a-1f		9,728,061.				
	Program Service Revenue	2 a	TUITION AND FEES	Business Code 611310	18,132,326.	18,132,326.		
b		OTHER EDUCATIONAL	611710	316,123.	316,123.			
c								
d								
e								
f		All other program service revenue ~~~~~						
g		Total. Add lines 2a-2f		18,448,449.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)-----		468,093.			468,093.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents ~~~~~	(i) Real	(ii) Personal				
			3,093,326.					
			b	Less: rental expenses ~~~	3,618,655.			
			c	Rental income or (loss) ~-	-525,329.			
	d	Net rental income or (loss)			-525,329.	604,935.	2,932.	-1,133,196.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			27,841,690.	13,000.				
			b	Less: cost or other basis and sales expenses ~~~	28,543,665.	32,675.		
			c	Gain or (loss) ~~~~~	-701,975.	-19,675.		
	d	Net gain or (loss)			-721,650.			-721,650.
	8 a	Gross income from fundraising events (not including \$ <u>788,996.</u> of contributions reported on line 1c). See Part IV, line 18 ~~~~~	a	122,210.				
	b	Less: direct expenses ~~~~~	b	264,399.				
c	Net income or (loss) from fundraising events			-142,189.			-142,189.	
9 a	Gross income from gaming activities. See Part IV, line 19 ~~~~~	a						
b	Less: direct expenses ~~~~~	b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances ~~~~~	a						
b	Less: cost of goods sold ~~~~~	b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a								
b								
c								
d	All other revenue ~~~~~							
e	Total. Add lines 11a-11d							
12	Total revenue See instructions			27,255,435.	19,053,384.	2,932.	-1,528,942.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 ~~~~~	8,132,443.	8,132,443.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ~~~				
4 Benefits paid to or for members ~~~~~				
5 Compensation of current officers, directors, trustees, and key employees ~~~~~	1,038,977.		726,659.	312,318.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)~				
7 Other salaries and wages ~~~~~	10,874,713.	8,360,498.	1,579,221.	934,994.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	286,952.	185,102.	95,622.	6,228.
9 Other employee benefits ~~~~~	880,868.	490,821.	305,472.	84,575.
10 Payroll taxes ~~~~~	767,690.	582,047.	124,849.	60,794.
11 Fees for services (non-employees):				
a Management ~~~~~				
b Legal ~~~~~	47,187.		44,240.	2,947.
c Accounting ~~~~~	102,750.		102,750.	
d Lobbying ~~~~~				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees ~~~~~	244,152.		244,152.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	919,673.	155,521.	715,028.	49,124.
12 Advertising and promotion ~~~~~	133,754.	57,916.	75,838.	
13 Office expenses ~~~~~	632,985.	240,468.	309,160.	83,357.
14 Information technology ~~~~~	290,905.	75,920.	204,568.	10,417.
15 Royalties ~~~~~	16,011.	15,702.	309.	
16 Occupancy ~~~~~	688,306.	6,742.	681,564.	
17 Travel ~~~~~	327,268.	216,581.	85,856.	24,831.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings ~	23,815.	9,768.	11,631.	2,416.
20 Interest ~~~~~	193,218.	193,218.		
21 Payments to affiliates ~~~~~				
22 Depreciation, depletion, and amortization ~	1,426,477.	1,426,477.		
23 Insurance ~~~~~	70,879.	1,290.	69,589.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a POST RET BEN OBLIGATION	1,161,134.		1,161,134.	
b CONCERT PRODUCTION	378,981.	368,331.		10,650.
c INSTRUMENT MAINTENANCE	132,756.	132,756.		
d CATERING	94,518.	31,517.	20,657.	42,344.
e All other expenses _____	94,939.	46,640.	47,548.	751.
25 Total functional expenses. Add lines 1 through 24e	28,961,351.	20,729,758.	6,605,847.	1,625,746.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1
	2	Savings and temporary cash investments		2
	3			3
	4			4
	5			
				5
	6			
				6
	7			7
	8			8
	9			9
	10a			
		10a		
	b	10b		10c
	11			11
	12			12
13			13	
14			14	
15			15	
16	Total assets.			16
Liabilities	17			17
	18			18
	19			19
	20			20
	21			21
	22			
				22
	23			23
	24			24
	25			
			25	
26	Total liabilities.			26
Net Assets or Fund Balances	27	Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.		
	28			27
	29			28
				29
	30	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.		
	31			30
32			31	
33			32	
34			33	
			34	

[Redacted]

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

1	Total revenue (must equal Part VIII, column (A), line 12) ~~~~~	1	
2	Total expenses (must equal Part IX, column (A), line 25) ~~~~~	2	
3	Revenue less expenses. Subtract line 2 from line 1 ~~~~~	3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) ~~~~~	4	
5	Net unrealized gains (losses) on investments ~~~~~	5	
6	Donated services and use of facilities ~~~~~	6	
7	Investment expenses ~~~~~	7	
8	Prior period adjustments ~~~~~	8	
9	Other changes in net assets or fund balances (explain in Schedule O) ~~~~~	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	

[Redacted]

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

		Yes	No
1	Accountor this Part XIIAccountor this Part XIIAccounTm (c 0 1 58.10 683.90 through 9r4epa36. 0_0 Tm (Ch: 144.50 623.9066nTm counTm (c 0CashTm (•••		
2a			
b			
c			
3a			
b			

(Form 990 or 990-EZ)

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

| Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

Open to Public
Inspn is a section 501c

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") --						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~~~~						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ~						
4 Total. Add lines 1 through 3 ~~~						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 ~						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ~						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ~~~~						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) ~~~~~					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) ~~~~~	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14 ~~~~~	15	%
16a 33 1/3% support test - 2015. 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 - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ~~~~~		
17a 10% -facts-and-circumstances test - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ~~~~~		
b 10% -facts-and-circumstances test - 2014. 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 VI 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 ...		



Calendar year (or fiscal year beginning in)					
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					
(Subtract line 7c from line 6)					

Calendar year (or fiscal year beginning in)					
Total support(Add lines 9, 10c, 11, and 12.)					

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in _____ how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in _____ how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in _____ when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in _____ what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in _____ how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in _____ what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in _____ including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only.		
6 _____ If "Yes," provide detail in _____		
7 _____ If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 _____ If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a _____ If "Yes," provide detail in _____		
b _____ If "Yes," provide detail in _____		
c _____ If "Yes," provide detail in _____		
10a _____ If "Yes," answer 10b below.		
b _____ (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

Name of organization	Employer identification number
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

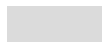
Name of organization

Employer identification number

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person (d) 2398.02 552.8487.94 5
_____	_____ _____ _____	_____	Person
_____	_____ _____ _____	_____	
_____	_____ _____ _____	_____	
_____	_____ _____ _____	_____	

Name of organization

Employer identification number



(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
_____	_____ _____ _____	_____	

_____	_____ _____ _____	_____	

_____	_____ _____ _____	_____	

_____	_____ _____ _____	_____	

_____	_____ _____ _____	_____	

_____	_____ _____ _____	_____	

Name of organization	Employer identification number
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash

Name of organization SAN FRANCISCO CONSERVATORY OF MUSIC	Employer identification number 94-1156610
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
32	_____ _____ _____	\$ 13,419.	Person <input checked="" type="checkbox"/> X Payroll Noncash <input checked="" type="checkbox"/> X (Complete Part II for noncash contributions.)
33	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
34	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
35	_____ _____ _____	\$ 7,763.	Person Payroll Noncash <input checked="" type="checkbox"/> X (Complete Part II for noncash contributions.)
36	_____ _____ _____	\$ 16,000.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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

Name of organization SAN FRANCISCO CONSERVATORY OF MUSIC	Employer identification number 94-1156610
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ 30,569.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 82,750.	Person <input checked="" type="checkbox"/> X Payroll Noncash <input checked="" type="checkbox"/> X (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 60,000.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 10,500.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SAN FRANCISCO CONSERVATORY OF MUSIC	Employer identification number 94-1156610
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 6,500.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 459,020.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number



(a) No.	(b) Name, address, and ZIP + 4	(c)	
_____	_____ _____ _____	_____	

_____	_____ _____ _____	_____	

_____	_____ _____ _____	_____	

_____	_____ _____ _____	_____	

_____	_____ _____ _____	_____	

_____	_____ _____ _____	_____	

Name of organization

Employer identification number

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

Name of organization

Employer identification number

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash <small>Form 990, 990-EZ, or 990-PF</small>
			Person Payroll Noncash
			Person Payroll Noncash
3 1 211.70 347.90			(d) Type of contribution (d)

Name of organization SAN FRANCISCO CONSERVATORY OF MUSIC	Employer identification number 94-1156610
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	 <hr/> <hr/> <hr/>	\$ 391,599.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
80	 <hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
81	 <hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
82	 <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
83	 <hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
84	 <hr/> <hr/> <hr/>	\$ 53,100.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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

Name of organization	Employer identification number
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SAN FRANCISCO CONSERVATORY OF MUSIC	Employer identification number 94-1156610
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
98	_____ _____ _____	\$ 37,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
99	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
100	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
101	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
102	_____ _____ _____	\$ 110,000.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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

Name of organization

Employer identification number

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

Name of organization	Employer identification number
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SAN FRANCISCO CONSERVATORY OF MUSIC	Employer identification number 94-1156610
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	<hr/> <hr/> <hr/>	\$ 17,080.	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
128	<hr/> <hr/> <hr/>	\$ 30,025.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
129	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
130	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
131	<hr/> <hr/> <hr/>	\$ 25,740.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
132	<hr/> <hr/> <hr/>	\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SAN FRANCISCO CONSERVATORY OF MUSIC	Employer identification number 94-1156610
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
134	<hr/> <hr/> <hr/>	\$ 7,712.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
135	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
136	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
137	<hr/> <hr/> <hr/>	\$ 22,000.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
138	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number



(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
_____	_____ _____ _____	_____	

_____	_____ _____ _____	_____	

_____	_____ _____ _____	_____	

_____	_____ _____ _____	_____	

_____	_____ _____ _____	_____	

_____	_____ _____ _____	_____	

Name of organization

Employer identification number

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

Name of organization	Employer identification number
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

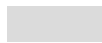
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SAN FRANCISCO CONSERVATORY OF MUSIC	Employer identification number 94-1156610
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	_____ _____ _____	\$ 655,006.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____

Name of organization SAN FRANCISCO CONSERVATORY OF MUSIC	Employer identification number 94-1156610
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
44	C. BECHSTEIN 6' PARLOR GRAND PIANO _____ _____ _____	\$ 81,250.	06/30/16
77	310 SHARES APPLE, INC. _____ _____ _____	\$ 29,255.	06/30/16
89	620 SHARES ALIBABA GRP HOLD LTD _____ _____ _____	\$ 51,767.	06/30/16
102	A FINELY RESTORED VINTAGE STEINWAY PIANO _____ _____ _____	\$ 110,000.	06/30/16
105	AUDIO EQUIPMENT _____ _____ _____	\$ 16,900.	06/30/16
119	ONE SAUTER GRAND PIANO _____ _____ _____	\$ 90,000.	06/30/16

Name of organization SAN FRANCISCO CONSERVATORY OF MUSIC	Employer identification number 94-1156610
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
120	THE WURLITZER STARKE MODEL BB SEMI-GRAND HARP <hr/> <hr/>	\$ 11,000.	06/30/16
124	A BAROQUE VIOLIN <hr/> <hr/>	\$ 10,000.	06/30/16
125	457 SHARES WELLS FARGO <hr/> <hr/>	\$ 25,021.	06/30/16
127	128 SHARES SPDR S&P <hr/> <hr/>	\$ 10,080.	06/30/16
146	246 SHARES GILEAD SCIENCES, INC., 385 SHARES SEATTLE GENETIS <hr/> <hr/>	\$ 40,042.	06/30/16
155	238 SHARES TIME WARNER CABLE <hr/> <hr/>	\$ 50,680.	06/30/16

Name of organization SAN FRANCISCO CONSERVATORY OF MUSIC	Employer identification number 94-1156610
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete column (a) through (e) and the following line entry for organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. on line 1.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ********* Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ********* Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|--------|
| c Beginning balance ***** | 1c |
| d Additions during the year ***** | 1d |
| e Distributions during the year ***** | 1e |
| f Ending balance ***** | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ********* Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII *********

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance *****	40,379,000.	41,221,000.	37,279,000.	35,655,000.	33,926,000.
b Contributions *****	770,000.	928,000.	1,648,000.	1,350,000.	4,285,000.
c Net investment earnings, gains, and losses	-2,068,000.	30,000.	3,970,000.	2,034,000.	-924,000.
d Grants or scholarships *****					
e Other expenditures for facilities and programs *****					
f Administrative expenses *****	1,950,000.	1,800,000.	1,676,000.	1,760,000.	1,632,000.
g End of year balance *****	37,131,000.	40,379,000.	41,221,000.	37,279,000.	35,655,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment | .24 %
 - b Permanent endowment | 98.70 %
 - c Temporarily restricted endowment | 1.06 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations *********
 - (ii) related organizations *********
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? *********
- | | Yes | No |
|--------|--------------------------|-------------------------------------|
| 3a(i) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3a(ii) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3b | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land *****	13,392,091.	9,860,951.	11,030,274.	23,253,042.
b Buildings *****	1,448,656.	66,951,181.	11,030,274.	23,869,063.
c Leasehold improvements *****				
d Equipment *****		1,902,792.57,369.5a	70.50.557,369.5a	30002
e Other *****				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) *********

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives ~~~~~		
(2) Closely-held equity interests ~~~~~		
(3) Other		
(A) MANAGED CASH &		
(B) EQUIVALENTS	2,688,567.	END-OF-YEAR MARKET VALUE
(C) PARTNERSHIPS	8,456,052.	END-OF-YEAR MARKET VALUE
(D) ACCESS / PARTICIPATION		
(E) FUNDS	699,626.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		11,844,245.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PERKINS GOV'T LOANS	677,379.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information (continued)

SFCM FOLLOWS THE GUIDANCE OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC TOPIC 740 FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. AS OF JUNE 30, 2016, MANAGEMENT EVALUATED SFCM'S TAX POSITIONS AND CONCLUDED THAT SFCM HAD MAINTAINED ITS TAX EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SCHOLARSHIPS NETTED AGAINST REVENUE	-8,053,660.
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED AGAINST REVENUE	-3,618,655.
FUNDRAISING EVENTS NETTED AGAINST REVENUE	-264,399.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-3,883,054.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED AGAINST REVENUE	3,618,655.
FUNDRAISING EVENTS NETTED AGAINST REVENUE	264,399.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	3,883,054.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIPS NETTED AGAINST REVENUE	8,053,660.
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SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

Complete if the organization answered "Yes" on Form 990,
Part IV, line 13, or Form 990-EZ, Part VI, line 48.
Attach to Form 990 or Form 990-EZ.

Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization **SAN FRANCISCO CONSER**art I Employer identification number

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? ~~~~~		
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II ~~~~~		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff? ~~~~~		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? ~		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? ~~~~~		
d Copies of all material used by the organization or on its behalf to solicit contributions? ~~~~~		
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? ~~~~~		
b Admissions policies? ~~~~~		
c Employment of faculty or administrative staff? ~~~~~		
d Scholarships or other financial assistance? ~~~~~		
e Educational policies? ~~~~~		
f Use of facilities? ~~~~~		
g Athletic programs? ~~~~~		
h Other extracurricular activities? ~~~~~		
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency? ~~~~~		
b Has the organization's right to such aid ever been revoked or suspended? ~~~~~		
If you answered "Yes" on 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.

Schedule E (Form 990 or 990-EZ) (2015)



1

2

3

4

5

6

Part V Supplemental Information

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

PART I, LINE 3, COLUMN (E):

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: SENDING ORGANIZATION

REPRESENTATIVES TO PERFORM, ATTEND AND SPEAK AT SEMINARS AND CONFERENCES;

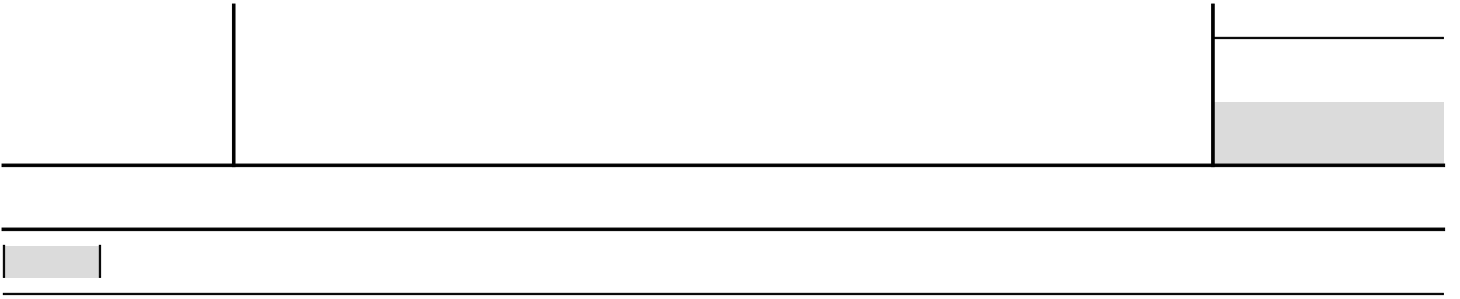
RECRUITING.

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: SENDING ORGANIZATION

REPRESENTATIVES TO PERFORM, ATTEND AND SPEAK AT SEMINARS AND CONFERENCES;

RECRUITING.





	(a)	(b)		(d)
				(a) (c)



	_____	_____	_____	

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

| Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization **SAN FRANCISCO CONSERVATORY OF MUSIC** Employer identification number **94-1156610**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ~~~~~ Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ~~~~~ | _____

3 Enter total number of other organizations listed in the line 1 table | _____

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

Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COLLEGIATE TUITION SCHOLARSHIPS	383	7,843,273.	0.		
COLLEGIATE LIVING AWARD SCHOLARSHIPS	20	78,000.	0.		
PRE-COLLEGIATE TUITION SCHOLARSHIPS	68	211,170.	0.		

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

PART I, LINE 2:

A LIST OF RECIPIENTS OF SCHOLARSHIPS AND FELLOWSHIPS IS ON FILE AT THE INSTITUTION AND IS AVAILABLE ON REQUEST. ALTHOUGH THERE MAY BE RECIPIENTS WHO ARE RELATED TO PERSONS HAVING AN INTEREST IN THE INSTITUTION, SUCH RECIPIENTS ARE SELECTED ON AN EQUAL, OBJECTIVELY DETERMINABLE BASIS WITH OTHER RECIPIENTS. THAT IS, ALL STUDENTS RECEIVING SCHOLARSHIPS AND FELLOWSHIPS ARE JUDGED WORTHY BY THE INSTITUTION'S ASSESSMENT ON THE BASIS OF ACADEMIC AND MUSIC ACHIEVEMENT, FINANCIAL NEED, AND OTHER SIMILAR STANDARDS.



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:

DAVID STULL, PRESIDENT, IS REQUIRED TO LIVE IN SFCM-PROVIDED HOUSING FOR THE CONVENIENCE OF SFCM, WHICH WAS TREATED AS A NON-TAXABLE BENEFIT.

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
JESSICA DOWNS	FAMILY MEMBER OF DA	16,230.	THE SAN FRA		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JESSICA DOWNS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DAVID STULL, PRESIDENT

(D) DESCRIPTION OF TRANSACTION: THE SAN FRANCISCO CONSERVATORY OF MUSIC

(SFCM) CONTRACTED WITH A FAMILY MEMBER OF DAVID STULL, PRESIDENT, AS

INDEPENDENT CONTRACTOR TO PROVIDE MANAGEMENT AND COORDINATION SERVICES IN

AN BI-ANNUAL EVENT SPONSORED BY SFCM. IT WAS NOT THE PRESIDENT'S DECISION

TO HIRE HER - BUT THE V.P. IN CHARGE OF THE EVENT.

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

SCHEDULE M, PART I, COLUMN (B):

THIS COLUMN REPRESENTS THE NUMBER OF DONORS, NOT THE NUMBER OF ITEMS DONATED.

SCHEDULE M, LINE 32B:

THE CONSERVATORY UTILIZES THE SERVICES OF AUCTION CITY, AN UNRELATED THIRD PARTY, TO OPERATE ITS VEHICLE DONATION PROGRAM.

Name of the organization SAN FRANCISCO CONSERVATORY OF MUSIC	Employer identification number 94-1156610
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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:
THE BOARD OF TRUSTEES HAS AUTHORIZED THE EXECUTIVE COMMITTEE OF THE BOARD TO DETERMINE ANNUAL COMPENSATION FOR TOP 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:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF TIME SET FORTH IN SEC. 6104(D). ADDITIONALLY, THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

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

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

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, or (iv) rent from a controlled entity ~~~~~
- b Gift, grant, or capital contribution to related organization(s) ~~~~~
- c Gift, grant, or capital contribution from related organization(s) ~~~~~
- d Loans or loan guarantees to or for related organization(s) ~~~~~
- e Loans or loan guarantees by related organization(s) ~~~~~

- f Dividends from related organization(s) ~~~~~
- g Sale of assets to related organization(s) ~~~~~
- h Purchase of assets from related organization(s) ~~~~~
- i Exchange of assets with related organization(s) ~~~~~
- j Lease of facilities, equipment, or other assets to related organization(s) ~~~~~

- k Lease of facilities, equipment, or other assets from related organization(s) ~~~~~
- l Performance of services or membership or fundraising solicitations for related organization(s) ~~~~~
- m Performance of services or membership or fundraising solicitations by related organization(s) ~~~~~
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) ~~~~~
- o Sharing of paid employees with related organization(s) ~~~~~

- p Reimbursement paid to related organization(s) for expenses ~~~~~
- q Reimbursement paid by related organization(s) for expenses ~~~~~

- r Other transfer of cash or property to related organization(s) ~~~~~
- s Other transfer of cash or property from related organization(s)

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

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

