Extended to May 17, 2021

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

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

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

Department of the Ireasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, and ending JUN 30, 2020 Inspection

OMB No. 1545-0047

B	Check if	C Name of organization		D Employer identif	ication number					
_	Addre									
H	chang □Name			94-61340	175					
H	chang Initial	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room	/ouito							
H	return □Final	50 Canta Poca Arra		E Telephone number 707-546-						
	—lreturn/ termin			G Gross receipts \$	7,843,678.					
г	ated Amend	City or town, state or province, country, and ZIP or foreign postal code Santa Rosa, CA 95404		41						
H	lreturn ∏Applic			H(a) Is this a group if for subordinate						
_	tion pendir	same as C above	F Name and address of principal officer:ATAII BITOW							
_	Toy oy	empt status: X 501(c)(3) 501(c) ()	527	H(b) Are all subordinates	included? Yes No a list. (see instructions)					
		re: Srsymphony.org	J 321	H(c) Group exemption						
			Vear		M State of legal domicile: CA					
		Summary	. I Gai C	oriornation. ±520	W State of legal domicile, C11					
_		Briefly describe the organization's mission or most significant activities: The pro	mot	ion of the	art of					
Activities & Governance	'	symphony music through classical music perf	orm	ances outr	reach and					
nar		Check this box if the organization discontinued its operations or disposed or	$\overline{}$							
Ver	1			/ 1 -	37					
ၓ		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			37					
ە د		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			264					
iţie		Total number of volunteers (estimate if necessary)			19					
흕		Total unrelated business revenue from Part VIII, column (C), line 12			96,298.					
¥		Net unrelated business taxable income from Form 990-T, line 39			4 - 44 4					
	 "	Net difference business taxable income from 10m 990-1, life 99	<u> </u>	Prior Year	Current Year					
•	8	Contributions and grants (Part VIII, line 1h)		2,605,132.						
Revenue		Program service revenue (Part VIII, line 2g)		1,843,150.						
š		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		280,882.						
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		641.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,729,805						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0,						
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
s				2,932,153.	2,776,101.					
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 328,899.	·	0.						
þe	b	Total fundraising expenses (Part IX, column (D), line 25) 328,899.								
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,117,476.	977,901.					
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,049,629.						
	1	Revenue less expenses. Subtract line 18 from line 12		680,176.						
or				ginning of Current Year	End of Year					
ets	20	Total assets (Part X, line 16)		19,579,822.						
Ass J Ba	21	Total liabilities (Part X, line 26)	·	1,140,053.						
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		18,439,769						
Pa	art II	Signature Block			<u> </u>					
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	ents, and to the best of n	ny knowledge and belief, it is					
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer	has any knowledge.						
Sig	n	Signature of officer		Date						
Her		Alan Silow, President & CEO								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature		Date Check	PTIN					
Pai	d	Penny Millar Penny Millar	0	4/22/21 if self-emplo	yed P00140274					
Pre	parer	Firm's name Dillwood Burkel & Millar, LLP	•	Firm's EIN	68-0456752					
Use	Only	Firm's address 175 Concourse Blvd., Ste. A								
		Santa Rosa, CA 95403		Phone no. 70	7-577-8806					
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No					

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Santa Rosa Symphony inspires and engages the residents of our
	region with the finest musical performances and educational programs
	through its core values of organizational strength, innovative
	programming, fiscal responsibility, and community service.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$ 2,300,825.
	series, Pops series, special concerts and senior outreach with a total
	attendance of 36,000.
	accendance of 30,000.
4b	(Code:) (Expenses \$ 625,385. including grants of \$) (Revenue \$ 212,459.)
	Music education reaching 30,000 young people in school demonstrations;
	five youth ensemble programs; summer music academy; and six music
	programs for schools.
_	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 2,926,210.
	Form 990 (2019)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	21	
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.415		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		22
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Santa Rosa Symphony Association Part IV Checklist of Required Schedules (continued)

			No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		.,	
Schedule J	23	Х	-
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	24a		x
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			7.7
Schedule L, Part I	25b		Х
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
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):			
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
"Yes," complete Schedule L, Part IV	28a		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//			X
"Yes," complete Schedule L, Part IV	28c		X
 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 	29		
contributions? If "Yes," complete Schedule M	30		х
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
Schedule N, Part II	32		Х
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		,,	
Part V, line 1	34	Х	v
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
If "Yes," complete Schedule R, Part V, line 2	36		х
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response or note to any line in this Part V			
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	7	Yes	No
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4		
(gambling) winnings to prize winners?	1c	Х	

932004 01-20-20

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 26d b factor the number of employaes reported on Form W3. Transmittal of Wage and Tax Statements. 2a 26d b factor feel of the celebraty server ending with or within the year covered by this return 2a 26d b factor feel of the celebraty server ending with or within the year or within the parameter of the paramete					Yes	No
b If a least one is reported on line 2a, did the organization file all required footeral employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, *has it field a Form 990-T for this year? If *No* to the 3b, provide an explanation on Schedule O 3b X 4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account); or the financial account in a foreign country (such as a bank account, securities account, or other financial account); or the financial account in the foreign country (such as a bank account, securities account, or other financial account); or the financial account in the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). See instructions for fining requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for fining requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So I If Yes in the San 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? So I If Yes in the San 5b, did the organization the Form 8886-T2. So If Yes in the San 5b, did the organization the organization shell it was a foreign to the form 886-T2. Beautiful and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Beautiful and the organization that was receive deductible contributions under section 170(c). Beautiful and the organization that may receive deductible contributions under section 170(c). Beautiful and the organization that accounts an express statement that such committed to the payor? To I Yes in the organization that pay	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a 264			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes, 'has it filed a Form 9907 for the year of "Not 'or line" 3b, your ownide an explanation on Schedule O 5b X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account). The provides of the organization include with very solicitation an exposes statement that such contributions or grits were not tax deductible? 5c Did the organization include with very solicitation an exposes statement that such contributions or grits were not tax deductible? 5c Did the organization include with very solicitation an exposes statement that such contributions or grits were not tax deductible? 5c Did the organization include with very solicitation an exposes statement that such contributions or grits were not tax deductible? 5c Did the organization that may receive deductible contributions under section 170(c). 6c Did the organization that may receive deductible contributions under section 170(c). 6d Did the organization that may receive deductible contributions and party for goods and services provided to the payor? 7c Did the organization that may receive a payment in excess of \$5 made party as a contribution and party for goods and services provided to the form \$200 to the section \$200 to the	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
b If "Yes," has it flield a Form 990-T to this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," either the name of the foreign country [such as a bank account, securities account, or other financial accounts (FBAP). See instructions for fining requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b ID day any stable party notify the organization till it was or is a party to a prohibited she shelter transaction? 6a Does the organization the organization file Form 8888-17 6a Does the organization she developed the developed that the very solicitation an express statement that such contributions or grifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8c ID ID the organization selve a payment in excess of ST6 made party as a contribution and party for goods and services provided to the payor? 7 The ST ID		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a X b Dod any taxable party notify the organization file form 888-7: 5b D Car any taxable party notify the organization file form 888-7: 5c I if 'Yes' to line Sa or 5b, did the organization file form 888-7: 5c I if 'Yes' to line Sa or 5b, did the organization file form 888-7: 5c I if 'Yes' to line Sa or 5b, did the organization file form 888-7: 5c I if 'Yes' to line Sa or 5b, did the organization file form 888-7: 5c I if 'Yes', inclinate the number of Forms 141, If yes a contributions? 5c I if 'Yes' to lith or organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d bif the organization stall, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 888-7: 8d bif 'Yes, 'indicate the number of Forms 828-7 illed during the year 9 bif 'Yes, 'indicate the number of Forms 828-7 illed during the year 9 bif 'Yes, 'indicate the number of Forms 828-7 illed during the year 9 bif 'Yes, 'indicate the number of Forms 828-7 illed during the year 10 bif the organization received a contribution of qualified intellectual property, did the organization fliend of the year pay primiting, decetor or indirectly, on a personal benefit contract? 7 bif bif the organization received a contribution of cualified intellectual property, did the organization fliend or year year year year year year year yea	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х	
b if "Yes," enter the name of the foreign country. ▶ b if "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for finCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c I" "Yes" to line Sa or Sb, did the organization file Form 8886-17? 6a Does the organization have annual gross recopists that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 7 Organizations that many receive deductible contributions under section 170(c). 8 If "Yes," did the organization network with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that many receive deductible contributions under section 170(c). 8 Did the organization receive apprentin recess of \$5 made party as a contribution and party for goods and services provided to the payor? 7 The St C Did the organization notify the donor of the value of the goods or services provided? 7 The St C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 7 The Did the organization cervice any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 The St Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organization make any taxable distributions under section 4968? 10 bid the sponsoring organization make any taxable distri	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	Х	
b If "Yes," enter the name of the foreign country. ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization appray to a prohibited tax shefer transaction at any time during the tax year? 5b D3 any taxable party notify the organization that it was or is a party to a prohibited tax shefler transaction? 5c If "Yes" to line 5a or 5b, did the organization file Form 8886-7? 6a Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax edicutible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). a bild the organization state any receive deductible contributions under section 170(c). a bild the organization state any receive deductible contributions under section 170(c). b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c D3 A X 7d Uffer organization sell, exchange, or otherwise dispose of tangible personal property, for which it was required to file Form 8828? 8d If "Yes," indicate the number of Forms 8282 filed during the year 1b Did the organization received a contribution of qualified intellectual property, circl the organization file Form 8899 as required? 7c X 7d Did the organization received a contribution of crass, boats, singlanes, or other vehicles, did the organization file Form 8899 as required? 7h If the organization received a contribution of crass, boats, singlanes, or other vehicles, did the organization file Form 8899 as required? 7h If the organization received a contribution of cars, boats, singlanes, or other vehicles, did the organization file Form 8899 as required? 7h If the organization received a contribution of cars, boats, singlanes, or ot	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			112			
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			11h			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18b 13a 13a 13b 21b 21b 22b 13a 23b 24b 25b 27b 27b 27b 27b 27b 27b 27	12a			12a		
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X				124		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X						
Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X						
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X	b					
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			13b			
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O14b15Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?15XIf "Yes," see instructions and file Form 4720, Schedule N.16X16Is the organization an educational institution subject to the section 4968 excise tax on net investment income?16X	С					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see instructions and file Form 4720, Schedule N. 18 the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X			·	14a		Х
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X						
excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X						
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X				15		Х
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X						
	16		t income?	16		X

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	7						
	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 on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 3.5	7						
2	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		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х				
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		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
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	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	X					
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	X					
b	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
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		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶CA							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))	3)s only	y) avai	lable				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	Kathleen Gebhardt - 707-546-7097							
	50 Santa Rosa Ave #410, Santa Rosa, CA 95404							

932006 01-20-20

Form 990 (2019)

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.

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

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

(A) Name and title	(B) Average hours per	box	not c , unle	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Susan Adams	2.00	,,							0	0
Director	2 00	Х						0.	0.	0.
(2) Hallie Beacham	2.00	٠,,							0	•
Director	2 00	Х						0.	0.	0.
(3) Marty Behr Director	2.00	X						0.	0.	0.
(4) Garth Bixler	2.00	Λ						0.	· ·	<u>0 •</u>
Director	2.00	х				1		0.	0.	0.
(5) Gordon Blumenfeld	2.00	22						0.	0.	
Director	2.00	x						0.	0.	0.
(6) Keven Brown	2.00									
Director		X						0.	0.	0.
(7) Corinne Byrd	2.00									
Vice Chairman		х		х				0.	0.	0.
(8) Linda Castiglioni	2.00									
Secretary		Х		Х				0.	0.	0.
(9) Pam Chanter	2.00									
Director		Х						0.	0.	0.
(10) Nancy Doyle	2.00									
Director		Х						0.	0.	0.
(11) Susan Dzieza	2.00									
Director		Х						0.	0.	0.
(12) Betty Ferris	2.00							_	_	_
Director		Х						0.	0.	0.
(13) Judy Gappa	2.00								_	_
Director		Х						0.	0.	0.
(14) Jamei Haswell	2.00									
Director		Х						0.	0.	0.
(15) John How	2.00	١								•
Director	2 00	Х						0.	0.	0.
(16) Mark Jacobson	2.00	ļ ,,							_	_
Director	2 00	Х			_			0.	0.	0.
(17) Sara Kozel	2.00	Ψ,							_	_
Director		Х						0.	0.	0. Form 990 (2010)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)				C)			(D)			
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other				
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(18) Andrew Lewis	2.00										
Orchestra Representative		Х						0.	0.	0.	
(19) Betha MacClain	2.00									_	
Director		Х						0.	0.	0.	
(20) Valerie Marshall	2.00									_	
Director		Х						0.	0.	0.	
(21) Kirk McAfee	2.00								_	_	
Director		Х						0.	0.	0.	
(22) Robert Melder	2.00										
Director		Х						0.	0.	0.	
(23) Shelby Milanez	2.00										
Director		Х						0.	0.	0.	
(24) Carol O'Hara	2.00										
Director		Х						0.	0.	0.	
(25) Sean Pryden	2.00										
Treasurer		Х		Х				0.	0.	0.	
(26) John Reed	2.00										
Director		Х						0.	0.	0.	
1b Subtotal							>	0.	0.	0.	
c Total from continuation sheets to Part \	II, Section A	سيم					>	489,062.	0.	76,967.	
d Total (add lines 1b and 1c)								489,062.	0.	76,967.	
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	hove	e) wł	no re	eceived more than \$100	0.000 of reportable		

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

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

and digametarin report compensation for the calculating than or main	in the organization of tark your	
(A) Name and business address	(B) Description of services	(C) Compensation
Sonoma State University, 1801 East Cotati		000 045
Ave, Rohnert Park, CA 94928	and benefit concert	239,017.
50SRA Partners LP, %JKL Corporation SRA A/R		
39510 Paseo Padre Pkwy #200, Fremont, CA 94	Lease of facilities	100,182.

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

See Part VII, Section A Continuation sheets

Form 990 Santa Ros	sa Sympl	lor	ıу	A۶	SSC	oc:	Lat	tion	94-613	4075
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	ı		Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	<u> </u>				loyee		the	organizations	compensation
	(list any hours for	Jirecto				demp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	9 or (stee			ısate		(***-27 1099-181100)		and related
	organizations	truste	al tru		yee	n be				organizations
	below	ndividual trustee or director	Institutional trustee	-ie	Key employee	Highest compensated employee	Je.			
	line)	Indi	Insti	Officer	Key	High	Former			
(27) Jackie Reinhardt	2.00									
League Representative		Х						0.	0.	0.
(28) Harry Rubins	2.00									
Director		Х						0.	0.	0.
(29) Jacques Schlumberger	2.00									
Director		Х						0.	0.	0.
(30) Alan Seidenfeld	2.00									
Chairman		Х		Х				0.	0.	0.
(31) Barry Silberg	2.00								_	_
Director		Х						0.	0.	0.
(32) Irene Sohm	2.00									•
Director	0 00	Х						0.	0.	0.
(33) Barb Spangler	2.00									0
Director	2 00	Х						0.	0.	0.
(34) Jon Stark	2.00	ν,							0	0
Director	2.00	Х						0.	0.	0.
(35) Dave Stare	2.00	х						0.	0.	0.
Director (36) Mark Wardlaw	2.00	^						0.	0.	0.
Orchestra Representative	2.00	X						0.	0.	0.
(37) Jerry Wunderlich	2.00	77				\vdash		0.	0.	<u></u>
Director	2.00	x						0.	0.	0.
(38) Alan Silow	40.00							0.	•	
President & CEO	10.00			x				197,362.	0.	42,113.
(39) Judy Bruce	40.00							237,73020		12,123
Director of Finance & Administration				х				105,384.	0.	6,671.
(40) Kathleen Gebhardt	40.00								<u> </u>	777
Director of Finance & Administration				x				2,426.	0.	0.
(41) Tim Beswick	40.00							,		
Director of Artistic Operations				х				92,342.	0.	21,057.
(42) Sara Mitchell	40.00									-
Director of Marketing				х				91,548.	0.	7,126.
								400 000		76 067
Total to Part VII, Section A, line 1c								489,062.		76,967.

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Total revenue Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 327,409. c Fundraising events 1c d Related organizations 1d 103,750. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 2,237,436. 1f 18,600. g Noncash contributions included in lines 1a-1f 1g |\$ 2,668,595 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a Ticket sales 711190 906,691 906,691 711190 307,026 307,026 **b** Concert performance fees Education revenue 711190 212,459 212,459 541800 d Program advertising 96,298. 96,298. Ticket handling fees 711190 29,068 29,068. 13,483 711190 13,483 f All other program service revenue g Total. Add lines 2a-2f 1,565,025. Investment income (including dividends, interest, and 345,125 345,125. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b **c** Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 3,204,717 assets other than inventory 7a **b** Less: cost or other basis Other Revenue 3,402,521 7b and sales expenses c Gain or (loss) -197,804-197,804. -197,804. d Net gain or (loss) 8 a Gross income from fundraising events (not 327,409. of including \$ contributions reported on line 1c). See Part IV, line 18 60,216. **b** Less: direct expenses 35,245, c Net income or (loss) from fundraising events 24,971 24,971. 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a b d All other revenue e Total. Add lines 11a-11d 96,298. 4,405,912. 1,468,727 172,292. **Total revenue.** See instructions 12

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 respon			(C) 1	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	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				
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,	F00 000	210 200	260,002	
	trustees, and key employees	588,282.	218,289.	369,993.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 007 001	1 (27 070	15 262	1.62.000
7	Other salaries and wages	1,807,231.	1,627,870.	15,362.	163,999
8	Pension plan accruals and contributions (include	26 221	11 000	450.	12 072
_	section 401(k) and 403(b) employer contributions)	26,221. 216,051.	11,899. 197,142.	2,389.	13,872 16,520
9	Other employee benefits	138,316.	105,628.	21,189.	11,499
10	Payroll taxes	130,310.	105,020.	21,109.	11,493
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting				
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	50,882.	8,546.	41,268.	1 068
12	Advertising and promotion	225,629.	218,845.	11,200.	1,068 6,784
13	7	22370231	210,013.		07701
13 14	Office expenses Information technology	10,692.		10,692.	
1 7 15		20,0321		20,0020	
16	Royalties Occupancy	221,063.	179,264.	17,043.	24,756
17		222,0001	273,2020	27,7020	
17 18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,937.	9,130.	723.	1,084
23	Insurance	17,342.	13,007.	3,468.	867
-0 24	Other expenses. Itemize expenses not covered		-		
-	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Production costs	238,552.	238,552.		
b	Donor cultivation	87,073.	,	6,399.	80,674
c	Bank charges and taxes	41,995.	37,072.	798.	4,125
d	Supplies	40,445.	36,760.	2,398.	1,287
	All other expenses	33,291.	24,206.	6,721.	2,364
25	Total functional expenses. Add lines 1 through 24e	3,754,002.	2,926,210.	498,893.	328,899
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)				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			545,343.	1	1,203,741.
	2	Savings and temporary cash investments			2,099,852.	2	3,464,716.
	3	Pledges and grants receivable, net		1,138,313.	3	1,059,292.	
	4	Accounts receivable, net			76,429.	4	11,414.
	5	Loans and other receivables from any current	or forme	er officer, director,			
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of th	ese per	sons		5	
	6	Loans and other receivables from other disqua	alified pe	ersons (as defined			
		under section 4958(f)(1)), and persons describ		6			
şţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges		·····	133,037.	9	438,584.
	10a	Land, buildings, and equipment: cost or other		006 556			
		basis. Complete Part VI of Schedule D					1- 10-
	b	Less: accumulated depreciation		· ·	24,801.	10c	15,426. 9,577,985.
	11	Investments - publicly traded securities	10,027,959.	11	9,577,985.		
	12	Investments - other securities. See Part IV, line	4,407,037.	12	3,362,016.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	1 105 051	14	1 056 566		
	15	Other assets. See Part IV, line 11			1,127,051.	15	1,056,766.
	16	Total assets. Add lines 1 through 15 (must eq			19,579,822.	16	20,189,940.
	17	Accounts payable and accrued expenses	117,285.	17	150,773.		
	18	Grants payable	1 000 760	18	064 006		
	19	Deferred revenue			1,022,768.	19	964,886.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or fo					
ij		trustee, key employee, creator or founder, sub					
Lial		controlled entity or family member of any of th				22	
	23	Secured mortgages and notes payable to unre		F		23	480,167.
	24	Unsecured notes and loans payable to unrelat				24	400,107.
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line of Schedule D				25	
	26	of Schedule D Total liabilities. Add lines 17 through 25			1,140,053.	26	1,595,826.
	20	Organizations that follow FASB ASC 958, cl			1/110/0331	20	2/333/0201
es		and complete lines 27, 28, 32, and 33.	ieck iie				
anc	27				9,124,015.	27	8,969,740.
Bal	28	Net assets with donor restrictions			9,315,754.	28	9,624,374.
pu		Organizations that do not follow FASB ASC			2,020,000		2,022,000
Ŀ		and complete lines 29 through 33.	000, 0.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund	s			29	
sets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated				31	
ét	32	Total net assets or fund balances			18,439,769.	32	18,594,114.
_	33	Total liabilities and net assets/fund balances		1	19,579,822.	33	20,189,940.
	, 55	. 5.5			-,,-=-		Form 990 (2010)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		40		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	75		
3	Revenue less expenses. Subtract line 2 from line 1	3			1,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18	,43		
5	Net unrealized gains (losses) on investments	5		-38	5,6	49.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-11	1,9	16.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	18	,59	4,1	14.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	ıdit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Santa Rosa Symphony Association 94-6134075 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

Total

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.)

Calana							
Calelli	lar year (or fiscal year beginning in) ▶ 🏻	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 0	Gifts, grants, contributions, and						
n	nembership fees received. (Do not						
ir	nclude any "unusual grants.")						
2 T	ax revenues levied for the organ-						
iz	zation's benefit and either paid to						
O	or expended on its behalf						
3 T	he value of services or facilities						
fı	urnished by a governmental unit to						
tl	he organization without charge						
4 T	otal. Add lines 1 through 3						
5 T	he portion of total contributions						
b	y each person (other than a						
g	overnmental unit or publicly						
s	supported organization) included						
O	on line 1 that exceeds 2% of the						
а	mount shown on line 11,						
С	olumn (f)						
6 F	Public support. Subtract line 5 from line 4.						
Sect	ion B. Total Support						
Calend	dar year (or fiscal year beginning in) 🖊	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 A	Amounts from line 4						
8 6	Gross income from interest,						
d	lividends, payments received on						
s	ecurities loans, rents, royalties,						
а	ınd income from similar sources						
9 N	let income from unrelated business						
а	ctivities, whether or not the						
b	ousiness is regularly carried on						
10 C	Other income. Do not include gain						
O	or loss from the sale of capital						
а	ssets (Explain in Part VI.)						
11 T	otal support. Add lines 7 through 10						
12 (Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for		s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
Sect	organization, check this box and stop ion C. Computation of Publi	here Pe	rcentage				>
	Public support percentage for 2019 (li			column (f))		14	%
	Public support percentage from 2018					15	
	3 1/3% support test - 2019. If the o					· · · · · · · · · · · · · · · · · · ·	
	stop here. The organization qualifies	-					
	3 1/3% support test - 2018. If the o						
	and stop here. The organization quali	-					
	0% -facts-and-circumstances test						
	and if the organization meets the "fac						
	neets the "facts-and-circumstances"			=		~	
	10% -facts-and-circumstances test						
	nore, and if the organization meets th	_				•	
	organization meets the "facts-and-circ				-		_
	Private foundation. If the organization						ns
	ioaniaationi ii tilo organizatioi	1101 OF TOOK a	227 311 1110 10, 10	Ξ, 105, 174, 01 17	2, 31.001. tillo box 6	555	·- ······

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

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

Sec	ction A. Public Support	,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3188838.	2017493.	2255143.	2299803.	2341186.	12102463.
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the	400000	4.600000	0001165	4 = = = 4 4	4.60000	0.000.44
	organization's tax-exempt purpose	1807325.	1639203.	2024167.	1755619.	1468727.	8695041.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	000 150	0.45 550	E00 E10	242 250	205 605	1500104
	iness under section 513	238,150.	247,550.	582,519.	342,350.	387,625.	1798194.
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	5004040	2004046	40.61.000	4200000	4408500	00505600
	Total. Add lines 1 through 5	5234313.	3904246.	4861829.	4397772.	4197538.	22595698.
7 <i>a</i>	Amounts included on lines 1, 2, and	214 572	400 000	600 101	401 005	FOF 604	0260170
	3 received from disqualified persons	314,572.	429,900.	600,121.	491,885.	525,694.	2362172.
r	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	214 572	400,000	600 101	401 005	F0F 604	0.
	Add lines 7a and 7b	314,572.	429,900.	600,121.	491,885.	525,694.	2362172.
	Public support. (Subtract line 7c from line 6.)						20233526.
	ction B. Total Support	<u>-</u>					
	ndar year (or fiscal year beginning in)	(a) 2015 5234313.	(b) 2016 3904246.	(c) 2017	(d) 2018 4397772.	(e) 2019	(f) Total 22595698.
	Amounts from line 6	5∠34313.	3904246.	4861829.	439///2.	419/538.	22595698.
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,	127 006	106 504	226 222	247 450	245 105	1122407
	and income from similar sources	127,996.	186,594.	226,322.	247,450.	345,125.	1133487.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	127,996.	186,594.	226 222	247,450.	345,125.	1133487.
	Add lines 10a and 10b Net income from unrelated business	127,390.	100,334.	220,322.	247,450.	343,143.	1133407.
••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)	5362309.	4090840.	5088151.	4645222.	1512663	23729185.
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	-			•		zation,
804	check this box and stop here ction C. Computation of Publ						
	Public support percentage for 2019 (I			column (fl)		15	85.27 %
	Public support percentage from 2018					16	85.93 %
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13 column (fl)		17	4.78 %
	Investment income percentage from 2			(1)		18	3.72 %
	33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box a						►X
r	33 1/3% support tests - 2018. If the						
~	line 18 is not more than 33 1/3%, che	•			•		
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
10b		

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	\Box	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)) -		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	ÍП	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0.5		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	Oh		
•	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
l-	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	26		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		1

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		A	
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integr	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations (continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem	npt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpor			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Santa Rosa Symphony Association

Employer identification number 94-6134075

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	erring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the tax
4	Number of states where preparty subject to concernation as	nament is located	
4 5	Number of states where property subject to conservation ea Does the organization have a written policy regarding the pe		
3	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Thandling of violations, and emorning conserva	non casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	easements during the year
-	▶ \$		acomome caming and year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	•	
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheran	ce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gain	ı, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2019

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Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, c	or Othe	er Similaı	Asse	ts (continue	ed)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following tha	t make s	ignificant u	se of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	hange progra	am				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how they further th	ne organizati	on's exer	mpt purpos	e in Parl	t XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or oth	er similar	assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?			L	Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the organization	n answered '	'Yes" on	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other as	sets not	included	_	7	
	on Form 990, Part X?					\	🖳	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:	4					
								Amount	
	Beginning balance								
	Additions during the year								
	Distributions during the year					1e			
	Ending balance					1f			
	Did the organization include an amount on Fo		·				🖳	Yes	∐_ No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete it								
		(a) Current year	(b) Prior year	(c) Two year		(d) Three yea		(e) Four ye	
	Beginning of year balance	13,892,474.	13,235,763.	12,238			2,642.		45,749.
	Contributions	596,201.	393,822.		3,375.		3,248.		34,519.
	Net investment earnings, gains, and losses	-288,285.	544,050.	740	527.	1,07	0,233.		72,497.
	Grants or scholarships								
е	Other expenditures for facilities	216 401	255 400	0.64		0.2	2 010		05 535
_	and programs	316,401.	277,408.		2,676.		3,010.	1:	95,535.
	Administrative expenses	12 002 000	3,753.		3,510.		5,066.	11 2	4,588.
	End of year balance	13,883,989.	13,892,474.		0,763.	12,23	8,047.	11,3	52,642.
2	Provide the estimated percentage of the curr	50.89		i)) neid as:					
	Board designated or quasi-endowment ► Permanent endowment ► 45.75		_%						
	·	<u></u> %							
С	Term endowment ► 3.36 g. The percentages on lines 2a, 2b, and 2c sho								
20	Are there endowment funds not in the posse		tion that are hold o	nd administs	rad for th	oo organiza	tion		
Sa		ssion of the organiza	mon mar are neid a	nu auministe	ieu ioi ii	ie organiza	LIOIT	V.	es No
	by: (i) Unrelated organizations								S No X
	(i) Unrelated organizations								X
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R2					3b	
4	Describe in Part XIII the intended uses of the							00	
Par	t VI Land, Buildings, and Equipm		WITICITE TUTICIS.						
	Complete if the organization answered		. Part IV. line 11a. S	See Form 990). Part X.	line 10.			
	Description of property	(a) Cost or ot				cumulated		(d) Book v	alue
	z coompilation of property	basis (investm			` '	reciation		(4, 200	
1a	Land	<u> </u>		·					
	Buildings								
	Leasehold improvements			2,318.		2,31	8.		0.
	Equipment			4,238.	2	268,81		15	426.
	Other								
	. Add lines 1a through 1e. (Column (d) must e		X. column (B). line 1	0c.)				15	,426.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Salica ROSa	Symphony Assoc	Jacion 94	-01340/3 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) Thomas Weisel Mutual Fund	1 (00 (02	To 1 of West Wests to	77.1
(B) Accounts	1,690,603.	End-of-Year Market	value
(C) TWP Networked Alternative	1,671,413.	End-of-Year Market	7701.10
(D) Investments	1,0/1,413.	End-of-Year Market	value
(E)			
(F)			
(G)			
(H) Total (Col. (h) must squal Form 000 Port V sol. (P) line 12 \	3,362,016.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	3,302,010.		
	on Form 000 Dort IV line 1	I 1 a Con Form 000 Port V line 12	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(b) Book value	(b) Method of Valuation. Cost of circ	or your 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" of	on Form 990, Part IV, line 1	I1d. See Form 990, Part X, line 15.	
	Description	, ,	(b) Book value
(1) Pooled Income Fund			99,503.
(2) Smith Remainder Trust			141,263.
(3) Leasehold Interest			816,000.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	1,056,766.
Part X Other Liabilities.	on Form 000 Dort IV line 1	Idea at 11f Can Form 000 Dort V line 05	
Complete if the organization answered "Yes" of a) Description of liability	on Form 990, Part IV, line	TTE OF TTI. See FORTI 990, Part X, IIITE 23	. (b) Book value
			(b) DOOR Value
(1) Federal income taxes			
(2)			
(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			that reports the
organization's liability for uncertain tax positions under		_	

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Schedule D (Form 990) 2019

Part XI	Recond	iliation	of Revenue	per Audit	ed Financia	al Statements	With	Revenue	per Retu	rn.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,072,616.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-385,649.		
b	Donated services and use of facilities	2b	52,353.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-333,296.
3	Subtract line 2e from line 1			3	4,405,912.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		A		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,405,912.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				

1 Total expenses and losses per audited financial statements	1	3,918,271.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments 2b		
c Other losses 2c		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	164,269.
3 Subtract line 2e from line 1	3	3,754,002.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,754,002.

| Part XIII | Supplemental Information.

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

Part X, Line 2:

The Association determines whether its tax positions are

"more-likely-than-not" to be sustained upon examination by the applicable taxing authority based on the technical merits of the positions. As of June 30, 2020, the Association has reviewed its tax positions and has concluded no reserve for uncertain tax positions is required. The Association's exempt organization information returns are subject to review through three years after the date of filing for federal and four years after the date of filing for California.

Part XII, Line 2d - Other Adjustments:

Allocation of 990-T expenses

Schedule D (Form 990) 2019

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Santa Rosa Symphony Association

Employer identification number
94-6134075

Santa R	osa symphony Assoc	Tatio	$\frac{11}{2}$		94-6134	075
Fundraising Activities. required to complete this par	 Complete if the organization answet. 	ered "Yes	" on	n Form 990, Part IV,	line 17. Form 990-EZ	filers are not
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.						
a Mail solicitations				overnment grants	•	
b Internet and email solicitations		_		nment grants		
c Phone solicitations	g ∟ Special	fundraisi	ng e	events		
d In-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individual	(includin	g of	fficers, directors, trus	stees, or	
key employees listed in Form 990, P	art VII) or entity in connection with p	rofession	nal fı	undraising services?	Yes	☐ No
b If "Yes," list the 10 highest paid indiv						oe
compensated at least \$5,000 by the			,			-
Compensated at least \$6,000 by the	organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraise have custo or control contributio	er ody of ons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes N	10			
			\dashv			
		 	\dashv			
			\dashv			
			\dashv			
			\Box			
		<u> </u>	\dashv			
otal)	▶			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contributi	ions	or has been notified	d it is exempt from re	egistration
	>					

932081 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

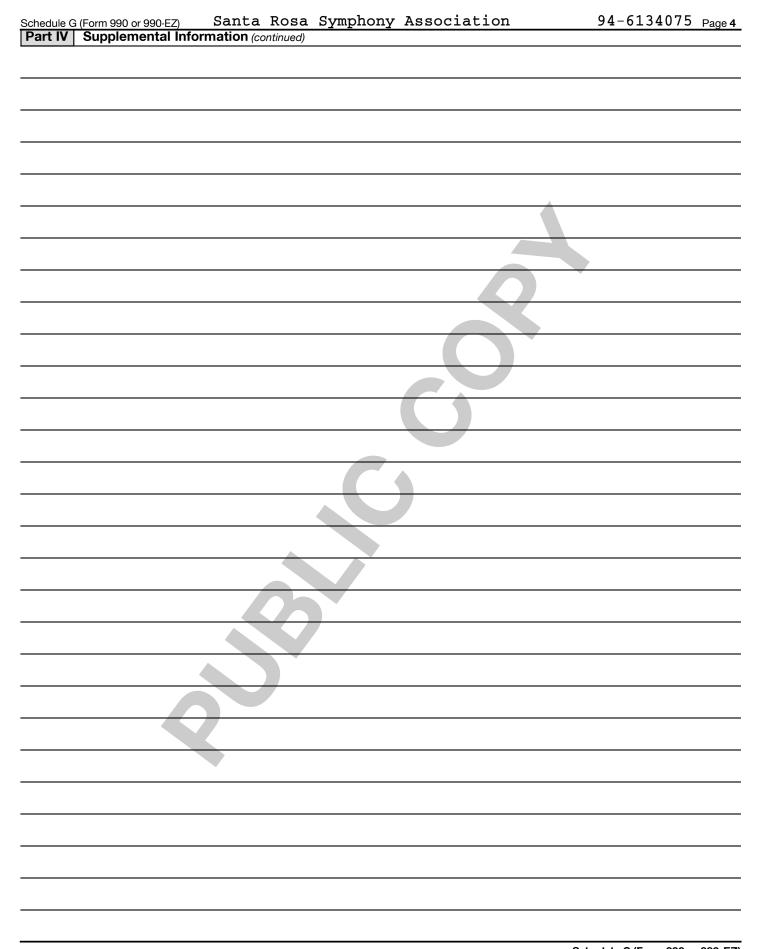
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Pa	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000								
	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.								
			(a) Event #1 Gaye LeBaron	(b) Event #2	(c) Other events None	(d) Total events			
			Tribute		None	(add col. (a) through			
			(event type)	(event type)	(total number)	col. (c))			
Revenue			(3.3.11.1)[3)	(Stantiffe)	(10141111111111111111111111111111111111				
eve	1	Gross receipts	387,625.			387,625.			
Œ			-						
	2	Less: Contributions	327,409.			327,409.			
			50.015		<u> </u>	50.015			
_	3	Gross income (line 1 minus line 2)	60,216.			60,216.			
		Cook prince							
	4	Cash prizes							
	5	Noncash prizes							
es	Ĭ	Trendadii piilee							
ens	6	Rent/facility costs							
Direct Expenses									
ect	7	Food and beverages	31,554.			31,554.			
ä			457			457			
	8	Entertainment	2 2 4			457. 3,234.			
	9	Other direct expenses				35,234.			
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li			_	24,971.			
Pa									
		\$15,000 on Form 990-EZ, line 6a.			•				
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add			
Revenue			(=, =95	bingo/progressive bingo	(e) e mer gammig	col. (a) through col. (c))			
Rev									
_	1	Gross revenue							
	2	Cash prizes							
Direct Expenses	_	Such phizos							
çper	3	Noncash prizes							
χÊ									
)irec	4	Rent/facility costs							
	5	Other direct expenses	V 0/	V 0/	W 0/				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No				
	٠	Volunteer labor		<u> </u>	<u> </u>				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>				
•	_								
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No									
		No," explain:		states?		. L res L NO			
	_								
		ere any of the organization's gaming licenses re			year?	Yes No			
b	If "	Yes," explain:							

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019 Santa Rosa Symphony Association	94-6134075 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
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?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the an	nount
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	
Shocker, chiest	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sper	
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and ((v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	



SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Questions Regarding Compensation

Department of the Treasury

Part I

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

Santa Rosa Symphony Association

Employer identification number 94-6134075

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а		5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а		6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		77	
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred benefits		(E) Total of columns (B)(i)-(D)		
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficilits	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990	
(1) Alan Silow (i)	192,862.	4,500.	0.	3,744.	38,369.	239,475.	0.	
President & CEO (ii)		0.	0.	0.	0.	0.	0.	
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(i) (ii)								
(i)								
(ii)								
(i)								
(ii)								
(1)								
(ii)								
(i)								
(ii)								
(i) (ii)								
(i)								
(ii)								
(i)								
(ii)								

Schedule J (Form 990) 2019	Santa Rosa Symphony Association	94-6134075	Page 3
Part III Supplemental Informat			
Provide the information, explanation	on, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part I	Part II. Also complete this part for any additional inform	nation.
Part I, Line 7:			
Bonus for officer	s is determined by employee performance and the f	financial	
health of the Sym	phony.		
	<u>▼</u>		

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Santa Rosa Symphony Association

Employer identification number 94-6134075

Form 990, Part I, Line 1, Description of Organization Mission: music education.

Form 990, Part VI, Section B, line 11b:

The Form 990 is reviewed by the Executive Director, the Director of Finance and the Chair of the Audit Committee, and is available to the full Board of Directors prior to filing.

Form 990, Part VI, Section B, Line 12c:

Compliance with the conflict of interest policy is monitored and enforced by the governance committee.

Form 990, Part VI, Section B, Line 15:

The Santa Rosa Symphony Association (SRSA) utlilizes a personnel committee and compensation surveys and studies in determining the reasonableness of compensation of the Executive Director. The Executive Director's compensation must be approved by the Board of Directors. In addition, the SRSA has a wage administration plan which provides that all employees are paid according to the contribution they make to the SRSA's success. Within the capability to do so, they are paid at a level that compares favorably with salaries paid for comparable services in other non-profit Management reviews salaries annually and makes adjustments organizations. based on merit. Adjustments go into effect on July 1, the first day of each new fiscal year or on the initial one year anniversary for new employees.

Santa Rosa Symphony Association	94-6134075
Form 990, Part VI, Section C, Line 18:	
The Santa Rosa Symphony makes available to the public its	Form 990 upon
request, with 48 hours notice preferred.	
Form 990, Part VI, Section C, Line 19:	
The Santa Rosa Symphony makes available to the public its	governing
documents upon request, with 48 hours notice preferred.	
Form 990, Part XI, line 9, Changes in Net Assets:	
Allocation of expenses to 990-T	-111,916.

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.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Open to Public

OMB No. 1545-0047

Inspection Employer identification number

94-6134075 Santa Rosa Symphony Association Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) (a) (b) (c) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) 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) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or Public charity Direct controlling Primary activity **Exempt Code** controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No Santa Rosa Symphony League - 23-7064153 50 Santa Rosa Avenue Ste 410 To raise funds for the Х Santa Rosa, CA 95404 Santa Rosa Symphony California 501(c)(3) Line 10

of Dolated Ourses institute Touchle and Doubs weeking Consolete if the aurenication annuous all Mad on Fours 000, Doubly line 04, because it had one or means related
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
reated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
					4			1		\sqcup	
										Ш	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(k contr enti	tion o)(13) rolled ity?
		country)		S. 1. 25.y				Yes	No
									<u> </u>
									
									├ ──
	1								1
									1
									Ш_

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

Yes No

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

1	During the tax year, did the organization engage in any of the following transaction	ns with one or more r	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
	, , , , , , , , , , , , , , , , , , , ,						
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s)				1i		Х
•	···						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		х
ī	Performance of services or membership or fundraising solicitations for related organizations						Х
m	Performance of services or membership or fundraising solicitations by related orga						Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	ion(s)			1n		Х
	Sharing of paid employees with related organization(s)				10		Х
р	Reimbursement paid to related organization(s) for expenses				1p		х
a	Reimbursement paid by related organization(s) for expenses				1a		Х
٦	(y, a, a, p, a,						
r	Other transfer of cash or property to related organization(s)				1r		х
	Other transfer of cash or property from related organization(s)				1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on v						·
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
(1)	Santa Rosa Symphony League	С	300.	Cash			
(.,							
(2)							
<u>,</u>							
<u>(3)</u>							
<u>(4)</u>							
<u>(5)</u>							
(6)							
	3	55		Schedule	B (For	m 990	2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all partners sec 501(c)(3) orgs.?	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec	Share of	Share of	Disprop	cor- amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage
of entity		(state or foreign	lexcluded from tax under	501(C)(3) orgs.?	total	end-of-year	allocatio	of Schedule K-1	partner?	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes N	(Form 1065)	Yes No	
							\vdash			
							\vdash		+	+
							$oxed{oxed}$			
							\vdash		+ +	+
				\vdash			\vdash		+	1
							oxed			
					1		\perp			

Extended to May 17, 2021

Form 990-T	E	Exempt Orga	nization Bus	sine	ss Income T	ax Return	ı L	OMB No. 1545-0047
		i (a	nd proxy tax und	er se	ection 6033(e))			0040
	For ca	lendar year 2019 or other tax ye	ar beginning JUL 1,	20	19 , and ending JU	N 30, 202	<u>0</u> .	2019
Department of the Treasury Internal Revenue Service		► Go to www Do not enter SSN numbe			ons and the latest inform		_	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if		Name of organization (D Empl	oyer identification number loyees' trust, see
address change							instru	uctions.)
B Exempt under section								4-6134075 ated business activity code
X 501(c)(3)	OY Type	Number, street, and roon						nstructions.)
408(e) 220(6)	50 Santa Ro						
408A530(529(a)	a)	City or town, state or pro	* **	r toreig	n postal code		71	
Rook value of all assets		F Cusum susmentian numb	au (Caa inatuustiana)	•			ı <i>'</i> —	
20,189,	940.	G Check organization typ	e X 501(c) corp	oration	501(c) trust	401(a)	trust	Other trust
H Enter the number of the	ne organiza	ation's unrelated trades or I	ousinesses. >	1	Describe 1	the only (or first) uni		
trade or business here	▶ Pr	ogram advert	ising			complete Parts I-V.		
describe the first in the	e blank spa	ace at the end of the previo	us sentence, complete Pa	rts I ar				
business, then comple	ete Parts II	I-V.						
I During the tax year, w	as the corp	ooration a subsidiary in an	affiliated group or a parer	nt-subs	idiary controlled group?	> [Ye	es X No
		tifying number of the parer	•					
		Kathleen Geb				one number 🕨 7		
Part I Unrelate	ed Tra	de or Business Inc	ome		(A) Income	(B) Expenses	<u> </u>	(C) Net
1a Gross receipts or s								
b Less returns and a			c Balance ▶	1c				
		e A, line 7)		2				
3 Gross profit. Subtr				3				
		ch Schedule D)		4a				
		Part II, line 17) (attach Form		4b				
		sts		4c				
5 Income (loss) from6 Rent income (Sche	-	ship or an S corporation (a	, , , , , , , , , , , , , , , , , , , ,	6				
,	,	me (Schedule E)		7				
		and rents from a controlled		8				
		on 501(c)(7), (9), or (17) o	•	9				
		ome (Schedule I)		10				
		e J)		11	96,298.	60,9	94.	35,304.
12 Other income (See	instruction	ns; attach schedule)		12	,			
13 Total. Combine lin	nes 3 throu	igh 12		13	96,298.	60,9	94.	35,304.
Part II Deduct	ions N	ot Taken Elsewhe	re (See instructions fo	r limit	ations on deductions.)			
		be directly connected w			<u> </u>			
14 Compensation of	officers, di	irectors, and trustees (Sche	edule K)				14	
15 Salaries and wage	es						15	30,756.
16 Repairs and main	tenance						16	
17 Bad debts							17	
		ee instructions)					18	2 442
19 Taxes and license	S						19	2,442.
		562)					046	
		n Schedule A and elsewher					21b 22	
DepletionContributions to 0	lafarrad co	umpeneation plans					23	
		mpensation plans					24	17,724.
25 Excess exempt ex	nenses (S	chedule I)					25	<u> </u>
26 Excess readership	costs (Sc	chedule J)				• • • • • • • • • • • • • • • • • • • •	26	
27 Other deductions	(attach scl	hedule)					27	
28 Total deductions	. Add lines	14 through 27					28	50,922.
29 Unrelated busines	s taxable i	ncome before net operating	g loss deduction. Subtrac	t line 2	8 from line 13		29	-15,618.
30 Deduction for net	operating	loss arising in tax years be	ginning on or after Janua	ry 1, 20	018			
(see instructions)					See State	ement 1	30	0.
31 Unrelated busines	s taxable i	ncome. Subtract line 30 fro	om line 29				31	-15,618.

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2019

Part		Total Unrelated Business Taxable Income		
		unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-15,618.
		ts paid for disallowed fringes	33	
34	Charita	ole contributions (see instructions for limitation rules)	34	0.
35		nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	-15,618.
36		on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) Stmt 2	36	0.
37	Total of	unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-15,618.
38	Specific	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		
	enter th	e smaller of zero or line 37	39	-15,618.
Part		Fax Computation		
40		zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41		Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		
		ax rate schedule or Schedule D (Form 1041)	41	
42	Proxy t	ax. See instructions	42	
	Alterna	tive minimum tax (trusts only)	43	
44	Tatal /	Noncompliant Facility Income. See instructions	44	0.
45 Dart		Idd lines 42, 43, and 44 to line 40 or 41, whichever applies Tax and Payments	45	<u></u>
		tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		
		redits (see instructions)		
		business credit. Attach Form 3800 46c		
		or prior year minimum tax (attach Form 8801 or 8827) 46d		
		redits. Add lines 46a through 46d	46e	
			47	0.
48	Other to	t line 46e from line 45	48	
49	Total to	ux. Add lines 47 and 48 (see instructions)	49	0.
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
		nts: A 2018 overpayment credited to 2019		
		stimated tax payments 51b		
C	Tax dep	oosited with Form 8868		
		organizations: Tax paid or withheld at source (see instructions) 51d		
		withholding (see instructions) 51e		
		or small employer health insurance premiums (attach Form 8941) 51f		
g		redits, adjustments, and payments: Form 2439 Orm 4136 Other Total 51g		
52		orm 4136	52	
53		ed tax penalty (see instructions). Check if Form 2220 is attached	53	
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56		e amount of line 55 you want: Credited to 2020 estimated tax	56	
Part	: VI	Statements Regarding Certain Activities and Other Information (see instructions)		
57		ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
		inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		77
	here			X
58	_	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
59		see instructions for other forms the organization may have to file. e amount of tax-exempt interest received or accrued during the tax year \$\$\$\$\$\$\$\$\$\$\$\$\$\$\$		
	U	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know	ledge ar	nd belief, it is true,
Sign	CC	rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Here				S discuss this return with r shown below (see
		D: 1 [[]]	tructions	
	'	Print/Type preparer's name Preparer's signature Date Check if	PTIN	V
Paid	ı	self- employed		
	oarer	Penny Millar Penny Millar 04/22/21		00140274
	Only	Firm's name ▶ Dillwood Burkel & Millar, LLP Firm's EIN ▶	68	8-0456752
	•	175 Concourse Blvd., Ste. A	0 17	E77 000C
			J / – !	577-8806
923711	01-27-20			Form 990-T (2019)

Schedule A - Cost of Goods Sold.	nter method of inver	tory valuation N/A		
1 Inventory at beginning of year 1		6 Inventory at end of year	ır	6
2 Purchases 2		7 Cost of goods sold. St	ubtract line 6	
3 Cost of labor 3		from line 5. Enter here	and in Part I,	
4a Additional section 263A costs		line 2		7
(attach schedule) 4a		8 Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)		property produced or a	acquired for resale) apply to	
5 Total. Add lines 1 through 4b 5		the organization?		
Schedule C - Rent Income (From R (see instructions)	eal Property and	d Personal Property	Leased With Real Pro	operty)
1. Description of property				
(1)				
(2)				
(3)				
(4)				
2. Rent	eceived or accrued		2(a) Dadustians divest	and the state of t
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for p	and personal property (if the percenta personal property exceeds 50% or if at is based on profit or income)	age columns 2(a) a	y connected with the income in nd 2(b) (attach schedule)
(1)				
(2)				
(3)				
(4)				
	O . Total		0.	
(c) Total income. Add totals of columns 2(a) and 2(b) here and on page 1, Part I, line 6, column (A)). Enter ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Debt-Finan	ced Income (see	instructions)		
		Gross income from or allocable to debt-	3. Deductions directly conto debt-finan	ced property
Description of debt-financed proper	ty	financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
debt on or allocable to debt-financed property (attach schedule) deb	erage adjusted basis of or allocable to t-financed property attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)	7	%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals		•	0	. 0.
Total dividends-received deductions included in co	lumn 8			0.

Form **990-T** (2019)

			Exempt (Controlled O	rganizatio	ons				
1. Name of controlled organization	n	2. Employe identification number		elated income instructions)		al of specified nents made	includ	rt of column 4 led in the cont zation's gross	rolling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiza	tions									
7. Taxable Income		elated income (lo e instructions)	ss) 9. Total	of specified pay made	ments	10. Part of colun in the controllin gross	nn 9 tha ng orga income	nization's		ductions directly connected n income in column 10
(1)										
(2)										
(3)										
(4)							7			
			•			Add colum Enter here and line 8, c	on page	e 1, Part I, A).		dd columns 6 and 11. nere and on page 1, Part I, line 8, column (B).
Totals					▶			0.		0.
Schedule G - Investmen		e of a Se	ction 501(c)(7), (9), or	(17) Or	ganization				
(see instruc	ctions)					2		1		
1. Descript	tion of income	е		2. Amount of	income	3. Deduction directly connect (attach schedu	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)										
				Enter here and Part I, line 9, co						Enter here and on page 1. Part I, line 9, column (B).
Totals					0.					0.
Schedule I - Exploited E (see instruct	-	Activity In	come, Othe	r Than Ac	dvertisi	ng Income	•			
	0 .		3. Expenses	4. Net incon	ne (loss)	F				7. Excess exempt
1. Description of exploited activity	2. Grounnelated bu income fitrade or bus	usiness from	lirectly connected with production of unrelated business income	from unrelated business (co minus colum gain, comput through	olumn 2 in 3). If a e cols. 5	5. Gross inco from activity the is not unrelated business income	hat ed	attribut	penses table to mn 5	expenses (column 6 minus column 5, but not more than column 4).
(1)										
(1) (2) (3)										
(3)										
(4)										
	Enter here a page 1, P line 10, co	Part I,	Enter here and on page 1, Part I, line 10, col. (B).							Enter here and on page 1, Part II, line 25.
Totals		0.	0.							0.
Schedule J - Advertising	g Incom	e (see instr	uctions)							
Part I Income From Pe	eriodica	ıls Report	ed on a Con	solidated	l Basis					
1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, compute hrough 7.	5. Circulati income		6. Read cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) Program										
(2) advertising		3,898.	60,994	•			0.		0.	
(3) Ticket/envelop										
(4) backs		2,400.	0	•			0.		0.	
Totals (carry to Part II line (5))	9	6.298.	60.994	35	.304					0.

923731 01-27-20

Form **990-T** (2019)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	96,298.	60,994.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	96,298.	60,994.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2019)

Form 990-T	Net	Operating Loss D	eduction	Statement 1
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
06/30/19	22,589.	0.	22,589.	22,589.
NOL Carryov	ver Available This	Year	22,589.	22,589.
Form 990-T	Not	Operating Loss D	eduction	Statement 2
			caaccion	
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
Tax Year 06/30/14 06/30/15 06/30/16 06/30/17 06/30/18	2,976. 4,556. 16,948. 26,207. 19,089.		Loss Remaining 2,976. 4,556. 16,948. 26,207. 19,089.	Available This Year 2,976. 4,556. 16,948. 26,207. 19,089.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-char	ities-and-ı	non-profits.						
Auton	natic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).						
All corpo	orations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partnershi	ips, REMIC	Ss, and trusts				
-	e Form 7004 to request an extension of time to file incom			,	,				
Type or	Name of exempt organization or other filer, see instru	instructions.		Taxpayer identification number (TIN)					
print File by the due date for									
	Santa Rosa Symphony Association 94-61					/5			
	or Number, street, and room or suite no. If a P.O. box, see instructions.								
filing your return. See	50 barred Roba HVC, No. 410								
instruction	only, town of poor office, state, and En obde. For a foreign address, see moradisms.								
	Santa Rosa, CA 95404								
	e Return Code for the return that this application is for (fil		rate application for each return)			<u> 0 1 </u>			
Applica	tion	Return				Return			
Is For		Code 01	Is For			Code			
Form 990 or Form 990-EZ			Form 990-T (corporation)			07			
Form 99		02	Form 1041-A			08			
Form 4720 (individual)		03	Form 4720 (other than individual)			09			
Form 99		04	Form 5227			10			
	0-T (sec. 401(a) or 408(a) trust)	05 06	Form 6069 Form 8870			11			
FOIIII 99	0-T (trust other than above) Kathleen Gebha:		FOIII 8870			12			
• The h	books are in the care of \triangleright 50 Santa Rosa		410 - Santa Rosa.	CA 95	404				
	shone No. ► 707 – 546 – 7097		Fax No.	011 70					
•	organization does not have an office or place of busines	s in the U							
	s is for a Group Return, enter the organization's four digit					check this			
box 🕨									
1 Ir	I request an automatic 6-month extension of time until May 17, 2021 , 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, 2019, and ending _JUN 30, 2020								
2 If	f the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return								
L	Change in accounting period								
3a If	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.			
	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.			
	alance due. Subtract line 3b from line 3a. Include your pa			3c		0			
using EFTPS (Electronic Federal Tax Payment System). Se					\$	0.			
Caution instructi	: If you are going to make an electronic funds withdrawal ons.	(direct de	edit) with this Form 8868, see Form	8453-EO ai	na Form 8879-EO fo	or payment			

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

LHA

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits.

	his form, visit www.irs.gov/e-file-providers/e-file-for-char		,	ictalis on	Title electronic				
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).						
All corpo	rations required to file an income tax return other than F e Form 7004 to request an extension of time to file incom	orm 990-T	(including 1120-C filers), partnership	s, REMIC	Cs, and trusts				
Type or print	Name of exempt organization or other filer, see instru Santa Rosa Symphony Associa	Taxpayer identification number (TIN) $94-6134075$							
File by the due date fo filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 50 Santa Rosa Ave, No. 410								
	Santa Rosa, CA 95404								
						0 7			
Application Is For	ion	Return				Return Code			
	0 or Form 990-EZ	Code 01	Is For Form 990-T (corporation)			07			
Form 99		02	Form 1041-A	08					
Form 4720 (individual)		03	Form 4720 (other than individual)			09			
Form 99	·	04	Form 5227	10					
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11					
	0-T (trust other than above) Kathleen Gebha	06	Form 8870	12					
Telep If the	ooks are in the care of ► $\frac{50 \text{ Santa Rosa}}{707-546-7097}$ organization does not have an office or place of busines is for a Group Return, enter the organization's four digit	s in the U	Fax No. ▶	this is fo	or the whole gro				
1 I request an automatic 6-month extension of time until									
3a If t	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less								
_	y nonrefundable credits. See instructions.			3a	\$	0.			
	, , , , , , , , , , , , , , , , , , , ,					0			
_	estimated tax payments made. Include any prior year overpayment allowed as a credit.				\$	0.			
	lance due. Subtract line 3b from line 3a. Include your parts of the street of the stre	•				0.			
	ing EFTPS (Electronic Federal Tax Payment System). Se : If you are going to make an electronic funds withdrawa ons.			3c 153-EO a	\$.nd Form 8879-E				
LHA I	For Privacy Act and Paperwork Reduction Act Notice	, see instr	ructions.		Form 886	8 (Rev. 1-2020)			

923841 12-30-19