

Department of the Treasury
Internal Revenue Service

| Do not enter Social Security numbers0 TB29-13

Check if applicable: Address change Name change Initial return Terminated Amended return Application pending			
			Gross receipts \$
			Are all subordinates included?

			Check if self-employed

[Redacted]

1

2
Yes No

3
Yes No

4

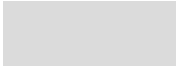
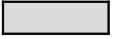
4a Code: _____ Expenses \$ _____ including grants of \$ _____ Revenue \$ _____

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

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

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

4e



(continued)

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

			Yes	No
1a	1a	[Grey]	[Grey]	[Grey]
b	1b			
c				
2a		1c		
b	2a	2b		
Note.				
3		3a		
4		3b		
5		4a		
6		5a		
7		5b		
		5c		
		6a		
		6b		
		7a		
		7b		
		7c		
		7e		
		7f		
		7g		
		7h		
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.		8		
		9a		

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

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

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and document retention.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

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

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

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

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

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

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

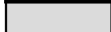
¥ List all of the organization's former

former directors or trustees

(A)	(B)	(C) <small>(do not check more than one box, unless person is both an officer and a director/trustee)</small>						(D)	(E)	(F)
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) DAVID MITCHELL CHIEF ENGINEER	40.00				X			121,655.	0.	39,350.
Total to Part VII, Section A, line 1c								1,358,531.		226,617.



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

	(A)	(B)	(C)	(D)
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2				
3				
4				
5				
6 Compensation not included above, to disqualified and 501(c)(3) organizations. See Part IV, line 21				
7				
8				
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24				
a _____				
b _____				
c _____				
d _____				
e _____				
25 Total functional expenses.				
26 Joint costs.				

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





(Form 990 or 990-EZ)

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

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

Name of the organization	
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(i)	(ii)	(iii) <small>(see instructions)</small>	(iv) <small>(i)</small>		(v) <small>(i)</small>		(vi) <small>(i)</small>		(vii)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~ ~						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 ~ ~ ~ ~						
4 Tax revenues levied for the organization'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 ~						
6 Total. Add lines 1 through 5 ~ ~ ~						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year ~ ~ ~ ~ ~						
c Add lines 7a and 7b ~ ~ ~ ~ ~						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6 ~ ~ ~ ~ ~						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ~						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ~ ~ ~ ~						
c Add lines 10a and 10b ~ ~ ~ ~ ~						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ~ ~ ~ ~ ~						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ~ ~ ~ ~						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) ~ ~ ~ ~ ~	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) ~ ~ ~ ~ ~	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17 ~ ~ ~ ~ ~	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~ |

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~ |

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Attach to Form 990, Form 990-EZ, or Form 990-PF.
Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at

OMB No. 1545-0047

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

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

Name of organization

Employer identification number

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 92,348.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 14,136.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

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

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

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

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

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

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

Name of organization

Employer identification number

SAN FRANCISCO CONSERVATORY OF MUSIC

94- 1156610

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
20	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
21	_____ _____ _____	\$ 6,869.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
22	_____ _____ _____	\$ 55,900.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
23	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
24	_____ _____ _____	\$ 133,700.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 8,155.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number



(a) No.	(b) Name, address, and ZIP + 4	(c) ,972.60CI contribu num	SIF51162 04.04 670.50 db)
_____	_____ _____ _____	_____	
_____	_____ _____ _____	_____	
_____	_____ _____ _____	_____	
_____	_____ _____ _____	_____	
_____	_____ _____ _____	_____	
_____	_____ _____ _____	_____	
_____	_____ _____ _____	_____	
_____	_____ _____ _____	_____	
_____	_____ _____ _____	_____	

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Name of organization

Employer identification number

(see instructions). Use duplicate copies of Part I if additional space is needed. Total c4273.60 0.46Toll

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
68	_____ _____ _____	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
69	_____ _____ _____	\$ 24,427.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
70	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
71	_____ _____ _____	\$ 3,300.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
72	_____ _____ _____	\$ 26,812.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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

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

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Name of organization

Employer identification number



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

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

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

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

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

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

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

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

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

Name of organization

Employer identification number

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
104		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
105		\$ 30,540.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
106		\$ 118,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
107		\$ 7,137.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
108		\$ 13,826.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	_____ _____ _____	\$ 13,789.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
110	_____ _____ _____	\$ 5,024.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
111	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
112	_____ _____ _____	\$ 101,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
113	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
114	_____ _____ _____	\$ 64,003.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
----------------------	--------------------------------



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

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

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

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

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

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

Name of organization

Employer identification number

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	18 CASES OF WINE	\$ 14,136.	06/30/14
47	STEINWAY PIANO	\$ 18,250.	06/30/14
49	3 CASES WINE	\$ 900.	06/30/14
72	300 SHRS SILVER WHEATON CORP	\$ 26,812.	06/30/14
73	VIOLIN AND 3 VIOLIN BOWS	\$ 36,300.	06/30/14
78	25 SHRS PPG	\$ 4,928.	06/30/14

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
108	50 SHRS EXXON MOBIL XOM _____ _____ _____	\$ 13, 826.	06/30/14
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) | \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(Form 990)

| Complete if the organization answered "Yes," to Form 990,

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service





	Held at the End of the Tax Year



3

a d
b e _____
c
4
5

Yes No

1a

Yes No

b

c

d

e

f

2a

b

1c	
1d	
1e	
1f	

Yes No

1a

b

c

d

e

f

g

2

a

b

c

	(a)	(b)	(c)	(d)	(e)
1a					
b					
c					
d					
e					
f					
g					

3a

b

4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	35,328,815.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		2,840,718.
b	Donated services and use of facilities	2b		213,000.
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		258,941.
e	Add lines 2a through 2d		2e	3,312,659.
3	Subtract line 2e from line 1		3	32,016,156.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		190,151.
b	Other (Describe in Part XIII.)	4b		8,072,214.
c	Add lines 4a and 4b		4c	8,262,365.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	40,278,521.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	17,495,829.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		213,000.
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		258,941.
e	Add lines 2a through 2d		2e	471,941.
3	Subtract line 2e from line 1		3	17,023,888.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		190,151.
b	Other (Describe in Part XIII.)	4b		8,072,214.
c	Add lines 4a and 4b		4c	8,262,365.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	25,286,253.

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 V, LINE 4:

EXPLANATION: THE CONSERVATORY HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS.

PART X, LINE 2:

EXPLANATION: SFCM OPERATES AS A NOT-FOR-PROFIT CORPORATION AND IS EXEMPT FROM INCOME TAXES ON RELATED INCOME UNDER PROVISIONS OF THE U. S. INTERNAL REVENUE CODE, SECTION 501(C)(3) AND THE CALIFORNIA TAX CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THESE FINANCIAL STATEMENTS.

SFCM FOLLOWS THE GUIDANCE OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC TOPIC 740 FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. AS OF JUNE 30, 2014, MANAGEMENT EVALUATED SFCM'S TAX POSITIONS AND CONCLUDED THAT SFCM HAD MAINTAINED ITS TAX EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, SFCM IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY FEDERAL OR STATE AUTHORITIES FOR YEARS BEFORE 2011 AND 2010, RESPECTIVELY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	17,237.
FUNDRAISING EXPENSES	241,704.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	258,941.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIPS NETTED AGAINST REVENUE	7,331,378.
STUDENT RESIDENT EXPENSES NETTED AGAINST REVENUE	114,518.
POST RETIREMENT HEALTHCARE OBLIGATIONS NETTED AGAINST REVENUE	626,318.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	8,072,214.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	17,237.
FUNDRAISING EXPENSES	241,704.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	258,941.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIPS NETTED AGAINST REVENUE **7,331,378.**

STUDENT RESIDENT EXPENSES NETTED AGAINST REVENUE **114,518.**

POST RETIREMENT HEALTHCARE OBLIGATIONS NETTED AGAINST REVENUE **626,318.**

TOTAL TO SCHEDULE D, PART XII, LINE 4B **8,072,214.**

Multiple horizontal lines for supplemental information.

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization

SAN FRANCISCO CONSERVATORY OF MUSIC

Employer identification number
94-1156610

Part I

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? ~ ~ ~ ~ ~
- 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.

	YES	NO
1	X	
2	X	
3		X

If you need more space, use Part II ~ ~ ~ ~ ~
**OUR COLLEGIATE CATALOG IS LINKED TO THE WEBSITE AND IT
 INCLUDES OUR GENERAL NON-DISCRIMINATION POLICY AT THE BOTTOM
 OF THE TITLE PAGE. THE CATALOG IS ALSO BROADLY DISTRIBUTED TO
 PROSPECTIVE STUDENTS.**

- 4 Does the organization maintain the following?
 - a Records indicating the racial composition of the student body, faculty, and administrative staff? ~ ~ ~ ~ ~
 - b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? ~ ~ ~ ~ ~
 - c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? ~ ~ ~ ~ ~
 - d Copies of all material used by the organization or on its behalf to solicit contributions? ~ ~ ~ ~ ~
 If you answered "No" to any of the above, please explain. If you need more space, use Part II.

4a	X	
4b	X	
4c	X	
4d	X	

- 5 Does the organization discriminate by race in any way with respect to:
 - a Students' rights or privileges? ~ ~ ~ ~ ~
 - b Admissions policies? ~ ~ ~ ~ ~
 - c Employment of faculty or administrative staff? ~ ~ ~ ~ ~
 - d Scholarships or other financial assistance? ~ ~ ~ ~ ~
 - e Educational policies? ~ ~ ~ ~ ~
 - f Use of facilities? ~ ~ ~ ~ ~
 - g Athletic programs? ~ ~ ~ ~ ~
 - h Other extracurricular activities? ~ ~ ~ ~ ~
 If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

5a		X
5b		X
5c		X
5d		X
5e		X
5f		X
5g		X
5h		X

- 6a Does the organization receive any financial aid or assistance from a governmental agency? ~ ~ ~ ~ ~
 - 6b Has the organization's right to such aid ever been revoked or suspended? ~ ~ ~ ~ ~
- If you answered "Yes" to either line 6a or line 6b, explain on Part II.

6a	X	
6b		X

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

7	X	
---	---	--

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.
Also complete this part to provide any other additional information.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

EXPLANATION: THE SAN FRANCISCO CONSERVATORY OF MUSIC MANAGES AN EXTENSIVE FINANCIAL ASSISTANCE PROGRAM TO ENSURE THAT A HIGHLY QUALIFIED AND DIVERSE POPULATION ATTENDS AND GRADUATES FROM THE CONSERVATORY. THE CONSERVATORY RECEIVES FUNDS FROM VARIOUS FEDERAL AND STATE GOVERNMENT GRANT AND LOAN PROGRAMS, INCLUDING PELL, SEOG, CWSP, PERKINS, AND FFEL. THE CONSERVATORY ALSO RECEIVES GRANTS FROM THE SAN FRANCISCO GRANTS FOR THE ARTS.

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

Attach to Form 990. See separate instructions.

Information about Schedule F (Form 990) and its instructions is at

Open to Public Inspection

Name of the organization

Employer identification number

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ~ ~ Yes No

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

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total
3 a					
b					
c Totals					



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

Part III can be duplicated if additional space is needed.

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

Part V Supplemental Information

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

PART I, LINE 3, COLUMN (E):

REGION: EAST ASIA AND THE PACIFIC

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

REPRESENTATIVES TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES;

RECRUITING.

Multiple horizontal lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open To Public
Inspection

Name of the organization

SAN FRANCISCO CONSERVATORY OF MUSIC

Employer identification number

94-1156610

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

Complete if the organization answered "Yes" to 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. Li IV, line 18, or reported more than \$15,000 on Form 990-EZ, lines 1 and 6b.

	(a)	(b)	(c)	(d)	
				(a)	(c)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

	(a)	(b) Pull tabs/instant bingo/progressive bingo	(c)	(d)	
				(a)	(c)
1					
2					
3					
4					
5					
6	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____		
7					
8					

9 _____

a Yes No

b _____

10a Yes No

b _____

- 11 Does the organization operate gaming activities with nonmembers? ~ ~ ~ ~ ~ Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ~ ~ ~ ~ ~ Yes No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|---|-----|---|
| a The organization's facility ~ ~ ~ ~ ~ | 13a | % |
| b An outside facility ~ ~ ~ ~ ~ | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name | _____

Address | _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ~ ~ ~ ~ ~ Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization | \$ _____ and the amount of gaming revenue retained by the third party | \$ _____ .
- c If "Yes," enter name and address of the third party:

Name | _____

Address | _____

16 Gaming manager information:

Name | _____

Gaming manager compensation | \$ _____

Description of services provided | _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ~ ~ ~ ~ ~ Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the 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 complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

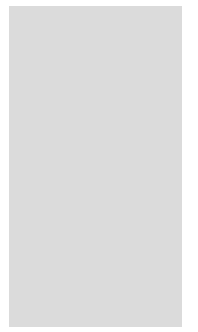
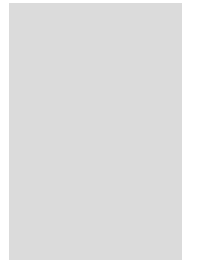
| Attach to Form 990.

Open to Public

Information about Schedule I (Form 990) and its instructions is at

Part III

Blank lined area for notes or additional information.



Part III Supplemental Information

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

PART I, LINE 1A:

EXPLANATION: THE PRESIDENT MUST LIVE IN SFCM-PROVIDED HOUSING, WHICH ARE TREATED AS A NON-TAXABLE BENEFIT.

PART I, LINES 4A- B:

EXPLANATION: MARY ELLEN POOLE, DEAN, RECEIVED SEVERANCE PAYMENTS. SHE SERVED AS DEAN THROUGH 12/31/13 AND CONSULTANT TO THE INTERIM DEAN FROM 1/1/14 - 6/30/14. IN EXCHANGE FOR HER SERVICES AS A CONSULTANT, SHE RECEIVED SEVERANCE PAYMENTS TOTALING \$75,779 AND FORGIVENESS OF THE OUTSTANDING BALANCE OF THE EQUITY PARTICIPATION AGREEMENT OF \$110,000.

COLIN MURDOCH, PRESIDENT, RECEIVED LUMP SUM DISTRIBUTIONS FROM HIS 457B PLAN. DISTRIBUTIONS WERE PAID ON 9/3/13 FOR \$17,528.54 AND 1/2/14 FOR \$148,147.43.

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

SCHEDULE M, PART I, COLUMN (B):

EXPLANATION: THE NUMBER OF CONTRIBUTORS REFLECTS THE NUMBER OF DONORS, NOT THE NUMBER OF ITEMS DONATED.

SCHEDULE M, LINE 32B:

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

Name of the organization

SAN FRANCISCO CONSERVATORY OF MUSIC

Employer identification number

94-1156610

HE/SHE WILL NOT BE COUNTED TOWARD A QUORUM AT ANY MEETING WHERE THE CONFLICT IS DISCUSSED, AND WILL NOT BE ALLOWED TO VOTE ON ANY ACTION REGARDING THE ISSUE.

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

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

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

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

EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. ADDITIONALLY, THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

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. See separate instructions.

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

Name of the organization

SAN FRANCISCO CONSERVATORY OF MUSIC

Employer identification number

94-1156610

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE HARRIS GUITAR FOUNDATION - 46-1025013 1563 SOLANO AVE SUITE 201 BERKELEY, CA 94707	SUPPORTING ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 11A, I	SAN FRANCISCO CONSERVATORY OF MUSIC		X

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

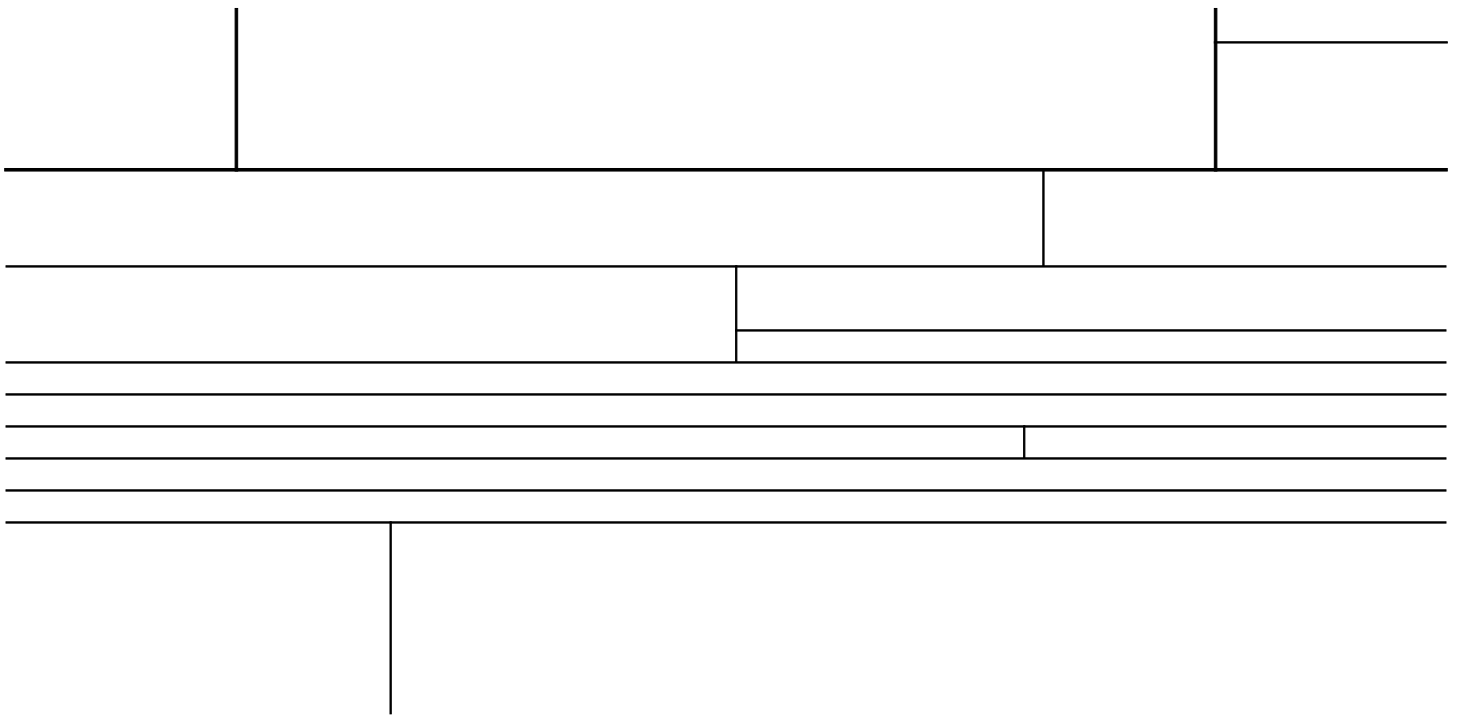
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
POOLED INCOME FUNDS (6)	INVESTMENTS	CA	SAN FRANCISCO CONSERVATORY OF MUSIC	TRUST					X

Part VI Unrelated Organizations Taxable as a Partnership

(a)	(b)	(c)	(d)	(e) Are all partners sec. 501(c)(3) orgs.?		(f)	(g)	(h) Dispropor- tionate allocations?			General or managing partner?	
				Yes	No			Yes	No		Yes	N



Schedule A Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box b, enter the name, address, and U.S. taxpayer identifying number (if any) of the person(s) whose interest you constructively own. See instructions.

a Owns a direct interest		b Owns a constructive interest		
Name	Address	Identifying number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 Certain Partners of Foreign Partnership (see instructions)

Name	Address	Identifying number (if any)	Check if foreign person

Does the partnership have any other foreign person as a direct partner? Yes No

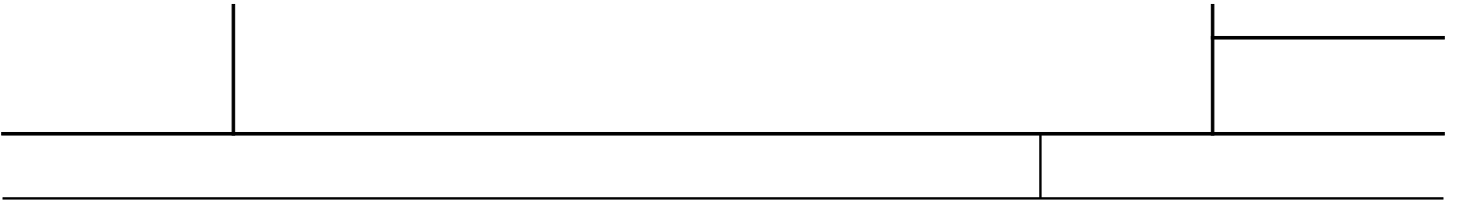
Schedule A-2 Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

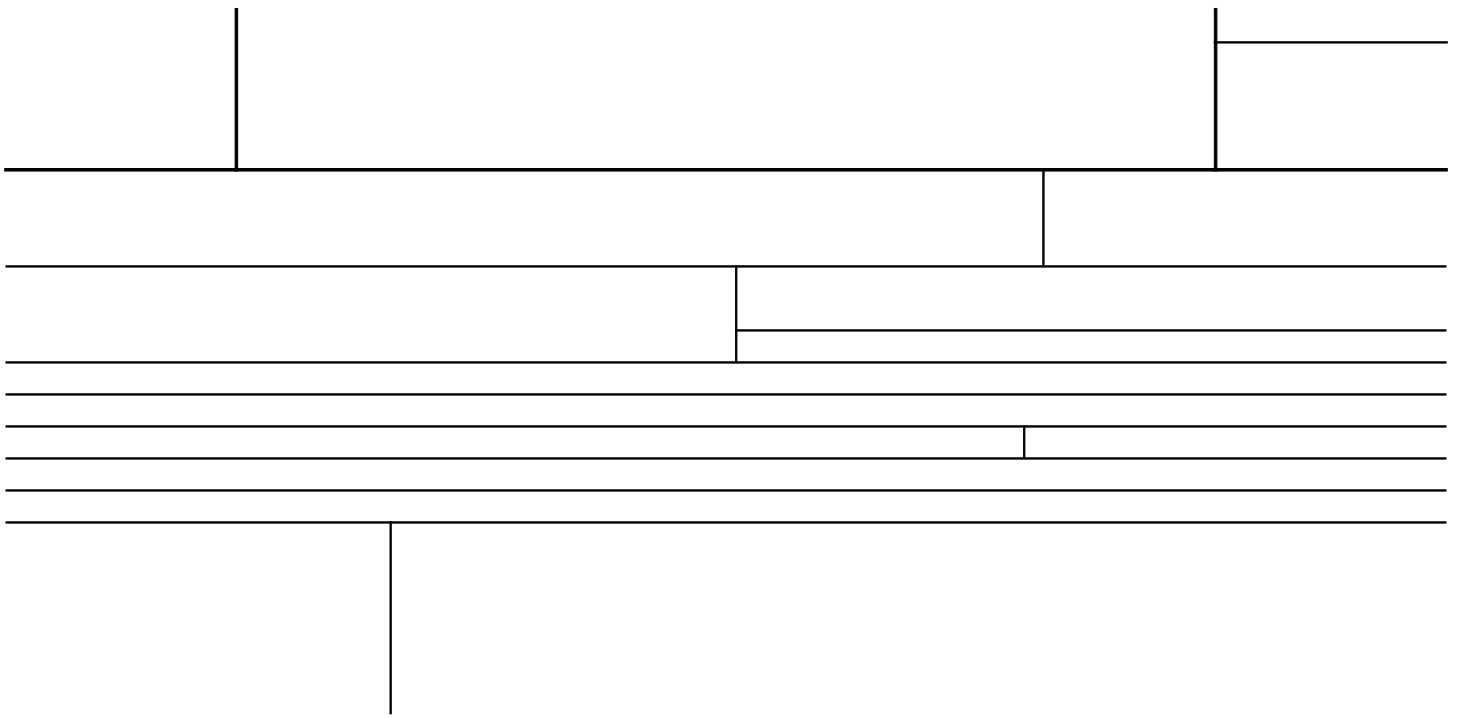
Schedule B Income Statement - Trade or Business Income

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales ~ ~ ~ ~ ~	1a		
	b Less returns and allowances ~ ~ ~ ~ ~	1b		1c
	2 Cost of goods sold ~ ~ ~ ~ ~			2
	3 Gross profit. Subtract line 2 from line 1c ~ ~ ~ ~ ~			3
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement) ~ ~ ~ ~ ~			4
	5 Net farm profit (loss) (attach Schedule F (Form 1040)) ~ ~ ~ ~ ~			5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797) ~ ~ ~ ~ ~			6
	7 Other income (loss) (attach statement) ~ ~ ~ ~ ~			7
8 Total income (loss). Combine lines 3 through 7			8	
Deductions (see instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)			9
	10 Guaranteed payments to partners			10
	11 07fn2(y1on as a dirE5 AT*(wages 6Badonstru))Tttach sxeck-430.56 5.04 Td(Nam0h sxeck Td(foreign)Tj-1.4411)T33 ~ ~ ~ ~ ~ G - G ~			11
	12			12
	13			13
	14			14
	15			15
	16 a	16a		
	b	16b		16c
	17 Do not			17
	18			18
	19			19
	20			20
	21 Total deductions.			21
22 Ordinary business income (loss)			22	







Schedule A Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box b, enter the name, address, and U.S. taxpayer identifying number (if any) of the person(s) whose interest you constructively own. See instructions.				
a <input checked="" type="checkbox"/> Owns a direct interest		b Owns a constructive interest		
Name	Address	Identifying number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 Certain Partners of Foreign Partnership (see instructions)				
Name	Address	Identifying number (if any)	Check if foreign person	

Does the partnership have any other foreign person as a direct partner? Yes No

Schedule A-2 Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.				
Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

Schedule B Income Statement - Trade or Business Income

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales ~ ~ ~ ~ ~	1a		
	b Less returns and allowances ~ ~ ~ ~ ~	1b		1c
	2 Cost of goods sold ~ ~ ~ ~ ~			2
	3 Gross profit. Subtract line 2 from line 1c ~ ~ ~ ~ ~			3
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement) ~ ~ ~ ~ ~			4
	5 Net farm profit (loss) (attach Schedule F (Form 1040)) ~ ~ ~ ~ ~			5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797) ~ ~ ~ ~ ~			6
	7 Other income (loss) (attach statement) ~ ~ ~ ~ ~			7
8 Total income (loss). Combine lines 3 through 7 ~ ~ ~ ~ ~			8	
Deductions (see instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits) ~ ~ ~ ~ ~			9
	10 Guaranteed payments to partners ~ ~ ~ ~ ~			10
	11 Repairs and maintenance ~ ~ ~ ~ ~			11
	12 Bad debts ~ ~ ~ ~ ~			12
	13 Rent ~ ~ ~ ~ ~			13
	14 Taxes and licenses ~ ~ ~ ~ ~			14
	15 Interest ~ ~ ~ ~ ~			15
	16 a Depreciation (if required, attach Form 4562) ~ ~ ~ ~ ~	16a		
	b Less depreciation reported elsewhere on return ~ ~ ~ ~ ~	16b		16c
	17 Depletion (Do not deduct oil and gas depletion.) ~ ~ ~ ~ ~			17
	18 Retirement plans, etc. ~ ~ ~ ~ ~			18
	19 Employee benefit programs ~ ~ ~ ~ ~			19
	20 Other deductions (attach statement) ~ ~ ~ ~ ~			20
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20 ~ ~ ~ ~ ~			21
22 Ordinary business income (loss) from trade or business activities. Subtract line 21 from line 8 ~ ~ ~ ~ ~			22	

SCHEDULE O
(Form 8865)

Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership
(under section 6038B)

Attach to Form 8865. See Instructions for Form 8865.

Information about Schedule O (Form 8865) and its separate instructions is at www.irs.gov/form8865.

OMB No. 1545-1668

2013

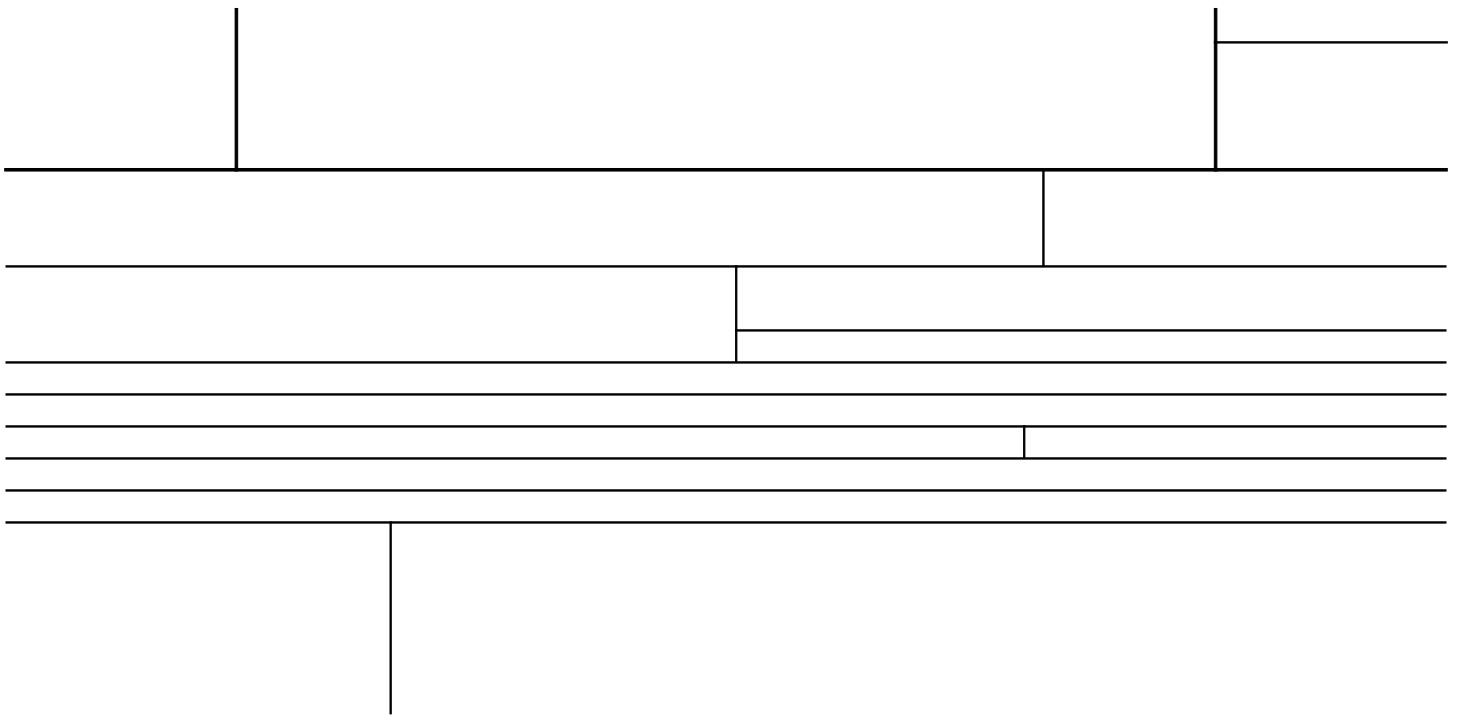
Name of transferor SAN FRANCISCO CONSERVATORY OF MUSIC	Filer's identifying number 94-1156610
Name of foreign partnership ORIGIN	EIN (if any) 98-0613730
	Reference ID number (see instr) NONE

Part I Transfers Reportable Under Section 6038B							
Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	06/30/14		1,425,000.				0.0278
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B							
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? . . . | Yes No



Schedule A Constructive Ownership of Partnership Interest. b,

Table with 5 columns: Name, Address, Identifying number (if any), Check if foreign person, Check if direct partner. Labeled 'a' and 'b'.

Schedule A-1 Certain Partners of Foreign Partnership. Table with 4 columns: Name, Address, Identifying number (if any), Check if foreign person.

Yes No

Schedule A-2 Affiliation Schedule.

Table with 5 columns: Name, Address, EIN (if any), Total ordinary income or loss, Check if foreign partnership.

Schedule B Income Statement - Trade or Business Income

Income statement table with rows 1-11. Includes a 'Caution. only' header and a vertical label '(see instructions for limitations)' on the left side.

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Schedule A Constructive Ownership of Partnership Interest. b,

a Name	b Address	Identifying number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 Certain Partners of Foreign Partnership

Name	Address	Identifying number (if any)	Check if foreign person

Yes No

Schedule A-2 Affiliation Schedule.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

Schedule B Income Statement - Trade or Business Income

Caution. only

1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

(see instructions for limitations)

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner