

Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

# 2014

▶ Do not enter social security numbers on this form as it may be made public  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- B Check if applicable
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

<b>C Name of organization</b> SAN FRANCISCO CONSERVATORY OF MUSIC	
Doing business as	
Number and street (or P O box if mail is not delivered to street address)	Room/suite
50 OAK STREET	
City or town, state or province, country, and ZIP or foreign postal code	
SAN FRANCISCO, CA 94102	

<b>D Employer identification number</b>
94-1156610
<b>E Telephone number</b>
(415) 759-3423
<b>G Gross receipts \$</b> 35,867,021

[REDACTED]

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

990-flur-1 does not have the appropriate information

[REDACTED]



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

<b>21</b>	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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . . <input checked="" type="checkbox"/>	<b>21</b>		No
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . . <input checked="" type="checkbox"/>	<b>22</b>	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's . . . . . <input type="checkbox"/>			

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	133		
b Enter the number of Forms W-2C included in line 1a. Enter -0- if not applicable			

Part 15: Governance, Management, and Operations

Section	Response
15.01	
15.02	
15.03	
15.04	
15.05	
15.06	
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15.99	
15.100	

**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**

1. Complete the table for all persons named in Schedule B except compensation for the school, and include the name of the person in the first column.

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

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless indicated otherwise)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
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**Part VIII** Statement of Revenue

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

	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
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		1a	Federated campaigns . . .	1a			
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**Part IV Statement of Functional Expenses**

Centers 501(c)(29) and 501(c)(4) organizations must complete all columns. All other organizations must complete only the (A) expenses.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Part V** Balance Sheet

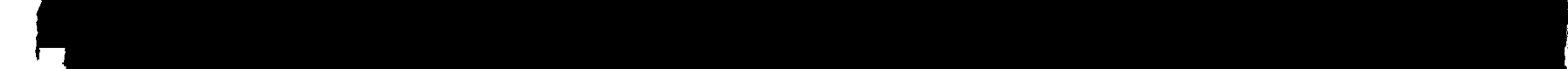
Check if Schedule O contains a response or note to any line in this Part X . . . . .

		(A)		(B)
		Beginning of year		End of year
<b>1</b>	Cash—non-interest-bearing . . . . .	4,359,942	<b>1</b>	3,340,549
<b>2</b>	Savings and temporary cash investments . . . . .		<b>2</b>	
		15,095,255		12,055,040

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	26,166,619
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	26,005,867
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	160,752
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	117,801,031
<b>5</b>	Net unrealized gains/losses on investments		



**Additional Data**

**Software ID:**

*Software Version:*

**EIN: 94-1156610**

SAN FRANCISCO CONSERVATORY OF MUSIC

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

(A)	(B)	(C)	(D)	(E)	(F)
-----	-----	-----	-----	-----	-----

Personnel

Director

Trustee

Key employee

Highest compensated employee

Independent contractor

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

(A)

(B)

(C)

(D)

(E)

(F)

Measure of Total

Compensation

for the

Year

2011

2012



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

**Public Charity Status and Public Support**

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1)

**2014**

**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.)



**Part III** - **Support Schedule for Organizations Described in Section 506(c)(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 III.)

**Section A. Public Support**

**Part IV Supporting Organizations**

11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**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 III how the supported organizations are designated. If designated by class or purpose,*

	Yes	No

**Part IV Supporting Organizations** (continued)**Section B. Type I Supporting Organizations**

**1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly

Yes

No

operate at least a majority of the organization's assets, or trustees meet all three criteria above? If

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income****1** Net short-term capital gain

(A) Prior Year

(B) Current Year  
(optional)**1**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified distributions for 2014 from Section 513(c) organizations	

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<b>7 Total annual distributions.</b> Add lines 1 through 6	
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<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
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<b>9</b> Distributable amount for 2014 from Section 513(c) line 6	
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**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV,

Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1, 2, 3, 3a, 3b, 3c, and 3d; Part V, line 1; Part V, Section B, line 1; Part V, Section D, lines 5, 6, and 9; and Part

[Redacted area containing multiple horizontal lines and a large blacked-out section]

V, Section E, lines 7, 8, and 9. Also complete this part for any additional information. (See instructions)



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

~~Provide information about the organization's collection of art, historical treasures, or other similar assets. Check one of the following that are a significant activity.~~

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

collection items (check all that apply)

- a  Public exhibition
- b  Scholarly research
- d  Loan or exchange programs
- e  Other

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]









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

# Schools

OMB No 1545-0047

# 2014

▶ 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.

Department of the Treasury

**Part IV Supplemental Information** Provide the supplemental information required by Part I, lines 2, 4d, 5b, 6b, and 7, as applicable. Also

provide any other additional information (see instructions)

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	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
SCHEDULE E, PART I, LINE 6	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

SCHEDULE F  
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2014

Open to Public

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

▶ Information about Schedule E (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury

Name of the organization  
SAN FRANCISCO CONSERVATORY OF MUSIC

Employer identification number

94-1156610

Part I General Information on Activities Outside the United States. Complete if the organization answered

Part IV - Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization approved. (Use Part IV only if Form 990)

Part IV, line 15, for an organization who received more than \$5,000. Part IV can be duplicated if additional space is needed.





**Part IV Foreign Forms**

[Redacted Table Content]

organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)

Yes  No

2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)

Yes  No

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 94-1156610

SAN FRANCISCO CONSERVATORY OF MUSIC

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (reporting of funds); Part I, line 3, column (A) (accounting



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and excess income on Form 990-EZ, line 4 and Ch. List

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 In the organization's master membership list, are members of a restricted class of members?

[REDACTED]

formed to administer charitable gaming?

[REDACTED]

13 Indicate the percentage of gaming activities conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepared the organization's gaming financial events books and records:

[REDACTED]

**Schedule I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

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

▶ **Attach to Form 990.**

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**







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

[Redacted]

[Redacted]

**Part III** Individual whose compensation must be reported in Schedule J. Report compensation from the organization on row (i) and from related organizations described in the

**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.

Return Reference	Explanation
PART I, LINE 1A	THE PRESIDENT MUST LIVE IN SFCM-PROVIDED HOUSING, WHICH ARE TREATED AS A NON-TAXABLE BENEFIT
PART I, LINES 4A-B	IN EXCHANGE FOR HER SERVICES AS A CONSULTANT, MARY ELLEN POOLE RECEIVED A SEVERANCE TOTALING \$74,033, FORGIVENESS OF

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2014

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization SAN FRANCISCO CONSERVATORY OF MUSIC

Employer identification number 94-1156610

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Row 1: Art—Works of art, X, 1, 500.

**Part III Supplemental Information.** Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization reported in Part I, column (b), the number of contributions, the

number of items received, and acquisition of both. Also complete this part for any additional information

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

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

SCHEDULE R

Related Organizations and Unrelated Partnerships

OMB No 1545-0047









**Part VII** Supplemental Information

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

**Return Reference****Explanation**

Schedule R (Form 990) 2014