Return of Organization Exempt From Income Tax

Form **990**

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

► Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2020

Open to Public
Inspection

A F	or th	e 202	0 calendar year, or tax year begin	ning 07/	01,2020), and e	nding		06	6/30 ,20	21	
			C Name of organization					D Employer	identifi	ication num	ber	
D C	heck if ap		PACIFIC SYMPHONY									
	Addre chang	ess je	Doing Business As					95-36	3549	6		
	Name	change	Number and street (or P.O. box if mail is r	not delivered to street address	s)	Room/su	uite	E Telephone	e numbe	er		
	Initial	return	17620 FITCH 100					(714) 7	⁷ 55 – !	5788		
	Termi	inated	City or town, state or province, country, a	nd ZIP or foreign postal code								
	Amen returr		IRVINE, CA 92614					G Gross rec	eipts \$	26,	598	,523.
		cation	F Name and address of principal officer:	SEAN SUTTON				H(a) Is this a g		urn for	Yes	X No
	•	-	17620 FITCH 100, IRVIN	NE, CA 92614				H(b) Are all sub		included?	Yes	No
ī	Tax-ex	empt st	tatus: X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or	527	If "No," a	ttach a li	st. (see instruc	tions)	
J	Websi	te: 🕨	WWW.PACIFICSYMPHONY.ORG					H(c) Group ex	emption	number >		
K	Form (of organ	nization: X Corporation Trust	Association Other >		LY	ear of format	tion: 1980 I	VI State	e of legal do	micile:	CA
P	art I	Sui	mmary			•		·				
	1	Briefly	y describe the organization's mission or	most significant activities	: TO IN	SPIRE	AND EN	GAGE THE	ROUGI	H		
ė			EPTIONAL MUSIC PERFORMAN									
auc												
Governance	2	Check	k this box			ed of mor	e than 25%	of its net ass	ets.			
Ó	3	Numb	per of voting members of the governing	body (Part VI, line 1a)					3			69.
	4	Numb	per of independent voting members of the	he governing body (Part V	(I, line 1b)				4			69.
ties	5		number of individuals employed in cale									333.
Activities &	6		number of volunteers (estimate if necess									100.
Ac	7a	Total	unrelated business revenue from Part VI	II, column (C), line 12					7a			0
			nrelated business taxable income from F									0
								Prior Year		Curr	rent Ye	ear
d)	8	Contri	ibutions and grants (Part VIII, line 1h) 🔒				$\neg \Box$	10,292,	566.	15	,627	,732.
Revenue	9	Progra	am service revenue (Part VIII, line 2g)			Y FOR		5,405,	768.		35	,113
eve	10		tment income (Part VIII, column (A), line		PUBLIC II	NSPECT	ION	80,	742.		440	,515
œ	11		revenue (Part VIII, column (A), lines 5,		,			1,867,	502.	1	,499	,810.
	12		revenue - add lines 8 through 11 (must					17,646,	778.	17	,603	,170.
	13		s and similar amounts paid (Part IX, colu						0.			0
	14		fits paid to or for members (Part IX, colur						0.			0
Ø	15		es, other compensation, employee bene				11,317,	596.	8	, 255	,298.	
Expenses	16a		ssional fundraising fees (Part IX, column				39,	002.		46,81		
kpe	b	Total 1	fundraising expenses (Part IX, column (E	D), line 25) 1,3	305,005	; 						
ш	17		expenses (Part IX, column (A), lines 11a					7,660,	252.	2	,725	,885.
			expenses. Add lines 13-17 (must equal					19,016,	350.	11	,028	,000.
	19		nue less expenses. Subtract line 18 from					-1,370,	072.	6	,575	,170.
or			·					ning of Currer	nt Year	End	of Yea	r
and	20	Total a	assets (Part X, line 16)					34,377,	933.	52	,133	,763.
Ass I Ba	21		liabilities (Part X, line 26)				• •	6,342,	146.	9	,040	,203.
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21					28,035,	787.	43	,093	,560.
	rt II		gnature Block				,			1		
Und	der per	nalties c	of perjury, I declare that I have examined this	s return, including accompa	nying sched	ules and s	statements, a	and to the best	of my	knowledge	and be	lief, it is
true	e, corre	ct, and	complete. Declaration of preparer (other than	officer) is based on all inform	nation of wh	ich prepai	rer has any ki	nowledge.				
								05/	16/2	2022		
Sig			Signature of officer					Date				
He	re		SEAN SUTTON		EXECU'	TIVE V	VP AND	C00				
			Type or print name and title									
		Print/	Type preparer's name	Preparer's signature		Date		Check	if	PTIN		
Paic		RIC	HARD L RUVELSON	RICHARD L RUVEL	SON	05	/16/202			P00234	1075	
	parer	Firm's	s name WITHUMSMITH+BROW					Firm's EIN	22-	-202709		
Use	Only		s address > 100 SPECTRUM CENTER DRIV	-	A 92618			Phone no.		9-261-2		
May	the I		scuss this return with the preparer shown							XY		No
			Reduction Act Notice, see the separate									(2020)

PACIFIC SYMPHONY Form 990 (2020)

For	m 990 (2020)		Page 2
Pa	art 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: PACIFIC SYMPHONY INSPIRES, ENGAGES AND SERVES	ODANCE COINTY AND THE	
	REGION THROUGH EXCEPTIONAL MUSIC PERFORMANCES		
	COMMUNITY PROGRAMMING.	AND EDUCATION AND	
2	Did the organization undertake any significant program services	during the year which were not liste	ed on the
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		Yes X No
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 expenses. Section 501(c)(3) and 501(c)(4) organizations are red	quired to report the amount of gra	
	the total expenses, and revenue, if any, for each program service re	eported.	
4a	(Code:) (Expenses \$5,732,811. including grants		9,196.
	CLASSICAL, POPS CONCERTS, OUTDOOR CONCERTS, C		
	CHORALE GROUPS AND OTHER ORGANIZATIONS APPROX EXPERIENCES PROVIDED.	IMATELY 33,891 OF	
	EXPERIENCES PROVIDED.		
	(0.1)		
4b	(Code:) (Expenses \$1,011,672. including grants EDUCATIONAL EVENTS AND COMMUNITY OUTREACH PRO		33,923)
	APPRECIATION OF MUSIC IN SCHOOL PROGRAMS, FAM		
	ORCHESTRA AND OTHERS APPROXIMATELY 120,000 EX		
		E EREEDIGES TROVESES.	
_	(0.1)		
4c	(Code:) (Expenses \$including grants	s of \$) (Revenue \$)
_	011		
4d	Other program services (Describe on Schedule O.)) (Payonus [©]	
40	(Expenses \$ including grants of \$ Total program service expenses ▶ 6,744,483.) (Revenue \$)
JSA	,		Form 990 (2020)
0E1	020 1.000 3239QF XL8S	05733	PAGE

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Part IV Page 3

PACIFIC SYMPHONY

	V 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
	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
	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		Х
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
	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
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
	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			37
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	4.0	Х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	IIa		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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	Х	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
)	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			3.7
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	١	3.7	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	X	
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0	Х	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_ A	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	domestic government on Fartiz, column (A), line 1: 11 Tes, complete scriedule I, Parts Farto II	41		
A 1.000		Form	$\alpha \alpha \alpha$	

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Part IV Checklist of Required Schedules (continued) Page 4

ı aı	Officerial of Required Officeries (Continued)			
	Pild	\vdash	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	_		v
00	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		Х	
24-	employees? If "Yes," complete Schedule J.	23	Λ	
24 a	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	04-		Х
	through 24d and complete Schedule K. If "No," go to line 25a	24a		
	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	245		
اء.	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25.0		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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?	256		Х
20	If "Yes," complete Schedule L, Part I	25b		
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%	26		Х
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21	employee, 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,	21		21
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
9	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "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		Х
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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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? If "Yes," complete Schedule R, Part V, line 2	36		X
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	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
		ل	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

rai	Statements Regarding Other IRS Fillings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 333			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
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)?	4a		X
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).	_		3.7
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	•		v
	organization solicit any contributions that were not tax deductible 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?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-	Х	
	and services provided to the payor?	7a 7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 10	21	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Х
	required to file Form 8282?	70		21
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. • Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand	44-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х
	excess parachute payment(s) during the year?	15		- A
4.0	If "Yes," see instructions and file Form 4720, Schedule N.	16		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		
	, ,			

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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sect	ion 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	1a	69			
	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	69			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	ations	hip with			
	any other officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or un	nder th	ne direct			
	supervision of officers, directors, trustees, or key employees to a management company or other	erson	?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f	led?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets	?	5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to e			_		v
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval			7h		X
_	stockholders, or persons other than the governing body?			7b		21
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	n during			
_	the year by the following:			8a	Х	
a	The governing body?			8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
9	the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>			9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Inte			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					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	urpose	s?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	ling the	e form?	11a	X	
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 rise to conflicts?		_	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p describe in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
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 ar	id app	roval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and c	lecision?			
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a			_	160		X
_	with a taxable entity during the year?			16a		21
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Secti	ion C. Disclosure			. 55		
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	(Sec	tion 5	01(c)
.•	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap Own website Another's website X Upon request Other (explain on So	ply.		,500		J (O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing docur	nents,	conflict o	f inte	est p	olicy,
	and financial statements available to the public during the tax year.				·	• •

State the name, address, and telephone number of the person who possesses the organization's books and records ► SEAN SUTTON 17620 FITCH, SUITE 100 IRVINE, CA 92614

Form **990** (2020)

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Form 990 (2020) PACIFIC SYMPHONY 95-3635496 Page **7**

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

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

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

(A) Name and title	(B) Average hours per week	box,	unle	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)MR. CARL ST. CLAIR	40.00									
MUSIC DIRECTOR	0.				X			407,640.	0.	13,458.
(2) MR. JOHN E. FORSYTE	40.00									
PRESIDENT	0.	Х		Х				271,011.	0.	30,674.
(3) MR. GREGORY COX	40.00									
VP OF DEV.& EXT. RELATIONS	0.			Х				214,647.	0.	17,494.
(4)MR. SEAN SUTTON	40.00									
EVP & COO	0.			Х				155,804.	0.	14,358.
(5)NIKKI CRABTREE-PALLEY	40.00									
SR. DIR. OF INDIVIDUAL GIVING	0.					X		140,153.	0.	4,843.
(6) GARY GOOD	40.00									
SR. EXEC. SPECIAL CAMPAIGN	0.					X		139,329.	0.	5,343.
(7) EILEEN JEANETTE	40.00									
VP OF ARTISTIC & ORCH.	0.			X				121,320.	0.	14,507.
(8)MR. DENNIS KIM	40.00									
CONCERT MASTER	0.					X		127,196.	0.	0.
(9) JESSE HISER	40.00									
DIRECTOR OF FINANCE	0.			Х				114,252.	0.	10,759.
(10) MS. JOANN LEATHERBY	5.00									
BOARD CHAIR	0.	X		Х				0.	0.	0.
(11) MR. JOHN R. EVANS	5.00									
EXECUTIVE VICE CHAIR	0.	X		Х				0.	0.	0.
(12) MR. MARK NIELSEN	5.00									
VICE CHAIR FINANCE & TRES.	0.	Х		X				0.	0.	0.
(13) MR. SCOTT SIEGEL	.50									
DIRECTOR	0.	Х		Х	L	L		0.	0.	0.
(14) MS. SUSAN ANDERSON	.50									
SECRETARY	0.	Х		Х	<u>_</u>			0.	0.	0.

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plc	ye	es,	and I	ligl	hest Compensat	ed Employees (c	ontinued)
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	sition mor erson	e than of is both tor/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
15) MRS. LEONA ARONOFF-SADACCA	.50					ă.				
	-+	3,7							0	0
DIRECTOR	0.	Х						0	0.	0
16) MS. LINDSAY AYERS	.50								_	_
DIRECTOR	0.	Х						0	0.	0
17) MR. ERIC CHAMBERLAIN	.50									
DIRECTOR	0.	X						0	0.	C
18) DR. JO ELLEN ALLEN-CHATHAM	.50									
DIRECTOR	0.	Х						0	0.	C
19) MR. PATRICK CHENG	.50									
DIRECTOR	0.	Х						0	. 0.	O
20) MRS. CAROL CHOI	.50									
DIRECTOR	0.	Х						0] 0.	C
21) MR. ROBERT CORBIN	.50									
DIRECTOR	0.	X						0] 0.	C
22) MR. BOB DAVEY	.50	- 21						0	. 0.	
	-+	3,7							0	
DIRECTOR	0.	Х						0	0.	C
23) MRS. GINNY DAVIES	.50									_
DIRECTOR	0.	Х						0	0.	(
24) MS. LUCY DUNN	.50									
DIRECTOR	0.	X						0	0.	C
25) MRS. CATHERINE EMMI	.50									
DIRECTOR	0.	Х						0	0.	(
1b Sub-total	•	•					▶	1,691,352.	0.	111,436.
c Total from continuation sheets to Part VII, S	Section A		• •	• •	• •		•	0.	0.	0 .
d Total (add lines 1b and 1c)	_						•	1,691,352.	0.	111,436.
2 Total number of individuals (including but not						e) who	o re		\$100,000 of	,
reportable compensation from the organization	n 🕨	9	9			•				
										Yes No
Did the organization list any former office employee on line 1a? If "Yes," complete Sched	dule J for su	ch ind	livid	ual			• •			3 X
4 For any individual listed on line 1a, is the organization and related organizations grandividual.	eater than	\$15	0,0	00?	P It	"Yes	5,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										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.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 12

Form 990 (2020)

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	ıplo	ye	es,	and F	ligl	hest Compensat	ed Employees (d	continued)
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average				sition			Reportable	Reportable	Estimated
	hours per	,				e than o		compensation	compensation from	amount of
	week (list any hours for					is both or/truste		from	related	other compensation
	related							the organization	organizations (W-2/1099-MISC)	from the
	organizations	divid	Institutional	Officer	y er	Highest cc employee	Former	(W-2/1099-MISC)	(** 2) 1000 10100)	organization
	below dotted	dual	tion	_	nplc	st co	4			and related
	line)	Individual trustee or director	al tr		Key employee	compensated				organizations
		tee	truste			ens				
			ď			ated				
26) DR. AL FERRARI	.50									
DIRECTOR	0.	Х						0	0.	C
27) MS. BARBARA FOSTER	.50									
DIRECTOR	0.	Х						0	0.	C
28) MR. MICHAEL S. GORDON	.50									
DIRECTOR	0.	X						0	0.	(
29) MR. NICHOLAS GREENKO	.50									
DIRECTOR	0.	Х						0	0.	(
30) MR. RONDELL B. HANSON	.50									
DIRECTOR	0.	X						0	0.	(
31) DR. DONALD HECHT	.50								_	
DIRECTOR	0.	X						0	0.	(
32) MRS. MICHELLE HOROWITZ	.50									
DIRECTOR	0.	X						0	0.	(
33) MR. JAMES NEWTON HOWARD	.50	٠								,
DIRECTOR	0.	X						0	0.	(
34) MR. DONALD HU DIRECTOR	.50	3,7						0	0.	,
35) MS. SCHARRELL JACKSON	.50	X						0	. 0.	(
DIRECTOR	0.	x						0	0.	
36) MR. JOHN MARK JENNINGS	.50	- 1						0		
DIRECTOR	- 	x						0	0.	
	0.	21						0.	0.	0
1b Sub-total								Ŭ.	0.	0
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	_									
2 Total number of individuals (including but no							re	ceived more than	\$100 000 of	
reportable compensation from the organizati				u ui	DOV	o) wiic	, 10	cerved more than	φ100,000 01	
	<u>- </u>									Yes No
3 Did the organization list any former off	icer directo	or or	tri	ıeta	Δ	kov o	mn	Novae or highes	t compansated	133 113
employee on line 1a? If "Yes," complete Sche										3 X
• •										
4 For any individual listed on line 1a, is the organization and related organizations of										
individual										4 X
5 Did any person listed on line 1a receive of										
for services rendered to the organization? If '										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.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employees (c	ontinue	ed)	
(A)	(B)			((C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	morerson	e than o is both tor/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	an	stimated nount of other pensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org and	om the anizatio d related anization	b
37) MR. SHENG JIANG DIRECTOR	.50	X						0	0.			0
38) MR. SETH JOHNSON	.50											
DIRECTOR	0.	Х						0	0.			0
39) MS. AGNES LEW	.50											
DIRECTOR	0.	Х						0	0.			0
40) MR. PHILLIP N. LYONS	.50											
DIRECTOR	0.	Х						0	0.			0
41) MS. DIANA MARTIN	.50											
DIRECTOR	0.	X						0	0.			0
42) MR. BRIAN MARYOTT	.50											
DIRECTOR	0.	Х						0	0.			0
43) MS. PATRICIA MCAULEY	.50											_
DIRECTOR	0.	X						0	0.			0
44) MR. DAVID V. MELILLI	.50											0
DIRECTOR 45) MR. CARLOS MOLLURA	0.	X						0	0.			0
DIRECTOR	0.	X						0	0.			0
46) MR. TIMOTHY J. MOLNAR	.50	Λ						0	. 0.			
DIRECTOR	0.	x						0	0.			0
47) MS. STACEY NICHOLAS	.50	21							. 0.			
DIRECTOR	·	X						0	0.			0
1b Sub-total	1 0.							0.	0.			0.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not							> re	eceived more than	\$100,000 of			
reportable compensation from the organization		٥)			-,			+ ,			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		X
4 For any individual listed on line 1a, is the organization and related organizations grindividual	sum of repreater than	ortab \$15	ole c 50,0	com 00?	per	nsatio	n aı	nd other compens	sation from the le J for such	4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on i	fron	n any	un	related organizati	on or individual	5	21	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.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Employees (c	ontinued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles	heck ss pe	rson	e than o is both or/trust	an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
48) MR. DAVID ONTKO	.50									
DIRECTOR	0.	X						0	0.	0
49) MS. ANOOSHEH OSKOUIAN	.50									
DIRECTOR	0.	X						0	0.	0
50) MR. JOHN PELLER	.50									
DIRECTOR	0.	X						0	0.	0
51) MR. WILLIAM F. PODLICH	.50									
DIRECTOR	0.	X						0	0.	0
52) MS. JUDITH POSNIKOFF	.50									
DIRECTOR	0.	X						0	0.	0
53) MRS. CHIYO ROWE	.50									
DIRECTOR	0.	X						0	0.	0
54) DR. EVAN B. SIEGEL	.50								_	_
DIRECTOR	0.	X						0	0.	0
55) MR. HON. H. WARREN SIEGEL	.50									0
DIRECTOR	0.	X						0	0.	0
56) MR. RONALD M. SIMON	.50									0
DIRECTOR	0.	X						0	0.	0
57) MRS. ELIZABETH STAHR	.50	3.7								0
DIRECTOR	0.	X						0	0.	0
58) MR. JOHN R. STAHR (THRU 10/14/ DIRECTOR	.50	Х						0	0.	0
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	-						* * *	0.	0.	0.
Total number of individuals (including but not reportable compensation from the organization)				d al	bov	e) who	o re	eceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ind	livid	ual						Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	0,0	00?	' If	"Yes	5,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You services P. Indopendent Contractors."	accrue coi	mpen	sati	on f	fron	n any	un	related organization	on or individual	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.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employees (d	continue	ed)	
(A)	(B)			((C)			(D)	(E)			
Name and title	Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	more rson lirect	e than o	an ee)	Reportable compensation from the	Reportable compensation from related organizations	an com	stimated nount of other pensatio	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the anizatio d related anization	b
59) MS. CAROLANN TASSIOS DIRECTOR	.50	Х						0	0.			0
60) MR. CHRISTOPHER TOWER DIRECTOR	.50	X						0	0.			0
61) MR. DAVID TROOB DIRECTOR	.50	X						0	0.			0
62) MR. BART VAN AARDENNE	.50											
DIRECTOR 63) MR. FRAMROZE VIRJEE	.50	X						0	0.			0
DIRECTOR 64) MR. HENRY WALKER	.50	X						0	0.			0
DIRECTOR 65) MS. JUDY WHITMORE	0.	Х						0	0.			0
DIRECTOR	0.	Х						0	0.			0
66) MRS. JANE FUJISHIGE YADA DIRECTOR	0.	Х						0	0.			0
67) MR. CHARLES ZHANG DIRECTOR	.50	X						0	0.			0
68) M.C. SUNGAILA DIRECTOR	.50	Х						0	0.			0
69) MR. REZA JAHANGIRI DIRECTOR	.50	X						0	0.			0
1b Sub-total	Section A						>	0.	0.			0.
d Total (add lines 1b and 1c)	t limited to t						o re	ceived more than	\$100,000 of			
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche										3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations of	sum of rep greater than	ortab \$15	ole o 50,0	com 00?	per	satio	n aı	nd other compens	sation from the		Х	
5 Did any person listed on line 1a receive of for services rendered to the organization? If '	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										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.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employees (c	ontinue	ed)	
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles er and	heck ss pe	erson	e than c is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	an	stimated nount of other pensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org and	om the anizatio d related anization	b
70) MR. MAURICE MURRAY DIRECTOR	.50	Х						0	0.			0
71) MS. KARIN L. PEARSON	.50											
DIRECTOR	0.	X						0	0.			0
72) MR. AUTHOR ONG	5.00											
SECRETARY	0.	X		Х				0	0.			0
73) MR. WILLIAM DOLAN	.50											•
DIRECTOR	0.	X						0	0.			0
74) MS. LOUISE MERAGE DIRECTOR	.50							0	0.			0
75) MR. ABBAS MOHADDES	.50	Х						0	. 0.			
DIRECTOR	- 0.	X						0	0.			0
76) MRS. CHIYO ROWE	.50	21						0				
DIRECTOR	- 0.	Х						0	0.			0
77) MR. BRIAN SCHOENLE	.50							-				
DIRECTOR	†ō.	Х						0	0.			0
78) MR. ANDY THORBURN	.50											
DIRECTOR	0.	Х						0	0.			0
79) MS. JENNIFER WILSON	.50											
DIRECTOR	0.	Х						0	0.			0
80) FRANK TERRAGLIO	.50											
VP OF MARKETING	0.			Х				0	0.			0
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization)	limited to t						b b o re	0 .	0. \$100,000 of			0.
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,0	00?	. If	"Yes	5,"	complete Schedu	le J for such	4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on i	fron	n any	un	related organization	on or individual	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.

(A) Name and business address	(B) Description of services	(C) Compensation

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

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Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to any	y line in this Part \			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns 1a					
irar	b	Membership dues 1b					
Ę,	С	Fundraising events 1c	1,124,565.				
ar /	d	Related organizations 1d					
a,, Bij	е	Government grants (contributions) 1e	2,424,318.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,					
i ti		and similar amounts not included above . 1f	12,078,849.				
흔히	g	Noncash contributions included in					
g b		lines 1a-1f 1g	7,660,455.				
تة ت	h	Total. Add lines 1a-1f		15,627,732.			
			Business Code				
ဗ္ဗ	2a	CONCERT TICKET SALES	711190	9,196.	9,196.		
Program Service Revenue	b	EDN. PROGRAMS/CONCERTS	711190	25,917.	25,917.		
Su	c						
am	d						
Pg	٠ ۵						
F.	f	All other program service revenue					
	g	Total. Add lines 2a-2f		35,113.			
	3	Investment income (including dividends,					
		other similar amounts)		462,199.			462,199.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets	.,				
		other than inventory 7a	8,382,487.				
a	h	Less: cost or other basis					
evenue		and sales expenses 7b	8,404,171.				
Š	_	Gain or (loss) 7c	-21,684.				
	d	Net gain or (loss)		-21,684.			-21,684.
Other R		• ' '		•			
ŏ	оa	Gross income from fundraising events (not including \$					
		events (not morading \$\psi\$					
		of contributions reported on line 1c). See Part IV. line 18 8a	1,857,203.				
		,	586,715.				
	b C	Less: direct expenses		1,270,488.			1,270,488.
				1/2/0/1001			1/2/0/1001
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
			0.				
	b			0.			
	C	Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less returns and allowances 10a	6,527.				
			4,467.				
	b	Less: cost of goods sold Net income or (loss) from sales of inventory		2,060.			2,060.
-		o. (.ooo) nom calco of inventory.	Business Code	2,000.			2,000.
snc (MISCELLANEOUS	711190	227,262.			227,262.
ne Tue	11a	PITOCEBBANEOUD	/11190	221,202.			221,202.
Ver Ver	b						
Miscellaneous Revenue	C	All other revenus					
Ē	а	All other revenue		227 262			
	e	Total. Add lines 11a-11d		227,262.	25 112		1 040 335
	12	Total revenue. See instructions		17,603,170.	35,113.		1,940,325.

Form **990** (2020) PAGE 16 Form 990 (2020) PACIFIC SYMPHONY 95-3635496 Page **10**

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 respo	nse or note to any line	in this Part IX		
Do not include amoun 8b, 9b, and 10b of Pa	nts reported on lines 6b, 7b, rt VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assis	stance to domestic organizations				
and domestic government	nents. See Part IV, line 21	0.			
2 Grants and othe	r assistance to domestic	_			
individuals. See Par	t IV, line 22	0.			
3 Grants and other	er assistance to foreign				
•	reign governments, and				
	See Part IV, lines 15 and 16	0.			
	for members	0.			
•	current officers, directors, mployees	1,097,471.	446,066.	449,848.	201,557.
	ncluded above to disqualified				
•	under section 4958(f)(1)) and				
	ection 4958(c)(3)(B)	0.			
	wages	5,648,970.	3,686,277.	1,262,277.	700,416.
	als and contributions (include				
	403(b) employer contributions)	351,612.	303,432.	32,402.	15,778.
, ,	nefits	408,720.	244,795.	136,305.	27,620.
		748,525.	542,321.	124,403.	81,801.
11 Fees for services (n					
· ·		0.			
		19,491.		19,491.	
		52,520.		52,520.	
		0.			
	ng services. See Part IV, line 17.	46,817.			46,817.
f Investment manage	ement fees	79,494.		79,494.	
g Other. (If line 11g am	ount exceeds 10% of line 25, column				
(A) amount, list line 11g e	xpenses on Schedule O.)	241,058.	61,707.	127,212.	52,139.
12 Advertising and pro	omotion	258,670.		175,228.	83,442.
13 Office expenses .		167,641.	21,303.	84,720.	61,618.
14 Information techno	logy	174,231.		170,421.	3,810.
15 Royalties		34,858.	34,858.		
16 Occupancy		364,631.	240,657.	123,974.	
17 Travel		2,841.	39.	271.	2,531.
•	or entertainment expenses				
for any federal, sta	te, or local public officials	0.	550	4 214	0.051
19 Conferences, conv	entions, and meetings	6,915.	550.	4,314.	2,051.
		25,199.			25,199.
	es	0.	177 506	01 101	
	etion, and amortization	269,070. 88,759.	177,586. 45,837.	91,484.	
		00,/39.	45,03/.	44,944.	
·	emize expenses not covered				
•	eous expenses on line 24e. If ceeds 10% of line 25, column				
	24e expenses on Schedule O.)				
aPRODUCTION &		737,304.	737,304.		
hEDUCATIONAL		148,685.	148,685.		
cOTHER		54,518.	53,066.	1,226.	226.
		31,313.	23,003.	1,220.	220.
d					
e All other expenses 25 Total functional expe	enses. Add lines 1 through 24e	11,028,000.	6,744,483.	2,978,512.	1,305,005.
	plete this line only if the	, ,	., _,	, ,	, , , , , , , , , , , ,
	ed in column (B) joint costs educational campaign and				
fundraising solicitat					
following SOP 98-2	,	0.			

Part X Balance Sheet

2 Savings and temporary cash investments. 2 Pos., 907 2 7,599,59 3 Pledges and grants receivable, net			Check if Schedule O contains a response or note to any line in this P	art X		
1 Cash - non-interest-bearing 2 Savings and temporary cash investments 295, 907 2 7,599,59 3 Pledges and grants receivable, net 7,384,031 3 5,323,13 4 Accounts receivable, net 7,384,031 3 5,323,13 4 Accounts receivables from 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 0 5 Cans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 0 6 Cans and content of the disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 0 6 Cans and loans receivable, net 0 7 Cans and persons described in section 4958(c)(3)(B) 0 6 Cans and loans receivable, net 0 7 Cans and equipment: cost or other basis. Complete Part VI of Schedule D 10 10 9,179,773 Cans and complete Part VI of Schedule D 10 10 9,179,773 Cans and complete Part VI of Schedule D 10 10 10 10 10 10 10						
2 Savings and temporary cash investments.		1	Cash - non-interest-bearing		1	1,080,934.
3 Pledges and grants receivable, net. 7,384,031. 3 5,323,13 4 Accounts receivable, net. 160,778. 4 2,387,86 5 Loans and other receivables from 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 . 0, 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 0, 6 7 Notes and loans receivable, net. 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,				295,907.		7,599,590.
4 Accounts receivable, net. 5 Loans and other receivables from 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. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 7 Notes and loans receivable, net. 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10a 9,179,773. b Less: accumulated depreciation. 11 Investments - publicly traded securities. 12 Investments - other securities. See Part IV, line 11. 13 Investments - program-related. See Part IV, line 11. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 16 Other assets. See Part IV, line 11. 17 Accounts payable and accrued expenses. 18 Grants payable and accrued expenses. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Loans and other 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. 10 Loans and other payable to unrelated third parties. 21 Controlled entity or family member of any of these persons. 22 Loans and other payable to unrelated third parties. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities. Add lines 17 through 25. 26 Total liabilities. Add lines 17 through 25. 27 Total liabilities. Add lines 17 through 25. 28 Total liabilities. Add lines 17 through 25. 29 Total liabilities. Add lines 17 through 25.			• • •	7,384,031.		5,323,136.
Total Basets. Add lines 1 through 15 (must equal line 33) Loans and other receivables from 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. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net. Notes and loans receivable, net. 10 a land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10 a land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10 a land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10 a land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10 a land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10 a land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10 a land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10 a land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10 a land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10 a land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10 a land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10 a land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10 a land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10 a land, buildings, and equipment: cost or other basis. 10 a land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 11 a lintangible assets. 12 a lintangible assets. 13 a lintangible assets. 14 a lintangible assets. 15 a lintangible assets. 16 a land, buildings, and equipment: cost or other labelitities. 17 a land, buildings, and equipm						2,387,861.
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons						
controlled entity or family member of any of these persons		•	-			
Complete Part VI of Schedule Described in section 4958(c)(3)(B) Complete Part VI of Schedule Described in section 4958(c)(3)(B) Complete Part VI of Schedule Described in section 4958(c)(3)(B) Complete Part VI of Schedule Described in section 4958(c)(3)(B) Complete Part VI of Schedule Described in section 4958(c)(3)(B) Complete Part VI of Schedule Described in section 4958(c)(3)(B) Complete Part VI of Schedule Described in section 4958(c)(3)(B) Complete Part VI of Schedule Described in section 4958(c)(3)(B) Complete Part VI of Schedule Described in section 4958(c)(3)(B) Complete Part VI of Schedule Described in section 4958(c)(3)(B) Complete Part VI of Schedule Described in section 4958(c)(3)(B) Complete Part VI of Schedule Described in section 4958(c)(3)(B) Complete Part VI of Schedule Described in section 4958(c)(3)(B) Complete Part VI of Schedule Described in section 4958(c)(3)(B) Complete Part VI of Schedule Described in section 4958(c)(3)(B) Complete Part VI of Schedule Described in section 4958(c)(3)(B) Complete Part VI of Schedule Described in section 4958(c)(3)(B) Complete Part VI of Schedule Described in section 4958(c)(3)(B) Complete Part VI of Schedule Described in section 4958(c)(3)(B) Complete Part VI of Schedule Described in section 4958(c)(B) Complete Part VI of Schedule Described in section 4958(c) Complete Part VI of Schedule Described in section 4958(c) Complete Part VI of Schedule Described in section 4958(c) Complete Part VI of Schedule Described in section 4958(c) Complete Part VI of Schedule Described in section 4958(c) Complete Part VI of Schedule Described in section 4958(c) Complete Part VI of Schedule Described in section 4958(c) Complete Part VI of Schedule Described in section 4958(c) Complete Part VI of Schedule Described in section 4958(c) Complete Part VI of Schedule Described in section 4958(c) Complete Part VI of Schedule Described in section 4958(c) Complete Part VI of Schedule Described in section 4958(c) Complet				0.	5	0.
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 7 Notes and loans receivable, net		6	· · · · · · · · · · · · · · · · · · ·			
7 Notes and loans receivable, net		•		0.	6	0.
New Note	Ø	7		0.		0.
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	set			0.		0.
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	As		· · · · · · · · · · · · · · · · · · ·	521.157.		746,623.
basis. Complete Part VI of Schedule D		_			9	,
b Less: accumulated depreciation. 10b 2,074,386. 880,216. 10c 7,105,38 11 Investments - publicly traded securities. 0. 11 12 Investments - other securities. See Part IV, line 11. 20,079,276. 12 26,506,85 13 Investments - program-related. See Part IV, line 11. 0. 13 14 Intangible assets. 0. 14 15 Other assets. See Part IV, line 11. 949,114. 15 1,383,38 16 Total assets. Add lines 1 through 15 (must equal line 33) 34,377,933. 16 52,133,76 17 Accounts payable and accrued expenses. 1,018,603. 17 1,449,60 18 Grants payable. 0. 18 19 Deferred revenue. 3,231,043. 19 3,468,25 20 Tax-exempt bond liabilities. 0. 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0. 21 22 Loans and other 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. 0. 22 23 Secured mortgages and notes payable to unrelated third parties. 2,092,500. 24 4,122,34 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 0. 25 26 Total liabilities. Add lines 17 through 25. 6,342,146. 26 9,040,20		104	= ::			
11 Investments - publicly traded securities. 0 - 11 12 Investments - other securities. See Part IV, line 11 20 ,079 ,276 - 12 26 ,506 ,85 13 Investments - program-related. See Part IV, line 11 0 - 13 14 Intangible assets 0 - 14 15 0 - 14		h		880,216.	100	7,105,387.
Investments - other securities. See Part IV, line 11. Investments - program-related. See Part IV, line 11. Intangible assets. Other assets. See Part IV, line 11. Total assets. Add lines 1 through 15 (must equal line 33). Total assets. Add lines 1 through 15 (must equal line 33). Total assets. Add lines 1 through 15 (must equal line 33). Total assets. Add lines 1 through 15 (must equal line 33). Total assets. Add lines 1 through 15 (must equal line 33). Total assets. Add lines 1 through 15 (must equal line 33). Total assets. Add lines 1 through 15 (must equal line 33). Total assets. Add lines 1 through 15 (must equal line 33). Total assets. Add lines 1 through 15 (must equal line 33). Total assets. Add lines 1 through 15 (must equal line 33). Total assets. Add lines 1 through 15 (must equal line 33). Total assets. Add lines 1 through 25. Total liabilities. Add lines 7 through 25. Total liabilities. Add lines 17 through 25.						0.
13 Investments - program-related. See Part IV, line 11.			· · · · · · · · · · · · · · · · · · ·			26,506,852.
14 Intangible assets.					_	0.
Total assets. See Part IV, line 11						0.
16 Total assets. Add lines 1 through 15 (must equal line 33)						1,383,380.
17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other 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. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. 27 Other liabilities. Add lines 17 through 25.						
18 Grants payable						
Deferred revenue. Tax-exempt bond liabilities. Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other 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. Secured mortgages and notes payable to unrelated third parties. Unsecured notes and loans payable to unrelated third parties. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. Total liabilities. Add lines 17 through 25. Sacured mortgages and notes payable to unrelated third parties. October 1 (a) 19 (a) 3, 468, 25 (a) 20 (a) 4 (a) 20 (a) 21 (a) 21 (a) 21 (a) 22 (a) 22 (a) 22 (a) 22 (a) 22 (a) 23 (a) 24 (a) 22 (a) 23 (a) 24 (a) 22 (a) 24 (a					_	0.
Tax-exempt bond liabilities. Tax-exempt bond liabilities. Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other 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. Secured mortgages and notes payable to unrelated third parties. Unsecured notes and loans payable to unrelated third parties. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. Total liabilities. Add lines 17 through 25. Add lines 17 through 25.						3,468,255.
Escrow or custodial account liability. Complete Part IV of Schedule D					_	0.
Loans and other 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						0.
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	'n		- · · · · · · · · · · · · · · · · · · ·	<u> </u>	Z 1	0.
23 Sectified mortgages and notes payable to differented third parties	tie					
23 Sectified mortgages and notes payable to differented third parties	iji			0.	22	0.
24 Unsecured notes and loans payable to unrelated third parties	Ë	23	· · · · · · · · · · · · · · · · · · ·			0.
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			' '			4,122,346.
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			· ·	, ,		, , , , , , , , , , , , , , , , , , , ,
of Schedule D			, •			
26 Total liabilities. Add lines 17 through 25				0.	25	0.
No. 10 Personal Property of the Property of th		26	!	6,342,146.		9,040,203.
27 Net assets without donor restrictions	Ses		Organizations that follow FASB ASC 958, check here ► X			
© 21 1101 doctor without donor restrictions	and	27	-	-6.532 118	27	8 699 132
28 Net assets with donor restrictions 34,567,905. 28 34,394,42	Bal		Net assets with donor restrictions.	34,567,905.		34,394,428.
Organizations that do not follow FASB ASC 958, check here	pg	20		31,307,303.	20	31,351,120.
and complete lines 29 through 33.	r F					
29 Capital stock or trust principal, or current funds	s o	29	· · · · · · · · · · · · · · · · · · ·		29	
30 Paid-in or capital surplus, or land, building, or equipment fund	set	30	· · · · · · · · · · · · · · · · · · ·		30	
31 Retained earnings, endowment, accumulated income, or other funds	As	31	· ·		31	
<u> </u>	<u>et</u>	32			32	43,093,560.
33 Total liabilities and flet assets/fund balances	_	33	Total liabilities and net assets/fund balances	34,377,933.	33	52,133,763.

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PACIFIC SYMPHONY 95-3635496

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011111 00	0 (2020)					JC 1 =	
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			03,1		
2	Total expenses (must equal Part IX, column (A), line 25)	2			28,0		
3	Revenue less expenses. Subtract line 2 from line 1	3			75,1		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	8,0	35,7	87.	
5	Net unrealized gains (losses) on investments	5		5,6	27,3	63.	
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8			72,2		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		2,3	82,9	79.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))						
Part							
	Check if Schedule O contains a response or note to any line in this Part XII					X	
			_		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," e	xplain	in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		L	2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or				
	reviewed 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?		L	2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud						
	separate basis, 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 over	ersigh	t of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, e						
	Schedule O.	•					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the				
	Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b			

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SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 95-3635496

PAG	CIFI	IC SYMPHONY					95-36354	96
Pa	rt I	Reason for Public Cha	rity Status. (All	organizations must	complet	te this pa	art.) See instructions	3.
The	orga	anization is not a private fou	indation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	-EZ).)	
3		A hospital or a cooperative						
4		A medical research organization						(iii). Enter the
		hospital's name, city, and s	tate:					
5		An organization operated	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal 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).							
7	X	An organization that norm	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state o	f the college or
		university:						
10		An organization that normal receipts from activities relasupport from gross investing acquired by the organization.	ated to its exempt finent income and upon after June 30, 1	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (less Complete	s; and (2) no more than s section 511 tax) from Part III.)	331/3 % of its
11	Н	An organization organized	•	•	-		, , , ,	
12		An organization organized	-	-	-			
		of one or more publicly su	· ·					
		Check the box in lines 12a	_				•	=
а			•		•		• , ,	
		the supported organization				ajority of	the directors or truste	es of the
		supporting organization.	-					anda) haabaa
b		☐ Type II. A supporting org	-					
		control or management of			the sam	e person	is that control of man	age the supported
_		organization(s). You must			م ما اممه	ti-	n with and functional	ly into avoto d with
С		☐ Type III functionally inte						ly integrated with,
		its supported organization		· ·				tad arganization(a)
d	_		= :					= ::
		that is not functionally int	_	-	-		· ·	an allenliveness
е	Г	requirement (see instruct Check this box if the organical controls.)	·	-				I Type III
-	_	functionally integrated, or					• • • • • • • • • • • • • • • • • • • •	і, туре ііі
f	Fnt	ter the number of supported	* *		porting t	nyanizai	IOII.	
g g		ovide the following informati	_					
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	()	3		(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
					1.00			
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	ıl							

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

Schedule A (Form 990 or 990-EZ) 2020

Page 2 Schedule A (Form 990 or 990-EZ) 2020

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,618,313.	14,313,041.	7,391,693.	11,974,222.	15,687,605.	57,984,874.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	8,618,313.	14,313,041.	7,391,693.	11,974,222.	15,687,605.	57,984,874.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)						16,443,150.	
6	Public support. Subtract line 5 from line 4						41,541,724.	
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	8,618,313.	14,313,041.	7,391,693.	11,974,222.	15,687,605.	57,984,874.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	300,623.	386,017.	587,389.	445,687.	462,199.	2,181,915.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	18,180.	15,588.	12,542.	0.	0.	46,310.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	194,424.	193,001.	139,554.	125,862.	233,789.	886,630.	
11	Total support. Add lines 7 through 10						61,099,729.	
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	38,829,826.	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>						
Sec	tion C. Computation of Public Supp	oort Percenta	ge					
14	Public support percentage for 2020 (lin	ne 6, column (f)	, divided by line	11, column (f))		14	67.99 %	
15	Public support percentage from 2019					15	77.51 %	
16a	331/3% support test - 2020. If the org	ganization did n	ot check the box	x on line 13, an	id line 14 is 33	1/3 % or more, ch		
	box and stop here. The organization qu							
b	331/3% support test - 2019. If the org							
	this box and stop here . The organization qualifies as a publicly supported organization							
17a	a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is							
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in							
	Part VI how the organization meets			-	=	-		
	organization							
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organization	ation meets the	e facts-and-circu	umstances test,	check this box	and stop here.	Explain	
	in Part VI how the organization meets			•	•			
	organization							
18	Private foundation. If the organization							
	instructions							

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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	tion A. Public Support					,	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
	Amounts included on lines 1, 2, and 3						
. a	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						
_	or 1% of the amount on line 13 for the year. Add lines 7a and 7b						
8 8	Public support. (Subtract line 7c from						
-	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6		, ,	` ,		, ,	.,
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
r	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.						
4.5	, j						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
13	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first soos	d third fourth	or fifth toy vo	ar as a soction	501(c)(3)
14	organization, check this box and stop here .	-			•		` ` ` ` `
Sec	tion C. Computation of Public Supp						
<u>3ec</u> 15	Public support percentage for 2020 (line 8,			mn (f))		15	%
16	Public support percentage from 2019 Scher					16	
	tion D. Computation of Investment			<u> </u>		10	
	•			12 column (f))		17	0/
17	Investment income percentage for 2020 (lin					17	%
18	Investment income percentage from 2019 S					18	%
19 a	331/3% support tests - 2020. If the org	-					
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2019. If the orga				•		
00	line 18 is not more than 331/3%, check		•	•			
20	Private foundation. If the organization d	na not check a	a box on line 1	4, 19a, or 19b,	CHECK THIS DOX	and see instruc	tions

Schedule A (Form 990 or 990-EZ) 2020 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
 Did the organization have any supported organization that does not have an IRS determination of status
- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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.**
- 10 a 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 line 10b below.
 - 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.)

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PACIFIC SYMPHONY

Schedu	le A (Form 990 or 990-EZ) 2020		ı	Page 5		
Part	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 lines 11b and					
	11c below, the governing body of a supported organization?	11a				
b	A family member of a person described in line 11a above?	11b				
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide					
Cooti	detail in Part VI.	11c				
Secti	on B. Type I Supporting Organizations		Yes	No		
	1		res	NO		
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or					
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,					
	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 officers, 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				
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.					
Secti	on C. Type II Supporting Organizations	2				
36011	on c. Type ii Supporting Organizations		Yes	No		
	Management of the construction of the design		163	140		
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)? <i>If "No," describe in Part VI how control</i>					
	or management of the supporting organization was vested in the same persons that controlled or managed					
	the supported organization(s).	1				
Secti	on D. All Type III Supporting Organizations	<u> </u>				
	51. 51. 7 iii 1. ypo iii cappot iiii g ci gaini <u>-</u> ationo		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				
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? <i>If "No," explain in Part VI how</i>					
	the organization maintained a close and continuous working relationship with the supported organization(s).					
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2				
3	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				
Secti	on E. Type III Functionally Integrated Supporting Organizations		<u> </u>			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ions).			
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.					
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e insti	ruction	s).		
			Yes	т′ —		
2	Activities Test. Answer lines 2a and 2b below.					
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					
	that these activities constituted substantially all of its activities.	2a				
-	· ·					
b	Did the activities described in line 2a, above, 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 activities but for the organization's involvement.	2b				
•		20				
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or					
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a				
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju				
D	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page **6**

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See					
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Se	ction 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 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				
Se	ction 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):	1e				
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 0.015 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 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Se	ction C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 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	ly integra	ted Type III supporting	g organization		
	(see instructions).					

Schedule A (Form 990 or 990-EZ) 2020

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<u>Schedule A</u> (Form 990 or 990-EZ) 2020 Page **7**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations			3	
4	4 Amounts paid to acquire exempt-use assets				
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			5	
6	6 Other distributions (describe in Part VI). See instructions.			6	
7	7 Total annual distributions. Add lines 1 through 6.				
8	8 Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI). See instructions.			8	
9	9 Distributable amount for 2020 from Section C, line 6 9			9	
10	10 Line 8 amount divided by line 9 amount			10	
			(ii)		(iii)

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
<u>e</u>	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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PACIFIC SYMPHONY 95-3635496

Schedule A (Form 990 or 990-EZ) 2020 Page 8

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 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A (Form 990 or 990-EZ) 2020

JSA

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

PACIFIC SYMPHONY 95-3635496 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization PACIFIC SYMPHONY

Employer identification number 95-3635496

Part I	Contributors	(see instructions).	Use duplicate copie	es of Part I if addition	al space is needed.
		(

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	N/A	\$1,750,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2_	N/A	\$1,104,928.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A	\$845,600.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
4_	N/A	\$650,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	N/A	\$6,160,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6_	N/A	\$\$	Person X Payroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization PACIFIC SYMPHONY

Employer identification number 95-3635496

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$\$_492,679.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization PACIFIC SYMPHONY

Employer identification number 95-3635496

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
5	OFFICE BUILDING		
		\$6,160,000.	_12/15/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	790 SHS AAPL, 896 SHS DLTR, 221 SHS IJH 942 SHS J, 1500 SHS MSI, 495 SHS TTWO, 412 SHS TWLO, 720 SHS VIG, 213 SHS VRTX	_	
		1,007,776.	12/23/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	284 SHS CAN, 1593 SHS AAPL, 153 SHS COST, 420 SHS XOM, 316 SHS MSFT, 194 SHS PG, 748 SHS TJX	- 402 670	02/22/2021
		492,679.	03/22/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_ \$	

Name of organization PACIFIC SYMPHONY Employer identification number 95-3635496

Part III	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the	xclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or 0) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and e following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., ontributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$seeduplicate copies of Part III if additional space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held		
		(e) Transf	er of gift			
	Transferee's name, address, ar	Transferee's name, address, and ZIP + 4 Relation		nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relation			nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Total number at end of year Aggregate value of grants from (dring year) Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value at end of year Aggregate value at end year Aggregate value Aggreg	PAC	CIFIC SYMPHONY	95-3635496						
Total number at end of year Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Aggregate value value Aggregate value value value Aggregate value value value Aggregate value va	Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or 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 of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's exclusive legal control? Ves		Complete if the organization answered "Yes" on Form 990, Part IV, line 6.							
2 Aggregate value of contributions to (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 funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of long one space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements. 5 Total acreage restricted by conservation easements. 6 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. 8 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P Number of states where property subject to conservation easements is holds? 1 Number of states where property subject to conservation easements in located P Number of states where property subject to conservation easements in located P Number of states where property subject to conservation easements in located P Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P Number of states where property subject to conservation easements in holds? 1 No ease organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in holds? 1 No ease organi		(a) Donor advised funds	(b) Funds and other accounts						
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c Number of conservation easements on a certified historic structure included in (a)	а	Total number of conservation easements	2a						
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	b	Total acreage restricted by conservation easements	2b						
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Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Soes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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. It the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1. Figure 1.	5	Does the organization have a written policy regarding the periodic monitoring, inspectio	n, handling of						
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$		violations, and enforcement of the conservation easements it holds?	Yes No						
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year						
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		>							
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X III, line 1. Discrete Part III	7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year						
and section 170(h)(4)(B)(ii)?		· ———							
 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b \$	8								
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		and section 170(h)(4)(B)(ii)?	Yes □ No						
organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	9								
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1			i statements that describes the						
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If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	ı a		olilliai Assets.						
service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	4-	· · · · · · · · · · · · · · · · · · ·	atatament and balance about works						
service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	та	of art, historical treasures, or other similar assets held for public exhibition, education, o	or research in furtherance of public						
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		service, provide in Part XIII the text of the footnote to its financial statements that describes the	ese items.						
provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	tement and balance sheet works of						
(i) Revenue included on Form 990, Part VIII, line 1		art, historical treasures, or other similar assets held for public exhibition, education, or research	arch in furtherance of public service,						
 (ii) Assets included in Form 990, Part X			▶ ¢						
 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1									
following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1	2								
a Revenue included on Form 990, Part VIII, line 1	~		socio ioi iinanciai yain, piovide the						
	а		▶ \$						
	-								

PACIFIC SYMPHONY

Schedule D (Form 990) 2020 Page **2**

Pa	rt Organizations Maintaini	ng Collections of	Art, Historical Tre	easures, o	r Other :	Similar Assets (d	continu	ed)		
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	Public exhibition d Loan or exchange program									
b	Scholarly research		e Other							
С	Preservation for future general	rations								
4	Provide a description of the organ	nization's collections	and explain how	they further	r the org	anization's exemp	t purpo	se in	Part	
	XIII.									
5	During the year, did the organization	n solicit or receive o	donations of art, his	orical treas	ures, or o	ther similar				
	assets to be sold to raise funds rath	er than to be mainta	ained as part of the	organizatior	n's collect	tion?	Yes		No	
Pa	rt IV Escrow and Custodial A									
	Complete if the organiza	tion answered "Ye	es" on Form 990, I	Part IV, line	e 9, or re	ported an amoui	nt on F	orm		
	990, Part X, line 21.									
1a	Is the organization an agent, trus					_			1	
	included on Form 990, Part X?						Yes	X	No	
b	If "Yes," explain the arrangement in	n Part XIII and comp	olete the following ta	ble:						
						Amount				
С	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an am						Yes		No	
	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the explanation	n has been p	rovided o	on Part XIII				
Pa	rt V Endowment Funds.	C		5	4.0					
	Complete if the organiza						I			
		(a) Current year	(b) Prior year	(c) Two year		(d) Three years back	(e) Fou			
1a	Beginning of year balance	27,184,513.	25,961,554.	25,964		22,568,204.			056.	
b	Contributions	728,753.	1,283,150.	5	755.	3,313,858.		TOT,	435.	
С	Net investment earnings, gains,	1 440 500	60 101			00 040		4	1.00	
	and losses	1,440,792.	-60,191.	-9	,112.	82,849.		-4,	189.	
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	00 254 050	07 104 513	05 061	F F 4	25 064 011	2.0	207	200	
g	End of year balance	29,354,058.	27,184,513.			25,964,911.	22,	307,	302.	
2	Provide the estimated percentage		` ` <u> </u>	, column (a)) held as:					
а	Board designated or quasi-endown	nent ►	_%							
	Permanent endowment ► 100.0									
С	Term endowment ▶	%	1000/							
٥.	The percentages on lines 2a, 2b, a	•		-	امانداد د اد	-t				
3a	Are there endowment funds not in	the possession of tr	ne organization that	are neid ar	ia aamini	stered for the	ı	Yes	No	
	organization by:						20(1)	163	X	
	(i) Unrelated organizations						3a(i)		X	
_	(ii) Related organizations						3a(ii) 3b			
_	If "Yes" on line 3a(ii), are the related	•	•				30			
	4 Describe in Part XIII the intended uses of the organization's endowment funds.									
Fa	Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.									
	Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value									
1 2	Land	,	urnent) (i	other)	depre	ciation				
	Land		6	160,000.	-	78,974.	6.0	81,0	26	
b	Buildings			318,685.		55,082.		63,6		
d	Leasehold improvements Equipment			701,088.		10,330.		60,7		
	Other			3-,000.	-,0-	,555.		20,1		
	I. Add lines 1a through 1e. (Column		n 990 Part X. colum	n (R) line 1	Oc.)		7.1	05,3	87.	

Page 3 Schedule D (Form 990) 2020

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990). Part IV. line 11b. See Form 990.	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on:
(1) Finan	cial derivatives			
(2) Close	ly held equity interests			
(3) Other				
	DOWMENT - CHARLES SCHWAB	26,506,852.	FMV	
	DOWMENT - PAAMCO		FMV	
(C)				
(D)				
(E) (F)				
(G)				
(H)				
	umn (b) must equal Form 990, Part X, col. (B) line 12.)	26,506,852.		
Part VII				
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	umn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX				
rartix	Complete if the organization answered	"Yes" on Form 990	. Part IV. line 11d. See Form 990.	Part X. line 15.
	, , , , , , , , , , , , , , , , , , , ,	cription	, i	(b) Book value
(1)				. , ,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tartal (0)	along the man form 000 Bart V and (D) I	45)		
	olumn (b) must equal Form 990, Part X, col. (B) lii	ne 15.)	<u></u>	
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990), Part IV, line 11e or 11f. See Forn	n 990, Part X,
1.	(a) Descript	ion of liability		(b) Book value
(1) Fed	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability	for uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements the	at reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII JSA 0E1270 1.000 3239QF XL8S

05733 PAGE 35 Schedule D (Form 990) 2020 Page 4

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
	Net unrealized gains (losses) on investments	
_	Donated services and use of facilities	
b	Donated services and use of identities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
	Received of prior year granter 111111111111111111111111111111111111	
		20
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
	Other losses	
	Other (Describe in Part XIII.)	
	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
	Other (Describe in Part XIII.)	
	Add lines 4a and 4b	4c
С 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5
	Supplemental Information.	
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	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 inform	nation.
SEE	PAGE 5	

Schedule D (Form 990) 2020 PACIFIC SYMPHONY 95-3635496 Page **5**

Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE ORGANIZATION HOLDS A DIVERSIFIED ENDOWMENT FUND WHICH IS PROFESSIONALLY MANAGED BY AN INDEPENDENT ADVISOR.

PART X, LINE 2:

THE ORGANIZATION HAS ADOPTED THE ACCOUNTING STANDARDS RELATED TO ACCOUNTING AND REPORTING FOR UNCERTAINITY IN INCOME TAXES. FOR THE SYMPHONY, THESE STANDARDS COULD BE APPLICABLE TO THE INCURRENCE OF ANY UNRELATED BUSINESS INCOME ATTRIBUTABLE TO THE SYMPHONY. BECAUSE OF THE GENERAL TAX-EXEMPT STATUS, THESE STANDARDS ARE NOT ANTICIPATED TO HAVE A MATERIAL IMPACT ON THE SYMPHONY'S FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS

CHANGE IN VALUE OF INSURANCE ASSIGNMENTS -104.

CHANGE IN VALUE OF BENEFICIAL INTEREST 52,964.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 52,860.

0E1226 1.000 3239QF XL8S 05733 PAGE 37

SCHEDULE G (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.

n entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

Open to Pub

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization
PACIFIC SYMPHONY

Employer identification number
95-3635496

Part	Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.										
1											
' a	X Mail solicitations										
b	X Internet and email solicitations	f			government grants						
C	X Phone solicitations	g g	─		ising events	•					
d	X In-person solicitations	9		nai ranara	ionig evente						
	Did the organization have a written o	r oral agreement w	ith any inc	dividual (in	cluding officers d	iractors trustaas					
	or key employees listed in Form 990						X Yes No				
b	If "Yes," list the 10 highest paid indi compensated at least \$5,000 by the	viduals or entities					fundraiser is to be				
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		custody or control of		custody or control of		(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							
1	HEAGED DIDEOR INC	THE REINDING			01 055	F1 601	20 002				
2	HEATER DIRECT, INC.	TELEFUNDING		X	91,855.	51,681.	38,903.				
-											
3											
4											
5											
6											
7											
-											
8											
9											
10											
					01 055	F1 C01	20.002				
Total 3	List all states in which the organiza				91,855.	51,681.					
3	registration or licensing.	tion is registered t	n licerisec	i to solicit	CONTRIBUTIONS OF	nas been notined	it is exempt from				
CA,											

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

Schedule G (Form 990 or 990-EZ) 2020

Sche	lule G (Form 990 or 990-EZ) 2020				Page 2
Pai	Fundraising Events. Comp more than \$15,000 of fund events with gross receipts g	Iraising event contribut			
		(a) Event #1	(h) Event #2	(c) Other events	

		J 1 3	(a) Event #1	(b) Event #2 OPENING NIGHT	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	(event type) 2 , 489 , 335 .	(event type) 374,974.	(total number)	
Re		Less: Contributions	931,485.	133,294.	59,786.	1,124,565
		Gross income (line 1 minus line 2)	1,557,850.	241,680.	57,673.	1,857,203
	4	Cash prizes				
	5	Noncash prizes	2,700.			2,700
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	103,512.	8,377.		111,889
	8	Entertainment	34,013.			34,013
	9	Other direct expenses	421,779.	14,362.	1,972.	438,113
Pa	11	Direct expense summary. Add lin Net income summary. Subtract li	ne 10 from line 3, colu	ımn (d)		586,715 1,270,488
		Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		T	Part IV, line 19, or	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u> </u>	1	Gross revenue				
nses	2	Cash prizes				
Direct Expenses		Noncash prizes				
Direct		Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)	▶	
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	>	
9 a b	l	Enter the state(s) in which the org Is the organization licensed to con If "No," explain:		in each of these state	es?	Yes No
10a b		Were any of the organization's gamin	g licenses revoked, sus		uring the tax year?	Yes No

Sched	ule G (Form 990 or 990-EZ) 2020
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:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	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:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
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 ▶ \$
Par	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:
(I)	NAME OF FUNDRAISER: THEATER DIRECT, INC.
(I)	ADDRESS OF FUNDRAISER: 4213 W. BURBANK BLVD, BURBANK, CA 91505

Sched	ule G (Form 990 or 990-EZ) 2020 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
b	An outside facility
14	records:
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	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:
.,	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
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 \$ \ \\$
Par	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
PAR	(see instructions). F I, LINE 2B, COLUMN (V):
11110	I I, HINE 2B, COLORN (V)
THE	FEES PAID TO THEATER DIRECT, INC. IN THE AMOUNT OF \$51,681 WAS THE
AGR:	EED UPON AMOUNT FOR TELEFUNDING ACTIVITIES.

Schedule G (Form 990 or 990-EZ) 2020

SCHEDULE J (Form 990)

Compensation InformationFor 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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization PACIFIC SYMPHONY

Department of the Treasury Internal Revenue Service

Employer identification number

95-3635496

Part	Questions Regarding Compensation			
			Yes	No
1a	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 X 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	41		Х
•	explain	1b		Λ
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		X	
	1a?	2	Λ	
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.			
	Compensation committee X 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		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
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	The organization?	5a		X
b	Any related organization?	5b		Х
	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	The organization?	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	_		v
c	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			v
•	in Part III	8		X
9	Regulations section 53.4958-6(c)?	9		
				i .

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 Page 2

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.

A Name and Title B Bane Compensation Compensation	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
President (0)					reportable			(B)(i)-(D)	as deferred on prior
MR. SEAN SUTTON 155,804	MR. JOHN E. FORSYTE	(i)		0.	0.	19,500.	11,174.	301,685.	
## CARL ST. CLAIR 0 393,640.	1 PRESIDENT	(ii)	0.	0.	0.				
## CARL ST. CLAIR 0 393,640. 0 14,000. 13,458. 421,098.		(i)	155,804.	0.	0.	4,904.	9,454.	170,162.	
3 STRECTOR (ii) (ii) (iii)	2 ^{EVP & COO}	(ii)		0.	0.				
MR. GREGORY COX 4 VP OF DEV. & EXT. RELATIONS (II) 5 (II) 6 (II) 7 (III) 8 (III) 10 11 (III) 11 (III) 10 11 (III) 11 (III) 10 11 (III) 12 (III) 13 (III) 14 (III) 15 (III) 10 11 11 (III) 10 11 11 (III) 11 11 11 11 11 11 11 11 11		(i)	393,640.	0.	14,000.		13,458.	421,098.	
### OF DEV. 6 EXT. RELATIONS 0		(ii)			0.				
5 (i) (i) (ii) (ii) (iii) (iii	MR. GREGORY COX	(i)	210,147.	4,500.	0.	6,696.	10,798.	232,141.	
5 (i) (i) (ii) (ii) (iii) (iii	4 VP OF DEV.& EXT. RELATIONS	(ii)	0.	0.	0.				
6 (i) (ii) (ii) (iii) (i		(i)							
6 (ii) (ii) (iii)	_ 5	(ii)							
7 (ii) (ii) (iii)		(i)							
7 (ii) (ii) (iii)	_ 6	(ii)							
8 (i) (i) (ii) (ii) (iii) (iii		(i)							
8 (i) (i) (ii) (ii) (iii) (iii	7	(ii)							
9 (i) (i) (ii) (iii) (ii		(i)							
9 (ii)	8	(ii)							
10		(i)							
10 (i) (i) (ii) (iii) (i	9	(ii)							
10 (i) (i) (ii) (iii) (i		(i)							
(i) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiiii) (iiiiiii) (iiiiii) (iiiiiii) (iiiiii) (iiiiii) (iiiiiii) (iiiiiii) (iiiiiii) (iiiiiii) (iiiiii) (iiiiiii) (iiiiiii) (iiiiiii) (iiiiiii) (iiiiiii) (iiiiiii) (iiiiiii) (iiiiiiiiiii) (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	10								
11 (i) (i) (ii) (iii) (iii) </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
(i) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii	11								
12 (ii) (iii) (iii) (iii) (iii) (iiii) (iiii) (iiii) (iiiiii) (iiiiiiii									
13 (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiiii) (iiiiiiii	12								
13 (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiiii) (iiiiiiii		(i)							
(i) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiiii) (iiiiiiii	13								
14 (ii) (ii) (iii)									
(i) (ii) (ii) (iii) (iii) (iii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii	14								
15 (i) (i) (ii)		_							
(i)	15								
	_16	(ii)							

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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:

MR. CARL ST. CLAIR RECEIVES A HOUSING ALLOWANCE THAT IS INCLUDED IN HIS

REPORTABLE COMPENSATION.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open To Public Inspection

Employer identification number Name of the organization PACIFIC SYMPHONY 95-3635496 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3)(4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (g) In default? (h) Approved (b) Relationship (f) Balance due (i) Written (a) Name of interested person (c) Purpose of (d) Loan to or (e) Original with organization Ioan from the principal amount by board or agreement? organization? committee? From Yes No Yes No Yes No (1) (2) (3)(4) (5) (6) (7)(8)(9)(10)Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1)(2) (3)(4)(5) (6) (7)(8)

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

Schedule L (Form 990 or 990-EZ) 2020

(9) (10)

Schedule L (Form 990 or 990-EZ) 2020 Page 2

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of ization's nues?
				Yes	No
(1) CHARLES ZHANG	DIRECTOR & OFFICER	188,994.	PACIFIC SYMPHONY		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V **Supplemental Information**

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

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

- (A) NAME OF PERSON: CHARLES ZHANG
- (D) DESCRIPTION OF TRANSACTION: PACIFIC SYMPHONY LEASES ITS CORPORATE OFFICES FROM ZION INVESTMENT FUND LLC, WHICH IS AN ENTITY MORE THAN 35% OWNED BY BOARD MEMBER AND OFFICER, MR. CHARLES ZHANG. THE LEASE AMOUNT WAS DETERMINED ACCORDING TO MARKET RATES IN THE AREA.

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PACIFIC SYMPHONY

► Attach to Form 990.

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

Employer identification number

95-3635496

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		10.	1,840,732.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial		1.	6,160,000.	FMV			
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		1.1	055 000				
25	Other ►(AUCTION ITEMS)	X	11.	255,000.	FMV			
26	Other ►()							
27	Other ►()							
	Other ►()							
29	Number of Forms 8283 received							
	which the organization completed I	orm 8283,	Part V, Donee Acknowledge	ement	29		Vaa	NI.
20-	During the year did the conscient		ht-:!ht!	ut., namentad in Dant I line	. 4 41		Yes	NO
30a	During the year, did the organizat				_			
	28, that it must hold for at least the					200		Х
	to be used for exempt purposes for		olaing perioa?			30a		21
	If "Yes," describe the arrangement i		tongo noligy that re-	o the review of arms	nonotondord			
31	Does the organization have a			· · · · · · · · · · · · · · · · · · ·		24		Х
20-	contributions?					31		27
3∠a	Does the organization hire or use	•	•	•		220		Х
1.	contributions?					32a		77
	If "Yes," describe in Part II.	omount in -	column (a) for a time of	norty for which column (-)	io oboolead			
33	If the organization didn't report an describe in Part II.	amount in C	olumn (c) for a type of pro	perty for which column (a,	ъ спескеа,			

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

Schedule M (Form 990) 2020

Schedule M (Form 990) (2020) Page **2**

Part II Supplen

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):

NUMBER OF CONTRIBUTIONS IS USED FOR COLUMN (B).

JSA Schedule M (Form 990) (2020)

0E1508 1.000

3239QF XL8S 05733 PAGE 48

SCHEDULE O (Form 990 or 990-EZ)

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number PACIFIC SYMPHONY 95-3635496

FORM 990, PART VI, SECTION A, LINE 2:

JOHN AND ELIZABETH STAHR WERE HUSBAND AND WIFE DURING THE YEAR, UP UNTIL

HIS DEAD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS IS PROVIDED THE FULL 990 BEFORE FILING. QUESTIONS

ARE ENCOURAGED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD HAS INSTITUTED AN ANNUAL STATEMENT OF COMPLIANCE WHICH IS

DISTRIBUTED TO ALL BOARD MEMBERS TO COMPLETE. THIS ANNUAL DISCLOSURE IS

USED TO MONITOR TRANSACTIONS THAT COULD GIVE RISE TO CONFLICTS OF

INTEREST.

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

ORGANIZATION USES WRITTEN EMPLOYMENT CONTRACTS, COMPENSATION SURVEYS OR

STUDIES, AND BOARD APPROVAL FOR THE COMPENSATION PROCESS.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 1023 AND 990 ARE AVAILABLE FOR PUBLIC INSPECTION

UPON REQUEST.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE

Name of the organization

PACIFIC SYMPHONY

PACIFIC SYMPHONY

95-3635496

AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF INSURANCE ASSIGNMENTS (104)

CHANGE IN VALUE OF BENEFICIAL INTEREST 52,964

EMPLOYEE RETENTION TAX CREDIT 2,330,118

TOTAL TO FORM 990, PART XI, LINE 9 = 2,382,977

FORM 990, PART XI, LINE 2C:

THE BOARD OF DIRECTORS HAD CONSTITUED AN AUDIT COMMITTEE AND DELEGATED TO
THAT COMMITTEE THE RESPONSIBILITY FOR ENGAGING INDEPENDENT AUDITORS AND
MONITORING THE AUDIT PROCESS. THIS STRUCTURE HAS BEEN IN EFFECT IN PRIOR
YEARS AND WAS NOT CHANGED IN THE CURRENT REPORTING PERIOD.

FORM 990, PART XI, LINE 8:

AFTER THE RETURN WAS FILED, THERE WERE CHANGES MADE TO THE FINALIZED FINANCIAL STATEMENTS. THE PRIOR PERIOD ADJUSTMENT WAS MADE DUE TO A CHANGE IN NET ASSETS.

FORM 990, PART IX, STATEMENT OF FUNCTIONAL EXPENSES:

MANAGEMENT AND GENERAL EXPENSES INCLUDE ALL MARKETING COSTS. THERE ARE NO

MARKETING EXPENSES REFLECTED IN PROGRAM SERVICES.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

SEGESTROM CENTER FOR THE ARTS RENTAL & SERVICES 1,523,736.

600 TOWN CENTER DR.

Name of the organization Employer identification number PACIFIC SYMPHONY 95-3635496 ATTACHMENT 1 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
COSTA MESA, CA 92626		
THEATER DIRECT INC. 4213 W BURBANK BLVD. BURBANK, CA 91505	TELEFUNDING	203,690.
HOTEL IRVINE 17900 JAMBOREE RD. IRVINE, CA 92614-6211	CATERING SERVICES	147,622.
AMBER EVENT PRODUCTION, INC. 3971 E MIRALOMA AVE. ANAHEIM, CA 92806	EVENT EQUPMENT SERVI	140,918.
INFOSERA, INC. 3525 HYLAND AVE	IT SERVICES	128,966.

COSTA MESA, CA 92626

FEDERAL FOOTNOTES

THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS IS NOT YET COMPLETED. THEREFORE, THIS FORM 990 INCLUDES UNAUDITED NUMBERS.

3239QF XL8S 05733 PAGE 52

TAXABLE YEAR

California Exempt Organization Annual Information Return

FORM

Receipts and Revenues Receipts and Revenues Rece	2020	Annual Information Return		199
PACIFIC SYMPHONY Addressed leterate (souther or nors) 17620 FITCH 100 TRVINE Foreign province/state/country State A Fist elution B A Fist elution A Fist elution C INC Section 4947(9/1) tout IN Teve - restor the greate excepts to non-more section 5047(9/1) tout IN Teve - restor the greate excepts to non-more section 5047(9/1) tout IN Teve - restor the greate excepts toon non-more section 5047(9/1) tout IN Teve - restor the greate excepts toon non-more section 5047(9/1) tout IN Teve - restor the greate excepts to section 5047(9/1) tout IN Teve - restor the greate excepts to section 5047(9/1) tout IN Teve - restor the greate excepts to section 5047(9/1) tout IN Teve - restor the greate excepts to section 5047(9/1) tout IN Teve				
Size establishment information. See instructions. Size establishment information in See instructions. PMB inc.	•			
Street address (sole or room) 176.20 FTTCH 100 TRVINE Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign protest code Foreign province/state/county Foreign protest code Foreign				48
Street package (putter or tourn) 17 620 FITCH 100 17 VINE 100 17 VINE 100 100 17 VINE 100	Additional init	irmation. See instructions.		25406
Try	Street address	(cuite or room)	95-36	
TRUINE				I WB No.
A First return Protein province/state/county Province/state/county Province/state/county Province/county Province/co		U FIICH 100	State	Zip code
Foreign country name Foreign province/state/country Foreign postal code	•	NE		· ·
A First relum			CA	
B Amended natura C IRC Section 4947(a)(1) trust Dissolved Dissolved Dissolved Surrendered (Withdrawn) Merged/Reorganized Enter date: (middly)wy E Check accounting method: (1) — Cash (2) X Accrual (3) — Other Federal return filled? (1) — 9907 (2) — 990PF (3) — Sch H (990) (4) X Other 990 series G Is this a group filing? See instructions. Pederal return filed? (1) — 9907 (2) — 990PF (3) — Yes X No H Is this organization in a group semption. If Yes, what is the parent's name? Part I Complete Part I unless not required to file this form. See General Information B and C. 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8. 2 Gross dues and assessments from members and affiliates A Total gross receipts from other sources. From Side 2, Part III, line 8. 1 Total costs. Add line 5 affiliage for source sources are sources. From Side 2, Part II, line 8. 2 Gross dues and assessments from members and affiliates This line must be completed. If the result is less than \$50,000, see General Information B. Total gross receipts for other basis, and sales expenses of assets soid 6 8 Total gross receipts from other sources. From Side 2, Part III, line 8. 1 Gross sales or receipts from other sources. From Side 2, Part III, line 8. 2 Gross dues and assessments from members and affiliates This line must be completed. If the result is less than \$50,000, see General Information B. 4 26,071,681[0 5 Cost or other basis, and sales expenses of assets soid 6 8 Total gross income. Subtract line 7 from line 4. Expenses Filing Fee 1 Total costs. Add line 5 and line 6 1 Total costs. Add line 5 and line 6 1 Total costs. Add line 5 and line 6 1 Line 1 Is more than line 12, subtract line 1 from line 19 1 Line 1 Is an add disbursements. From Side 2, Part II, line 18. 1 Line 1 Is an add disbursements. From Side 2, Part II, line 18. 1 Line 1 Is an add disbursements. From Side 2, Part II, line 18. 1 Line 1 Is an add disbursements. From Side 2, Part II, line 18. 1 Line 1 Is an add disbursem		,		J 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8.	B Amended C IRC Sect D Final info Enter dat E Check ac (1) F Federal re (1) G Is this a g H Is this or,	return On 4947(a)(1) trust O	See instructions ection 23701d, ies? See instruct under R&TC seceipts from no ed liability comprom 100 or Form 100 or Form 24 pending?	has the organization Ictions Yes X No Section 23701g? • Yes X No Inmember sources • Yes X N
This line must be completed. If the result is less than \$50,000, see General Information B . • 4 26,071,6810 5 Cost of goods sold . • 5 4,46700 6 Cost or other basis, and sales expenses of assets sold • 6 8,404,17100 7 Total costs. Add line 5 and line 6		1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	• 2	10,384,07600 00 15,687,60500
7 Total costs. Add line 5 and line 6	and	This line must be completed. If the result is less than \$50,000, see General Information B 5 Cost of goods sold	0	26,071,68100
10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 .		7 Total costs. Add line 5 and line 6	. 7	8,408,638 <u>00</u> 17,663,043 <u>00</u>
Total payments Filing Fee Total payments Filing Fee Total payments balance. If line 11 is more than line 12, subtract line 12 from line 11 Total payments balance. If line 11 is more than line 12, subtract line 12 from line 11 Total payments balance. If line 11 is more than line 12, subtract line 12 from line 11 Total payments balance. If line 12 is more than line 12, subtract line 12 from line 12 Total payments balance. If line 12 is more than line 11, subtract line 11 from line 12 Total payments balance. If line 12 is more than line 12, subtract line 11 from line 12 Total payments balance. If line 12 is more than line 12, subtract line 11 from line 12 Total payments balance. If line 12 is more than line 12, subtract line 11 from line 12 Total payments balance. If line 12 is more than line 12, subtract line 11 from line 12 Total payments balance. If line 12 is more than line 12, subtract line 11 from line 12 Total payments balance. If line 12 is more than line 12, subtract line 11 from line 12 Total payments balance. If line 12 is more than line 12, subtract line 12 from line 12 Total payments balance. If line 12 is more than line 12, subtract line 12 from line 12 Total payments balance. If line 12 is more than line 12, subtract line 12 from line 12 Total payments balance. If line 12 is more than line 12, subtract line 12 from line 12 Total payments balance. If line 12 is more than line 12, subtract line 12 from line 12 Total payments balance. If line 12 is more than line 12, subtract line 12 from line 12 Total payments balance. If line 12 is more than line 12, subtract line 12 from line 12 Total payments balance. If line 12 is more than line 12, subtract line 12 from line 12 Total payments balance. If line 12 is more than line 12, subtract line 12 from line 12 Total payments balance. If line 12 is more than line 12, subtract line 12 from line 12 Total payments balance. If line 12 is more than line 12 Total payments balance. If line 12 is more than line 12	Expenses	·		11,288,83800
12 Use tax. See General Information K	-	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		
Filing Fee 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11				0.0
Filing Fee 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12				0.0
15 Penalties and Interest. See General Information J	Ciling For	·		0.0
16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result	Filing Fee	_		0.0
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer SEAN SUTTON EXECUTIVE VP AND C Telephone 714-755-5788 Preparer's signature Preparer's Signature Self-employed and address I 100 SPECTRUM CENTER DRIVE, STE 1000 Telephone 949-261-2808			_	0.0
Here Signature of officer SEAN SUTTON EXECUTIVE VP AND C 714-755-5788 Preparer's signature Firm's name (or yours, if self-employed) and address Signature Signature Title EXECUTIVE VP AND C 714-755-5788 Paid Preparer's Signature Firm's name (or yours, if self-employed)		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and staten	nents, and to th	
Preparer's signature RICHARD L RUVELSON 05/16/2022 Check if self-employed P00234075 Paid Preparer's Use Only IRVINE, CA 92618 Preparer's signature RICHARD L RUVELSON 05/16/2022 Check if self-employed P00234075 P00234075 P00234075 P00234075 Firm's name (or yours, if self-employed) And address IRVINE, CA 92618 Preparer's signature RICHARD L RUVELSON 05/16/2022 Check if self-employed P00234075 P100234075 P100234075 P100234075		Signature of officer SEAN SUTTON Title EXECUTIVE VP AND C	•	714-755-5788
Preparer's Use Only Firm's name (or yours, if self-employed) and address Firm's name (or yours, if self-employed) and address WITHUMSMITH+BROWN, PC 100 SPECTRUM CENTER DRIVE, STE 1000 IRVINE, CA 92618 • Telephone 949-261-2808		Prenarer's Check if self-	▶□	P00234075
IRVINE, CA 92618 949-261-2808	Preparer's	if self-employed) WITHUMSMITH+BROWN, PC		22-2027092
	USE Offing	·		· ·
		·		

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Form 199 2020 **Side 1**



Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information

Part II	regardless of amount of gross receipts of more	complete Part II or furnish s	substitute information.	_	
	1 Gross sales or receipts from all business	s activities. See instructions		• 1	41,64000
	2 Interest				0.0
Dogginto	3 Dividends			• 3	00
Receipts from	4 Gross rents			• 4	00
Other	5 Gross royalties			• 5	0.0
Sources	6 Gross amount received from sale of asse				8,382,48700
	7 Other income. Attach schedule				1,959,94900
	8 Total gross sales or receipts from other				
	Enter here and on Side 1, Part I, line 1	-		8	10,384,07600
	9 Contributions, gifts, grants, and similar	amounts paid. Attach sche-	dule	• 9	0.0
	10 Disbursements to or for members				0.0
	11 Compensation of officers, directors, and	d trustees. Attach schedule.	ATCH	. 3 • 11	1,358,30900
	12 Other salaries and wages				5,648,97000
Expenses	· · ·				25,19900
and	14 Taxes			• 14	748,52500
Disburse-	15 Rents			• 15	364,63100
ments	16 Depreciation and depletion (See instruct	tions)		• 16	269,07000
	17 Other expenses and disbursements. Atta				2,874,13400
	18 Total expenses and disbursements. Ad				11,288,83800
Schedul	e L Balance Sheet	Beginning of	taxable year	End of ta	xable year
Assets		(a)	(b)	(c)	(d)
1 Cash			4,403,361.		8,680,524.
2 Net a	ccounts receivable		160,778.		2,387,861.
3 Net n	otes receivable		7,384,031.		5,323,136.
4 Inven	tories				•
5 Fede	ral and state government obligations				•
6 Inves	tments in other bonds				•
7 Inves	tments in stock	ATCH 5	20,079,276.		26,506,852.
8 Morto	gage loans				•
9 Other	r investments. Attach schedule				•
10 a De	preciable assets	2,739,750.		9,179,773.	
b Les	ss accumulated depreciation	1,859,534.	880,216.	2,074,386.	7,105,387.
11 Land		_			•
12 Other	r assets. Attach schedule	АТСН б	1,470,271.		2,130,003.
13 Total	assets		34,377,933.		52,133,763.
	s and net worth				
14 Acco	unts payable		1,018,603.		1,449,602.
	ibutions, gifts, or grants payable	_			•
	s and notes payable	ATCH 7	5,323,543.		• 7,590,601.
17 Morto	gages payable				•
	liabilities. Attach schedule				
	al stock or principal fund				•
20 Paid-	in or capital surplus. Attach reconciliation .		00 00 00		10.000.500
	ned earnings or income fund		28,035,787.		• 43,093,560.
22 Total	liabilities and net worth		34,377,933.		52,133,763.
	e M-1 Reconciliation of income per book Do not complete this schedule if th	e amount on Schedule L, I		han \$50,000	
1 Net in	come per books	• 6,575	<u>,170.</u> 7 Income reco	rded on books this year	
	al income tax		not included	in this return. Attach schedule	•
3 Exces	s of capital losses over capital gains		8 Deductions	in this return not charged	
4 Incom	e not recorded on books this year.		against boo	k income this year.	
Attach	schedule		Attach scho	edule	•
5 Expen	ses recorded on books this year not		9 Total. Add	line 7 and line 8	
	ted in this return. Attach schedule		10 Net income	per return.	
6 Total	Add line 1 through line 5	6,575	.170. Subtract lin	e 9 from line 6	6,575,170.

Side 2 Form 199 2020

6 Total. Add line 1 through line 5

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6,575,170.

Subtract line 9 from line 6

6,575,170.