\*\* PUBLIC DISCLOSURE COPY \*\*
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Inspection

Α	For the	2022 calendar year, or tax year beginning JU	JL 1, 2022 and	lending J	UN 30, 2023				
В	Check if applicable	C Name of organization			D Employer identi	fication number			
	Addres	SYMPHONY SAN JOSE							
	Name change				32-008303	0			
	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone numb	er			
	Final return/	325 S. 1ST STREET		160	(408) 286-2	600			
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		<b>G</b> Gross receipts \$	3,026,141.			
	Ameno return	SAN UUSE, CA 93113			H(a) Is this a group	return			
	Application	F Name and address of principal officer: ROBER	RT MASSEY		for subordinate	es? Yes X No			
	pendin	SAME AS C ABOVE			H(b) Are all subordinates	included? Yes No			
<u>1</u>	Tax-exe	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	If "No," attach	a list. See instructions			
	Websit				H(c) Group exempt	ion number			
			sociation Other	<b>L</b> Year	of formation: 2003	M State of legal domicile; CA			
P	art I	Summary							
ø	1	Briefly describe the organization's mission or most			HESTRAL MUSIC				
Governance		PERFORMANCES, EDUCATIONAL SERVICES, A	ND ARTS ADVOCACY PROGRA	AMS.					
r n	2		ntinued its operations or dispo	sed of more	than 25% of its net a	ssets.			
Š	3	Number of voting members of the governing body							
		Number of independent voting members of the gov							
es	5	Total number of individuals employed in calendar y							
.≣	6	Total number of volunteers (estimate if necessary)							
Activities &	7 a	Total unrelated business revenue from Part VIII, co							
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11						
ē					Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)			2,783,193	<del>                                     </del>			
len.	9				968,776	<del>                                     </del>			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,			123,296 15,483	<del></del>			
	'''	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			3,890,748				
_		Total revenue - add lines 8 through 11 (must equal			3,890,748				
		Grants and similar amounts paid (Part IX, column (			0	<u> </u>			
		Benefits paid to or for members (Part IX, column (A			2,027,709	<u> </u>			
ses	15	Salaries, other compensation, employee benefits (F			0				
Expenses	loa h	Professional fundraising fees (Part IX, column (A), li		942.		• • • • • • • • • • • • • • • • • • • •			
ă	17	Total fundraising expenses (Part IX, column (D), lind Other expenses (Part IX, column (A), lines 11a-11d,			1,333,628	1,402,608.			
		Total expenses. Add lines 13-17 (must equal Part l)			3,361,337				
		Revenue less expenses. Subtract line 18 from line			529,411				
<u></u>	4 13	nevertue less expenses. Subtract line 10 from line	12	Be	ginning of Current Year				
ets (	20	Total assets (Part X, line 16)			4,127,797				
Assi	21	T-1-1    -1-1      -1-1			418,923				
Net Assets or	22	Net assets or fund balances. Subtract line 21 from			3,708,874				
P	art II	Signature Block			· · ·	<u> </u>			
Und	ler pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to the best of n	ny knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich preparer	has any knowledge.				
Sig	n	Signature of officer			Date				
He	re	ROBERT MASSEY, GENERAL DIRECTOR							
		Type or print name and title		_					
		Print/Type preparer's name	Preparer's signature	[	Date Check	PTIN			
Pai	d	MATTHEW PETROSKI	MATTHEW PETROSKI	0	5/02/24 self-emp	· · ·			
	parer								
Use	Only	Firm's address 50 W. SAN FERNANDO ST, ST	<b>E</b> 500						
_		SAN JOSE, CA 95113			Phone no.40	8-200-6400			
Ма	y the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No			

3,093,506.

Total program service expenses

16400502 701245 0502128

Page 3

Form 990 (2022) SYMPHONY SAN JOSE
Part IV Checklist of Required Schedules 32-0083030

			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	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	٣		
U		ء ا		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<sub>v</sub>
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	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	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
٨	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		<del></del>
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		Х	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	١	v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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		Х
15	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
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	,	19		x
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a 20b		<del></del>
b O4	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		$\vdash$
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			•
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

232003 12-13-22

32-0083030

	· (continued)		V	NIa
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22		22		х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	,	23	х	1
24 2	Schedule J	23		
<b>24</b> a	last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," answer lines 24b through 24d and complete			1
		24a		х
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		1
٨	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
<b>2</b> 5a		25a		Х
<b>L</b>	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? If "Yes," complete	051		х
00	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%			х
<b>~</b> =	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			77
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<b></b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			l
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		_	
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 28	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gamhling) winnings to prize winners?	1 70	ایما	

Form 990	(2022) SYMPHONY	SAN JOSE 32-00	183030	Pa	age 🤄
Part V	Statements Regarding	Other IRS Filings and Tax Compliance (continued)			
		·			

			Yes	No
<b>2</b> a	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 424			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	ļ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114. Penert of Foreign Bank and Financial Accounts (FBAR)			
E.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		x
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  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		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	- 50		
ou	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	<u> </u>		
	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 and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? $\dots$	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	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  10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
_	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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	-		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			,
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
17	If "Yes," complete Form 4720, Schedule O.  Section 501(a)(21) organizations. Did the trust, or any disqualified or other person engage in any activities.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	17		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  If "Yes," complete Form 6069.	17		
	n roo, complete rollin cocc.			

232005 12-13-22

Form 990 (2022) SYMPHONY SAN JOSE 32-0083030 Page **6** 

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedCA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) a	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ROBERT MASSEY, GENERAL DIRECTOR - (408) 286-2600			
	325 SOUTH FIRST STREET, SUITE 160, SAN JOSE, CA 95113			

Form **990** (2022)

16400502 701245 0502128

Form 990 (2022) SYMPHONY SAN JOSE 32-0083030 Page **7** 

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)  Name and title	(B) Average hours per	(do box	not c	Pos heck	c) ition more rson i		one n an	( <b>D</b> ) Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) ANDREW BALES	40.00	1								
GENERAL DIRECTOR (THRU 08/22)				Х		_		173,000.	0.	0.
(2) ROBERT MASSEY	40.00	1								
GENERAL DIRECTOR (START 06/22)				Х		_		115,555.	0.	4,948.
(3) RICHARD CONNIFF	10.00	1								
CHAIR		Х		Х		_		0.	0.	0.
(4) NANCY JOHNSON	3.00	1								
SECRETARY		Х		Х		_		0.	0.	0.
(5) BUNNY LADEN	5.00	1								
TREASURER		Х		Х		_		0.	0.	0.
(6) NICHOLAS ADAMS	2.00	1								
TRUSTEE		Х				_		0.	0.	0.
(7) SHARYN BIRES	2.00	1								
TRUSTEE		Х				_		0.	0.	0.
(8) LLOYD SCHMIDT	3.00	1								
TRUSTEE		Х				┞		0.	0.	0.
(9) SARALYN WINSLOW	2.00	1								
TRUSTEE		Х				_		0.	0.	0.
-						┢				
				_						

Page 8 SYMPHONY SAN JOSE 32-0083030 Form 990 (2022)

Name and title    Average   Position   Incomplete   Position   Pos	Part VII   Section A. Officers, Directors, Tr		ploy	ees,	and	d Hig	ghes	t C			—		
Noute of the control to the lower per lower pe	(A)	(B)					1		(D)	(E)			
Compensation   Subtotal   Compensation   Substitution   Substitu	Name and title			not c	heck	more	than o			•			
Compensation   Comp										•			
hours for related organizations below who received more than \$100,000 of reportable compensation from the organization of individual sites of in In Is, as the sum of reportable compensation from the organization is received the organization is received and related organization and related organizations.    Value   Va			tor										
1b Subtotal 288,555. 0. 4,946 C Total from continuation sheets to Part VII, Section A 288,555. 0. 4,946 Total fadd lines 1b and 1c) 288,555. 0. 4,946 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, trustee, key employee, or highest compensated employee on line 1a / 1r*ys*, complete Schedule of for such individual 18 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations or graph than \$150,000 of "It*es," complete Schedule of the such individual 28 For any individual listed on line 1a receive or accrue compensation from any unrelated organization or individual of the such individual of the sum of reportable compensation from any unrelated organization or individual for services 10 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the organization is tax year.  (A)  (B)  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation		1 '	direc				D.			•	/	-	
1b Subtotal 288,555. 0. 4,946 C Total from continuation sheets to Part VII, Section A 288,555. 0. 4,946 Total fadd lines 1b and 1c) 288,555. 0. 4,946 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, trustee, key employee, or highest compensated employee on line 1a / 1r*ys*, complete Schedule of for such individual 18 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations or graph than \$150,000 of "It*es," complete Schedule of the such individual 28 For any individual listed on line 1a receive or accrue compensation from any unrelated organization or individual of the such individual of the sum of reportable compensation from any unrelated organization or individual for services 10 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the organization is tax year.  (A)  (B)  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation		related	ee or	stee			nsate		1	•		organiz	ation
1b Subtotal 288,555. 0. 4,946 C Total from continuation sheets to Part VII, Section A 288,555. 0. 4,946 Total fadd lines 1b and 1c) 288,555. 0. 4,946 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, trustee, key employee, or highest compensated employee on line 1a / 1r*ys*, complete Schedule of for such individual 18 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations or graph than \$150,000 of "It*es," complete Schedule of the such individual 28 For any individual listed on line 1a receive or accrue compensation from any unrelated organization or individual of the such individual of the sum of reportable compensation from any unrelated organization or individual for services 10 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the organization is tax year.  (A)  (B)  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation		organizations	trust	al tru		oyee	ompe		1099-NEC)	,		and re	ated
1b Subtotal 288,555. 0. 4,946 C Total from continuation sheets to Part VII, Section A 288,555. 0. 4,946 Total fadd lines 1b and 1c) 288,555. 0. 4,946 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, trustee, key employee, or highest compensated employee on line 1a / 1r*ys*, complete Schedule of for such individual 18 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations or graph than \$150,000 of "It*es," complete Schedule of the such individual 28 For any individual listed on line 1a receive or accrue compensation from any unrelated organization or individual of the such individual of the sum of reportable compensation from any unrelated organization or individual for services 10 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the organization is tax year.  (A)  (B)  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation		1	vidua	tufio	Ser	empl	loyee	ner				organiza	ations
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of inideviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes Note Individual list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  1 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  None  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.		line)	lndi	Inst	) J	Key	High	For			$\dashv$		
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of inideviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes Note Individual list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  1 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  None  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.													
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of inideviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes Note Individual list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  1 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  None  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.													
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of inideviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes Note Individual list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  1 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  None  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.													
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of inideviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes Note Individual list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  1 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  None  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.											$\perp$		
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of inideviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes Note Individual list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  1 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  None  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.													
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of inideviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes Note Individual list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  1 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  None  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.													
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of inideviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes Note Individual list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  1 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  None  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.													
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of inideviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes Note Individual list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  1 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  None  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.													
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of inideviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes Note Individual list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  1 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  None  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.													
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of inideviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes Note Individual list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  1 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  None  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.													
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of inideviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes Note Individual list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  1 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  None  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.											十		
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of inideviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes Note Individual list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  1 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  None  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.			1										
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of inideviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes Note Individual list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  1 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  None  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.											十		
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of inideviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes Note Individual list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  1 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  None  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.													
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of inideviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes Note Individual list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  1 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  None  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.											+		
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of inideviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes Note Individual list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  1 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  None  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.			1										
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of inideviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes Note Individual list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  1 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  None  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.											+		
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of inideviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes Note Individual list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  1 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  None  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.			1										
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of inideviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes Note Individual list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  1 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  None  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.	4h Cubaatal							<u> </u>	288 555		+		1 9/18
Total (add lines 1b and 1c)  288,555.  0. 4,946  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services  7 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) (B) (C)  Name and business address NONE Description of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.											-		0.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of compensation from the organization.											-		
compensation from the organization  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Describ 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)  (B)  (C)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of compensation from the organization.											٠٠١		±,940.
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  NONE  Description of services  Compensation  Compensation  1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of compensation from the o	· · ·	t not limited to th	ose	liste	d an	oove	e) wn	o re	eceived more than \$100,	000 of reportable			2
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Java 14	compensation from the organization											Vo	
line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Xection 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  None  Bescription of services  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  0	0 0:11											16	S NO
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 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  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.													
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											.	3	<u> </u>
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person 5 X Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (B)  (C)  Compensation  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of compensation of compensation from the organization of compensation or compensation of compensation or compensation or compensation or compensation or compensat													
rendered to the organization? If "Yes," complete Schedule J for such person 5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Compensation  Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0											.	4 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)  (B)  (C)  Compensation  None  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		•				,			· ·				
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)  (B)  (C)  Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  0		omplete Schedul	e J f	or su	ıch ı	oers	on .					5	X
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Compensation  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation	· · · · · · · · · · · · · · · · · · ·												
(A) Name and business address NONE  (B) Description of services  (C) Compensation  (D) Compensation	1 Complete this table for your five highest	compensated inc	depe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comper	ısati	on from	
Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation 0	the organization. Report compensation f	or the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization											_		
\$100,000 of compensation from the organization 0	Name and busine	ess address	NO	NE					Description of s	ervices		mpensat	ion
\$100,000 of compensation from the organization 0													
\$100,000 of compensation from the organization 0													
\$100,000 of compensation from the organization 0													
\$100,000 of compensation from the organization 0													
\$100,000 of compensation from the organization 0													
\$100,000 of compensation from the organization 0								_					
\$100,000 of compensation from the organization 0								П					
\$100,000 of compensation from the organization 0													
\$100,000 of compensation from the organization 0													
\$100,000 of compensation from the organization 0								J					
\$100,000 of compensation from the organization 0	2 Total number of independent contractors	s (including but p	ot lir	niter	d to	thos	se lie	ted	above) who received mo	ore than			
\$100,000 of Compensation from the organization	•	. •	J. 111		0				22270, 11110 10001100 IIIC				
	w 100,000 of compensation from the orga	ai iiZatiOH										-arm QQ1	) (2000)

232008 12-13-22

16400502 701245 0502128

Page 9

32-0083030

Statement of Revenue

			Check if Schedule O	conta	ains a r	esponse (	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lunction revenue	business revenue	sections 512 - 514
SΩ	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b					
ဗ် ရို			Fundraising events			1c					
fts,			Related organizations			1d					
ية إق						1e	401,629.				
Sir			Government grants (contr			ie	401,023.				
utio		T	All other contributions, gifts,			4.	787,986.				
章된			similar amounts not included			1f					
out		_	Noncash contributions included in	lines 1	a-1f	1g  \$	62,136.	1 100 615			
Og		h	Total. Add lines 1a-1f					1,189,615.			
							Business Code	466 607	166.60		
Se	2	-	PERFORMANCE FEES				711130	466,697.	466,697.		
Program Service Revenue			SUBSCRIPTION TICKET SA			711130	381,522.	381,522.		_	
S		С	SINGLE TICKET SALES				711130	339,286.	339,286.		
ar eve		d									
og B		е									
<u> </u>		f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f					1,187,505.			
	3		Investment income (include	ling c	dividen	nds, intere	st, and				
			other similar amounts)					90,562.			90,562.
	4		Income from investment of								
	5		Royalties			•					
			,		(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)								
			Gross amount from sales of	·····	(i) Se	ecurities	(ii) Other				
	′	а			.,	58,459.	(ii) Othor				
		L	assets other than inventory	7a		30,133.					
0		D	Less: cost or other basis		5	83,230.					
Ž			and sales expenses	7b 7c		24,771.					
ther Revenue			Gain or (loss)				•	24 771			24 771
Ř			Net gain or (loss)					-24,771.			-24,771.
ţ.	8	а	Gross income from fundraisin	•	•	ot					
0			including \$			of					
			contributions reported on		,						
			Part IV, line 18								
			Less: direct expenses								
			Net income or (loss) from								
	9	а	Gross income from gamin								
			Part IV, line 19								
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gami	ng act	ivities					
	10	а	Gross sales of inventory, I	ess r	eturns	.					
			and allowances			10a					
		b	Less: cost of goods sold								
_			Net income or (loss) from								
					_		Business Code				
Miscellaneous Revenue	11	а									
ne The		b									
ella Ve		c									
<u>Š</u> Š			All other revenue								
Σ			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					2,442,911.	1,187,505.	0.	65,791.

232009 12-13-22

32-0083030

#### 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 respons	se or note to any line in t	his Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	285,646.	214,234.	28,565.	42,84
6	trustees, and key employees  Compensation not included above to disqualified	203,040.	211,231.	20,303.	12,01
O	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	1,510,354.	1,490,654.		19,700
7 8	Other salaries and wages Pension plan accruals and contributions (include	1,310,334.	1,450,054.		15,700
0	section 401(k) and 403(b) employer contributions)	119,166.	119,166.		
9	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	40,550.	32,625.	6,791.	1,134
0	Other employee benefits	202,909.	190,232.	7,042.	5,635
1	Payroll taxes  Fees for services (nonemployees):	202,303.	150,252.	7,012.	3,03
' а	Management				
a b	Legal	7,185.		7,185.	
C	Accounting	49,032.		49,032.	
d	Lobbying	,		,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	29,368.		29,368.	
g	Other. (If line 11g amount exceeds 10% of line 25,	, -		, -	
Э	column (A), amount, list line 11g expenses on Sch 0.)	248,572.	210,475.	38,097.	
2	Advertising and promotion	264,644.	262,016.	1,608.	1,020
3	Office expenses	60,837.	8,855.	51,982.	,
4	Information technology	,	·		
5	Royalties				
16	Occupancy	156,965.	75,014.	81,951.	
7	Travel	30,328.	27,665.	2,663.	
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest	750.		750.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	36,164.	33,968.	2,196.	
23	Insurance	38,511.	10,089.	28,422.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PRODUCTION EXPENSES	378,406.	338,209.	40,197.	
b	BOX OFFICE/TICKET OFFIC	55,237.	54,953.	284.	
С	DONOR CULTIVATION EXPEN	45,957.	25,351.		20,606
d	EQUIPMENT RENTAL	652.		652.	
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	3,561,233.	3,093,506.	376,785.	90,942
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

rm 990 (2022) SYMPHONY SAN JOSE 32-0083030 Page **11** 

Form 990 (2022)
Part X Balance Sheet

_	נא	Check if Schedule O contains a response or	note to an	y line in this Part X			
		,			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,291.	1	159,662.		
	2	Savings and temporary cash investments	541,943.	2	48,628.		
	3	Pledges and grants receivable, net	523,666.	3	10,140.		
	4	Accounts receivable, net			13,462.	4	51,151.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disqu	ualified per	sons (as defined			
		under section 4958(f)(1)), and persons descri	bed in sec	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		8			
As	9	Donate del como con estado de Como de de como estado como estado de como estado d			27,151.	9	22,718.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		365,091.			
	b	Less: accumulated depreciation		232,198.	158,291.	10c	132,893.
	11	Investments - publicly traded securities		2,859,493.	11	2,968,996	
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		1,500.	15	113,281	
	16	<b>Total assets.</b> Add lines 1 through 15 (must e			4,127,797.	16	3,507,469
	17	Accounts payable and accrued expenses	109,810.	17	241,641		
	18	Grants payable	·	18	•		
	19	Deferred revenue	300,680.	19	327,099		
	20	Tax-exempt bond liabilities		·	20	,	
	21	Escrow or custodial account liability. Comple				21	
	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
ē		controlled entity or family member of any of				22	
Ei	23	Secured mortgages and notes payable to un		23			
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on li					
		of Schedule D	1100 17 24)	. complete ruit X	8,433.	25	115,097.
	26	T-1-1    -1-1      -1-1    -1-1    -1-1    -1-1    -1-1    -1-1    -1-1    -1-1    -1-1    -1-1    -1-1    -1-1    -1-1    -1-1    -1-1    -1-1     -1-1    -1-1    -1-1    -1-1			418,923.	26	683,837.
		Organizations that follow FASB ASC 958,					,
Se		and complete lines 27, 28, 32, and 33.	oneon nor				
ž	27				1,728,926.	27	766,432.
3919	28	Net assets with donor restrictions	1,979,948.	28	2,057,200.		
ᅙ		Organizations that do not follow FASB AS	, ,		, ,		
בַ		and complete lines 29 through 33.	<b>0</b> 000, 0110				
ō	29	Capital stock or trust principal, or current fur	nds			29	
ets	30	Paid-in or capital surplus, or land, building, o				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,708,874.	32	2,823,632.
Ž	33	Total liabilities and net assets/fund balances			4,127,797.	33	3,507,469.

Form 990 (2022) SYMPHONY SAN JOSE 32-0083030 Page **12** 

Pai	rt 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			911.
2	2 Total expenses (must equal Part IX, column (A), line 25)			561,	233.
3	3 Revenue less expenses. Subtract line 2 from line 1				322.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3 ,	708,	874.
5	Net unrealized gains (losses) on investments	5		233,	080.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	2	823,	632.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(2022)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** SYMPHONY SAN JOSE 32-0083030 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022 SYMPHONY SAN JOSE 32-0083030 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	922,052.	1,763,605.	1,834,532.	2,783,193.	1,189,615.	8,492,997.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	922,052.	1,763,605.	1,834,532.	2,783,193.	1,189,615.	8,492,997.
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)						557,596.
6	Public support. Subtract line 5 from line 4.						7,935,401.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	922,052.	1,763,605.	1,834,532.	2,783,193.	1,189,615.	8,492,997.
8	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	78,225.	80,664.	71,096.	123,296.	90,562.	443,843.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						8,936,840.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	5,267,357.
	First 5 years. If the Form 990 is for th	-		ourth, or fifth tax ye	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	88.79 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	83.95 %
16a	33 1/3% support test - 2022. If the o	organization did not	check the box on	line 13, and line 14	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
k	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this l	box and stop here	e. Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pub	olicly supported org	ganization		
k	10% -facts-and-circumstances test	_	· ·		-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
	-			· · · · · · · · · · · · · · · · · · ·			Form 990) 2022

# Schedule A (Form 990) 2022 SYMPHONY SAN JOSE 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	•		•			
	check this box and stop here						
	ction C. Computation of Publi					Т Т	
	Public support percentage for 2022 (I		•	column (f))		15	<u>%</u>
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			40		T 4= T	
	Investment income percentage for 20					17	<u>%</u>
18	, ,					18	<u>%</u>
19a	a 33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2021. If the						
20	line 18 is not more than 33 1/3%, che						

232023 12-09-22

Schedule A (Form 990) 2022 SYMPHONY SAN JOSE 32-0083030 Page **4** 

### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
- Gu		
3b		
36		
20		
3c		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
0-		
9a		
01-		
9b		
9c		
10a		
10b		

Pai	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	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		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
Ū	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	.) <u>.</u>		
a .	The organization satisfied the Activities Test. Complete line 2 below.	,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	netruction	ne)	
2	Activities Test. Answer lines 2a and 2b below.	istraction	Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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 on 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		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
	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? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
J	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	·	,		

232025 12-09-22

Schedule A (Form 990) 2022 SYMPHONY SAN JOSE 32-0083030 Page **6** 

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organ	izations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 ( explain in <b>I</b>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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-functiona	Ily integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Par	rt V Type III Non-Functionally Integrated 50	)9(a)(3) Supporting Orga	nizations <sub>(continued)</sub>	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	1		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of supported		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpo	3		
4	Amounts paid to acquire exempt-use assets	-	4	
5	Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	n the organization is responsive		
	(provide details in Part VI). See instructions.	•	8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
с	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	er		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
е	Excess from 2022			

232028 12-09-22 Schedule A (Form 990) 2022

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Employer identification number

SY	MPHONY SAN JOSE	32-0083030		
Organization type (check	one):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> 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			
	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.		
General Rule				
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor?	•		
Special Rules				
sections 509(a)(1) contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, ang the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) IZ, line 1. Complete Parts I and II.	d that received from any one		
contributor, durin literary, or educat	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a general that the section so the year, total contributions of more than \$1,000 exclusively for religious, charitable, so ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (eb) instead of the contributor name and address), II, and III.	ientific,		
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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$				
answer "No" on Part IV, lin	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fore 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, ag requirements of Schedule B (Form 990).	• •		
LHA For Paperwork Reduc	tion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)		

Schedule B (Form 990) (2022) Page **2** 

Name of organization	Employer identification number
SYMPHONY SAN JOSE	32-0083030

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 225,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4	* \$ 137,303.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$ 40,000.	Person X Payroll
(a)	(b)	(c)	(d)
<b>No.</b> 5	Name, address, and ZIP + 4	\$ 32,500.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$\$	Person Payroll Complete Part II for noncash contributions.

Schedule B (Form 990) (2022) Page **3** 

Name of organization

Employer identification number

SYMPHONY SAN JOSE

32-0083030

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			
		\$				
(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			
(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			

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

varne or or	rganization		Employer identification numbe			
SYMPHONY Part III	SAN JOSE	one to organizations described in sec	32-0083030 tion 501(c)(7), (8), or (10) that total more than \$1,000 for the yea			
raitiii	from any one contributor. Complete columns (a)	through (e) and the following line entry	v. For organizations			
	completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s	haritable, etc., contributions of <b>\$1,000 or le</b> space is needed.	ss for the year. (Enter this info. once.) $\Psi$			
(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, ar	nd 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 as	ad <b>7</b> ID + 4	Deletionable of transferor to transferor			
	Transferee's name, address, ar		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, a	ad <b>7</b> ID + 4	Deletionable of transferor to transferor			
		IU ZIF + 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, ar	nd ZIP + 4	Relationship of transferor to transferee			

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

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

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

OMB No. 1545-0047

Name of the organization **Employer identification number** SYMPHONY SAN JOSE 32 - 0083030Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? 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 Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? 6 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. 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 (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 Assets included in Form 990, Part X

232051 09-01-22

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

#### 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.

	· · · · · · · · · · · · · · · · · · ·	,	<u>, , , , , , , , , , , , , , , , , , , </u>	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment		365,091.	232,198.	132,893.
e Other				
Total. Add lines 1a through 1e. (Column (d) must ed	ual Form 990 Part X colur	nn (R) line 10c )		132,893.

Schedule D (Form 990) 2022 SYMPHONY SAN JOSE			32-0083030 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o		<del></del>	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
• •			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.			
	Farma 000 Bart IV line	11. Cas Faura 000 Bart V Bas 10	
Complete if the organization answered "Yes" o		_	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11d See Form 990 Part X line 15	
-	Description	Tru. See Form 930, Fart X, line 13.	(b) Book value
	Description		(b) Book value
<u>(1)</u>			+
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		1
Part X Other Liabilities.	10.,		<u></u>
Complete if the organization answered "Yes" of	n Form 990, Part IV. line	11e or 11f. See Form 990. Part X_line 2	<u>!</u> 5.
(a) Description of liability	5 555,1 41617, 11110		(b) Book value
			(2) Dook value
(1) Federal income taxes			115 000
(2) LEASE LIABILITY			115,097
(3)			
			i i
(4)			
(4) (5)			
(5)			
(5) (6)			
(5) (6) (7)			

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

rai	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		evenue per ne	turri.	
1	Total revenue, gains, and other support per audited financial statements			1	2,646,623.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	233,080.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d	-		2e	233,080.
3	Subtract line 2e from line 1			3	2,413,543.
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	29,368.		
b	Other (Describe in Part XIII.)		,		
	Add lines <b>4a</b> and <b>4b</b>			4c	29,368.
					2,442,911.
Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  TXII Reconciliation of Expenses per Audited Financial Statement	ents With E	xpenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	3,531,865.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			3	3,531,865.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				, ,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	29,368.		
b	Other (Describe in Part XIII.)				
	A 1 1 12 A 1 A 1 A 1			40	29,368.
				4c 5	3,561,233.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.			] 3 ]	3,301,233.
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi			; Part X, III	ne 2; Part XI,
	V, LINE 4:  SYMPHONY NEEDS THE LIQUIDITY TO BE ABLE TO DRAW APPROXIMATELY	5% OF			
THE	PRINCIPAL ANNUALLY TO SUPPLEMENT THE OPERATING BUDGET. THE GOP	L OF THE			
aren a	THE POLICE IS NO APPLY A DISCIPLINED AND DELICATED APPROACH TO	NOUTNG			
SPEN	DING POLICY IS TO APPLY A DISCIPLINED AND REASONED APPROACH TO	MOVING			
MONE	Y FROM THE ENDOWMENT FUND TO ITS BENEFICIARY ON A PREDICTABLE,				
CONS	ISTENT BASIS. THE CURRENT SPENDING POLICY IS BASED ON THE PAYO	OUT RATE			
MULT	IPLIED BY THE AVERAGE MARKET VALUE OF THE FUND OVER THE PREVIO	OUS 12			
OUAR	TERS. A 2-7% RANGE WILL BE IN PLACE TO ALLOW FOR BOARD DISCRET	'ION			
	NG PARTICULARLY VOLATILE PERIODS. NOTWITHSTANDING THESE SPENDI				
PARA	METERS, THE ORIGINAL CORPUS SHALL NOT BE INVADED EXCEPT AS PRO	VIDED			
WITH	IN THE SPECIFIC DONOR TERMS FOR THE \$1 MILLION GIFT AS DESCRIE	BED			
ABOV	E. ANY CHANGES TO THE ENDOWMENT'S SPENDING POLICY SHALL BE REC	OMMENDED			

### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Name of the organization

SYMPHONY SAN JOSE

Part I Questions Regarding Compensation

Employer identification number
32-0083030

	·		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 Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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 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 in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

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) Breakdown of W	I-2 and/or 1099-MISo	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ANDREW BALES	(i)	173,000.	0.	0.	0.	0.	173,000.	0.	
GENERAL DIRECTOR (THRU 08/22)	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)						1		

#### **SCHEDULE L**

Department of the Treasury

(Form 990)

# **Transactions With Interested Persons**

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

2022

Open To Public Inspection

internarrieve	nae eer viee			rtriii ergetii. erri	1000 1	J	· actioi	io ana ano iac								
Name of t	he organization										Em	ployer	ident	ificati	on nu	mber
		YMPHONY S										2-008				
Part I	Excess Bene															
	Complete if the	organization	ansv	vered "Yes" on	Form 9	90, Pa	art IV, li	ne 25a or 25b	o, or F	orm 990-EZ, Pa	art V,	ine 40	b.			
1 (a) Na	ame of disqualified p	person	(b) Relationship between disqualified			lified	(6	c) Des	scription of tran	sactio	n		(d)	Corre	cted?	
	amo or aloqualmou p	3010011	person and organization										<u> </u>	es	No	
														-	_	
														-	_	
														+	-+	
														-	-	
														+	$\dashv$	
2 Ente	r the amount of tax															
<b>3</b> Ente	r the amount of tax,	if any, on li	ne 2, a	above, reimburs	sed by	the or	ganizat	ion				\$				
Part II	Loans to and	d/or From	. Int	arastad Dar	eone											
raitii	J						D4 \	/ Ii.a.a 00a a F		000 Deat IV II:-	- 00.	:£ .l.				
	Complete if the or reported an amount	J					, Part v	r, line 38a or F	-orm	990, Part IV, IIN	e 26;	or ii tn	e orga	nizatio	on	
	(a) Name of	(b) Relation		(c) Purpose		an to or	10	) Original	(f)	Balance due	(0	<b>)</b> In	<b>(h)</b> Ap		(i) W	/ritten
	rested person	with organi			fron	n the zation?		ipal amount	"	Dalai ice due		ault?	by bo	ard or		ment?
					То	From	i				Yes	No	Yes	No	Yes	No
					1 ,,,	110111					1.00	110	1.00	110		1
Total			<u></u>		<u></u>	<del></del>		\$								
Part III				_												
	Complete if the		ansv	vered "Yes" on	Form 9	90, Pa										
(a) Name of interested person		(b) Relationship between interested person and the organization						<b>(d)</b> Type assistan			•	(e) Purpose of assistance				
			_									$\perp$				
			$\bot$									$\dashv$				
			_									+				
			+									+				
			1				I					- 1				

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

(a) Name of interested person				16164	ring o
	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	:ation'
		15.004		Yes	No
ENNIFER WATKINS	WIFE OF GENERAL DIR	15,804.	EMPLOYMENT		Х
Dowt V Complemental Information					
Part V Supplemental Information.	nances to avections on Cabadyla I (acc in	otw.otiona)			
Provide additional information for res	ponses to questions on Schedule L (see in	istructions).			
SCH L, PART IV, BUSINESS TRANSACTIONS	INVOLVING INTERESTED PERSONS:				
<u> </u>					
A) NAME OF PERSON: JENNIFER WATKINS					
(B) RELATIONSHIP BETWEEN INTERESTED P	ERSON AND ORGANIZATION:				
VIFE OF GENERAL DIRECTOR ANDREW BALES					

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

SYMPHONY SAN JOSE

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

Attach to Form 990.

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

Inspection
Employer identification number

32-0083030

Pai	rt I 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	(d) Method of de noncash contribu			s
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								
9	Securities - Publicly traded	Х	4	53,009.	FMV			
10	Securities - Closely held stock		_	,,				
11	Securities - Partnership, LLC, or							
••								
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
.0	10.1.1.1.1							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
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							
25	Other (MUSICAL INSTRUM)	Х	1	7,328.	FMV			
26	Other (WINE DONATION )	Х	2	,				
27	Other (			, -				
28	Other (							
29	Number of Forms 8283 received by the organization	ation during	the tax vear for c	ontributions				
	for which the organization completed Form 828		•				3	
	3	,	3				Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I. lines 1 throug	ıh 28. that it			
	must hold for at least 3 years from the date of the							
	exempt purposes for the entire holding period?					30a		х
b								
31	Does the organization have a gift acceptance po	olicy that re	quires the review	of any nonstandard contribu	tions?	31	х	
	Does the organization hire or use third parties o							
	contributions?			•		32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is che	cked,			
	describe in Part II.	( )	), i i)	( )	,			

LHA

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

232142 09-09-22 Schedule M (Form 990) 2022

#### SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

SYMPHONY SAN JOSE 32-0083030 PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: YEAR-ROUND ADMINISTRATIVE SUPPORT. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: TOTAL PROGRAM EXPENSES AND REVENUE INCLUDE THE FOLLOWING BESIDES THE ABOVE CONTRACT SERVICE WHERE THE ORCHESTRA OR ITS MUSICIANS ARE ENGAGED. PRODUCTION SUPPORTS, SUCH AS UNION STAGEHANDS AND USHERS, TECHNICAL EQUIPMENT AND KNOW-HOW PROVIDED BY THE SYMPHONY TO OTHER LOCAL ORGANIZATIONS FOR EVENTS (E.G., YOUTH ORCHESTRA, AND SCHOOL). ACCESS TO THESE SERVICES ENABLES THEM TO ACHIEVE PERFORMANCE LEVELS THAT BENEFIT THEIR AUDIENCE MEMBERS, AND THE LARGER COMMUNITY. EXPENSES \$ 496,723. INCLUDING GRANTS OF \$ 0. **REVENUE \$ 280,342.** FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS SCANNED AND E-MAILED TO EACH TRUSTEE ON RECEIPT. A HARD COPY IS ALSO DELIVERED TO THE FINANCE COMMITTEE MEMBERS, BY HAND OR FEDERAL EXPRESS, TO ENSURE RECEIPT. A REVIEW OF THE RETURN IS SCHEDULED WITH FINANCE COMMITTEE MEMBERS AND KEY STAFF (GENERAL DIRECTOR, GENERAL MANAGER) BEFORE THE TAX RETURN IS FILED; THE REVIEW MAY BE CONDUCTED BY CONFERENCE CALL. ALL BOARD MEMBERS ARE ENCOURAGED TO JOIN IN AND RAISE QUESTIONS. ANY ISSUES BROUGHT UP AT THAT MEETING AND THEIR RESOLUTION ARE REPORTED TO THE FULL BOARD DURING DISCUSSION OF THE RETURN. FORM 990, PART VI, SECTION B, LINE 12C: THE SYMPHONY'S CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO THE BOARD

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

232211 10-28-22

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization SYMPHONY SAN JOSE 32-0083030 MEMBERS ONCE EACH YEAR, OR WHEN THEY JOIN THE BOARD IF THEY HAVE MISSED THE ANNUAL DISTRIBUTION, AND A SIGNED COPY IS COLLECTED FROM EACH MEMBER, WHICH IS KEPT IN THE GENERAL MANAGER'S BOARD FILES. BOARD MEMBERS ARE REQUIRED TO REPORT TO THE GENERAL MANAGER ANY ACTIVITY OR RELATIONSHIP THAT MIGHT CONSTITUTE OR GIVE RISE TO A CONFLICT AS DEFINED BY THE POLICY. ANY SUCH ACTIVITY OR RELATIONSHIP IS SUBSEQUENTLY REPORTED TO AND REVIEWED EITHER BY THE AUDIT COMMITTEE (WHICH CURRENTLY SERVES AS OUR PERSONNEL COMMITTEE FOR ANY UNRESOLVED GRIEVANCES), OR BY THE FULL BOARD. FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION OF THE GENERAL DIRECTOR IS DETERMINED BY AN AD HOC BOARD COMMITTEE MADE UP OF THE BOARD CHAIR AND OTHER BOARD MEMBERS. THE COMMITTEE REVIEWS EXECUTIVE COMPENSATION USING GUIDESTAR, AND 990S FROM COMPARABLE NONPROFITS, TAKING INTO ACCOUNT THE COMPARABLE MARKET RATES IN THE LOCAL GEOGRAPHIC AREA. THE COMPENSATION IS VOTED ON AND APPROVED AT THE BOARD MEETING IN CLOSED SESSION; THE PROCESS IS RECORDED IN THE MINUTES, AND A MEMO NOTATING THE RESULTS IS INCLUDED IN THE GENERAL DIRECTOR'S PERSONNEL FILES. MOST RECENTLY. THE GENERAL DIRECTOR'S COMPENSATIONS WERE REVIEWED IN JANUARY 2022. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.