

Return of Organization Exempt From Income Tax

2000

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2000 calendar year, OR tax year period beginning **JUL 1, 2000** and ending **JUN 30, 2001**

B Check if applicable <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (use also for state reporting)	Please use IRS label or print or type See Specific Instructions	C Name of organization SANTA ROSA SYMPHONY ASSOCIATION		D Employer identification number 94-6134075
		Number and street (or P O box if mail is not delivered to street address) 50 MARK WEST SPRINGS ROAD		Room/suite # 304
		City or town, state or country, and ZIP SANTA ROSA, CA 95403		E Telephone number 707-546-8742

G Organization type (check only one) ▶ 501(c) (03) ◀ (insert no) 527
 OR 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method Cash Accrual Other (specify) ▶

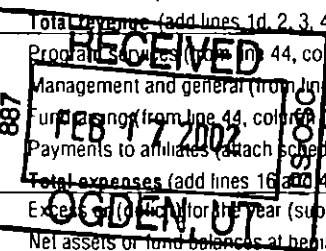
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H (H and I are not applicable to section 527 orgs.)
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit group exemption no. (GEN) ▶
L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	1,068,610.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 890,364. noncash \$ 178,246.)		1d	1,068,610.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)		2	1,100,606.	
	3 Membership dues and assessments		3		
	4 Interest on savings and temporary cash investments		4	18,845.	
	5 Dividends and interest from securities		5	61,766.	
	6 a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)		6c		
7 Other investment income (describe ▶)		7			
8 a Gross amount from sale of assets other than inventory	(A) Securities		(B) Other		
	757,236.	8a			
	918,185.	8b			
	-160,949.	8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	-160,949.		
9 Special events and activities (attach schedule)					
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a				
b Less direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events (subtract line 9b from line 9a)		9c			
10 a Gross sales of inventory, less returns and allowances		10a			
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c		
11 Other revenue (from Part VII, line 103)		11			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	2,088,878.		
Expenses	13 Program services (from line 44, column (B))		13	1,374,665.	
	14 Management and general (from line 44, column (C))		14	543,184.	
	15 Fundraising (from line 44, column (D))		15	107,201.	
	16 Payments to affiliates (attach schedule)		16		
	17 Total expenses (add lines 13 through 16)		17	2,025,050.	
18 Excess of (or deficit for) the year (subtract line 17 from line 12)		18	63,828.		
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))		19	4,423,117.	
	20 Other changes in net assets or fund balances (attach explanation)		20	SEE STATEMENT 2	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	3,897,142.	

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 80,000.	0.	80,000.	0.
26 Other salaries and wages	26 875,426.	631,142.	181,166.	63,118.
27 Pension plan contributions	27 20,845.	20,845.		
28 Other employee benefits	28 25,048.		25,048.	
29 Payroll taxes	29 71,827.	47,609.	19,422.	4,796.
30 Professional fundraising fees	30			
31 Accounting fees	31 9,651.		9,651.	
32 Legal fees	32 475.		475.	
33 Supplies	33 18,570.		18,570.	
34 Telephone	34 7,448.		7,448.	
35 Postage and shipping	35 36,157.	30,493.	5,664.	
36 Occupancy	36 129,341.	89,071.	40,270.	
37 Equipment rental and maintenance	37 13,840.	6,071.	7,769.	
38 Printing and publications	38 34,511.	34,511.		
39 Travel	39 2,537.		2,211.	326.
40 Conferences, conventions, and meetings	40 16,035.		16,035.	
41 Interest	41 2,697.		2,697.	
42 Depreciation, depletion, etc (attach schedule)	42 39,513.		39,513.	
43 Other expenses (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 3	43e 641,129.	514,923.	87,245.	38,961.
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D) carry these totals to lines 13-15.	44 2,025,050.	1,374,665.	543,184.	107,201.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)
PROMOTION OF THE ART OF SYMPHONY MUSIC	
a THE PURPOSE OF THE SANTA ROSA SYMPHONY ASSO. IS TO DEVELOP AND PROMOTE THE ART OF SYMPHONY MUSIC.	
(Grants and allocations \$ _____)	1,374,665.
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,374,665.

Part IV Balance Sheets

			(A) Beginning of year		(B) End of year
Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only					
Assets	45	Cash - non interest bearing	1,478.	45	1,027.
	46	Savings and temporary cash investments	1,358,469.	46	1,374,357.
	47 a	Accounts receivable	47a 146,326.		
	b	Less allowance for doubtful accounts	47b	47c 14,100.	146,326.
	48 a	Pledges receivable	48a		
	b	Less allowance for doubtful accounts	48b	48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable	51a		
	b	Less allowance for doubtful accounts	51b	51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	103,142.	53	94,985.
	54	Investments - securities STMT 4 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,449,626.	54	1,593,287.
	55 a	Investments land, buildings, and equipment basis	55a		
	b	Less accumulated depreciation	55b	55c	
56	Investments other SEE STATEMENT 5	1,200,000.	56	1,200,000.	
57 a	Land, buildings, and equipment basis	57a 428,982.			
b	Less accumulated depreciation	57b 302,112.	57c 123,772.	126,870.	
58	Other assets (describe ▶ OTHER ASSETS)	194,947.	58	204,271.	
59	Total assets (add lines 45 through 58) (must equal line 74)	5,445,534.	59	4,741,123.	
Liabilities	60	Accounts payable and accrued expenses	299,595.	60	68,638.
	61	Grants payable		61	
	62	Deferred revenue	704,619.	62	760,896.
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable		64b	
	65	Other liabilities (describe ▶ SEE STATEMENT 6)	18,203.	65	14,447.
66	Total liabilities (add lines 60 through 65)	1,022,417.	66	843,981.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	1,330,364.	67	567,667.
	68	Temporarily restricted	1,760,510.	68	1,932,883.
	69	Permanently restricted	1,332,243.	69	1,396,592.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income or other funds		72	
	73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	4,423,117.	73	3,897,142.
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	5,445,534.	74	4,741,123.	

Form 990 is available for public inspection and for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III the organization's programs and accomplishments.

Part VI Other Information		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 81a 0.			
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III) 82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b		
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0., section 4912 <input type="checkbox"/> 0., section 4955 <input type="checkbox"/> 0.			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes" attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.			
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> CALIFORNIA			
b	Number of employees employed in the pay period that includes March 12, 2000 90b 136			
91	The books are in care of <input type="checkbox"/> JED COFFIN Telephone no <input type="checkbox"/> 707-546-8742			
	Located at <input type="checkbox"/> 50 MARK WEST SPRINGS ROAD, SANTA ROSA, CA ZIP code <input type="checkbox"/> 95403			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A			

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a TICKET SALES					730,154.
b SPECIAL PRODUCTIONS					198,040.
c PROGRAM ADVERTISING					45,097.
d EDUCATION & TUITION					64,599.
e SYMPHONY LEAGUE/OTHER					62,716.
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	18,845.	
96 Dividends and interest from securities			14	61,766.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-160,949.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		80,611.	939,657.
105 Total (add line 104, columns (B), (D), and (E))					1,020,268.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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accompanying schedules and statements and to the best of my knowledge and belief it is true information of which preparer has any knowledge (Important See General Instruction W)

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary?		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	X	
4 a Do you have a section 403(b) annuity plan for your employees? b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)		X

SEE STATEMENT 10
SEE STATEMENT 11

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total	
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,362,668.	2,199,707.	618,199.	395,873.	4,576,447.	
16 Membership fees received						
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	886,990.	961,959.	1,028,347.	886,929.	3,764,225.	
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	109,207.	32,258.	44,190.	48,585.	234,240.	
19 Net income from unrelated business activities not included in line 18						
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.						
23 Total of lines 15 through 22	2,358,865.	3,193,924.	1,690,736.	1,331,387.	8,574,912.	
24 Line 23 minus line 17	1,471,875.	2,231,965.	662,389.	444,458.	4,810,687.	
25 Enter 1% of line 23	23,589.	31,939.	16,907.	13,314.		
26 Organizations described on lines 10 or 11						
a Enter 2% of amount in column (e), line 24					26a 96,214.	
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts	SEE STATEMENT 12				26b 1,171,297.	
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 4,810,687.	
d Add: Amounts from column (e) for lines	18 234,240.	19	22	26b 1,171,297.	26d 1,405,537.	
e Public support (line 26c minus line 26d total)					26e 3,405,150.	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 70.7830%	
27 Organizations described on line 12						
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year (1999) (1998) (1997) (1996)	N/A					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (1999) (1998) (1997) (1996)	N/A					
c Add: Amounts from column (e) for lines	15	16	17	20	21	27c N/A
d Add: Line 27a total and line 27b total					27d N/A	
e Public support (line 27c total minus line 27d total)					27e N/A	
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)	27f N/A					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %	
28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)					NONE	

Part V Private School Questionnaire

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) _____ _____		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975 2 C B 587, covering racial nondiscrimination? If No, attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check here If the organization belongs to an affiliated group
- Check here If you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500 000	20% of the amount on line 40		
Over \$500 000 but not over \$1 000 000	\$100 000 plus 15% of the excess over \$500 000		
Over \$1 000 000 but not over \$1 500 000	\$175 000 plus 10% of the excess over \$1 000 000	41	
Over \$1 500 000 but not over \$17 000 000	\$225 000 plus 5% of the excess over \$1 500 000		
Over \$17 000 000	\$1 000 000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule B
(Form 990 or 990-EZ)

Schedule of Contributors

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

2000

Name of organization

SANTA ROSA SYMPHONY ASSOCIATION

Employer identification number

94-6134075

Organization type (check one)-Section 501(c)(03) (enter number) 527 or 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations-

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose **\$**

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ)

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

Public Inspection

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed On Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General rule Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

SANTA ROSA SYMPHONY ASSOCIATION

94-6134075

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1	-----	\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
2	-----	\$ 6,934.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
3	-----	\$ 5,064.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
4	-----	\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
5	-----	\$ 29,396.	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
6	-----	\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

SANTA ROSA SYMPHONY ASSOCIATION

94-6134075

Part I Contributors

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
7		\$ 6,250.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
8		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
9		\$ 12,556.	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
10		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
11		\$ 35,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
12		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

SANTA ROSA SYMPHONY ASSOCIATION

94-6134075

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
13		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
14		\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
15		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
16		\$ 6,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
17		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
18		\$ 50,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

SANTA ROSA SYMPHONY ASSOCIATION

94-6134075

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
19		\$ 7,015.	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
20		\$ 12,700.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
21		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
22		\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
23		\$ 12,526.	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
24		\$ 5,199.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

SANTA ROSA SYMPHONY ASSOCIATION

94-6134075

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
25		\$ 6,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
26		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
27		\$ 6,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
28		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
29		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
30		\$ 8,675.	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

SANTA ROSA SYMPHONY ASSOCIATION

94-6134075

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
31	_____	\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No	IP code	(c) Aggregate contributions	(d) Type of contribution
32	_____	\$ 6,500.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No	IP code	(c) Aggregate contributions	(d) Type of contribution
33	_____	\$ 5,015.	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No	IP code	(c) Aggregate contributions	(d) Type of contribution
34	_____	\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No	IP code	(c) Aggregate contributions	(d) Type of contribution
35	_____	\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No	IP code	(c) Aggregate contributions	(d) Type of contribution
36	_____	\$ 5,375.	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization SANTA ROSA SYMPHONY ASSOCIATION	Employer identification number 94-6134075
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Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
<u>37</u>		\$ <u>5,460.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>38</u>		\$ <u>10,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>39</u>		\$ <u>50,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>40</u>		\$ <u>36,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>41</u>		\$ <u>5,200.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>42</u>		\$ <u>15,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization SANTA ROSA SYMPHONY ASSOCIATION	Employer identification number 94-6134075
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Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
43		\$ 9,525.	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
44		\$ 10,131.	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
45		\$ 30,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
46	J	\$ 102,050.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
47		\$ 50,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
48		\$ 38,338.	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

SANTA ROSA SYMPHONY ASSOCIATION

94-6134075

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
49		\$ 25,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
50		\$ 50,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
51		\$ 17,500.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
52		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
53		\$ 25,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
54		\$ 27,500.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization SANTA ROSA SYMPHONY ASSOCIATION	Employer identification number 94-6134075
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Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
55		\$ 12,500.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
56		\$ 50,150.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
57		\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
58		\$ 50,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
59		\$ 6,872.	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
60		\$ 10,500.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

SANTA ROSA SYMPHONY ASSOCIATION

94-6134075

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
61	_____	\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
62	IP code _____	\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
63	IP code _____	\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
64	IP code _____	\$ 5,037.	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
65	_____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
66	_____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization SANTA ROSA SYMPHONY ASSOCIATION	Employer identification number 94-6134075
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Part II Noncash Property

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	<u>SECURITIES</u> _____ _____	\$ <u>27,939.</u>	<u>10/25/00</u>
9	<u>SECURITIES</u> _____ _____	\$ <u>12,506.</u>	<u>05/20/01</u>
19	<u>SECURITIES</u> _____ _____	\$ <u>6,990.</u>	<u>12/29/00</u>
23	<u>SECURITIES</u> _____ _____	\$ <u>12,526.</u>	<u>12/26/00</u>
30	<u>SECURITIES</u> _____ _____	\$ <u>8,431.</u>	<u>11/27/00</u>
33	<u>SECURITIES</u> _____ _____	\$ <u>5,015.</u>	<u>01/18/01</u>

Name of organization SANTA ROSA SYMPHONY ASSOCIATION	Employer identification number 94-6134075
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Part II Noncash Property

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
36	<u>SECURITIES</u> _____ _____	\$ <u>5,175.</u>	<u>07/07/00</u>
43	<u>SECURITIES</u> _____ _____	\$ <u>9,425.</u>	<u>12/08/00</u>
44	<u>SECURITIES</u> _____ _____	\$ <u>8,939.</u>	<u>01/30/01</u>
48	<u>SECURITIES</u> _____ _____	\$ <u>4,948.</u>	<u>02/17/01</u>
59	<u>SECURITIES</u> _____ _____	\$ <u>6,872.</u>	<u>09/14/00</u>
64	<u>SECURITIES</u> _____ _____	\$ <u>5,037.</u>	<u>12/18/00</u>

93-E REVENUE FROM THE SYMPHONY LEAGUE, A 501(C)(3) ORGANIZATION WITH THE SAME EXEMPT FUNCTION AS THE SANTA ROSA SYMPHONY ASSOCIATION AND REVENUE FROM MISCELLANEOUS ADVERTISING AND PROGRAM EVENTS.

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH DIRECTORS, TRUSTEES, PRINCIPAL OFFICERS OR CREATOR PART III, LINE 2 STATEMENT 10

SEE 990, PART V, FOR COMPENSATION PAID TO KEY EMPLOYEE. PER THE ASSOCIATION'S BY-LAWS, PAID EMPLOYEES THAT ARE ALSO DIRECTORS ARE NOT ELIGIBLE TO VOTE ON ANY MATTER BEFORE THE BOARD OF DIRECTORS.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS PART III, LINE 4 STATEMENT 11

SCHOLARSHIPS ARE AWARDED TO INSTRUMENTAL MUSIC STUDENTS AT THE COLLEGE OR BELOW COLLEGE LEVEL.

SCHEDULE A IDENTIFICATION OF EXCESS CONTRIBUTIONS INCLUDED ON PART IV, LINE 26B STATEMENT 12

*** NOT OPEN TO PUBLIC INSPECTION ***

CONTRIBUTOR'S NAME	TOTAL CONTRIBUTION	EXCESS CONTRIBUTION
	205,000.	108,786.
	136,000.	39,786.
	117,000.	20,786.
	115,000.	18,786.
	1,045,807.	949,593.
	105,360.	9,146.
	116,842.	20,628.
	100,000.	3,786.
TOTAL EXCESS CONTRIBUTIONS TO SCHEDULE A, LINE 26B		1,171,297.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
SECURITIES	757,236.	918,185.	0.	-160,949.	
TO FORM 990, PART I, LINE 8	757,236.	918,185.	0.	-160,949.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES		STATEMENT	2
DESCRIPTION				AMOUNT
UNREALIZED LOSSES ON MARKETABLE SECURITIES PRIOR PERIOD ADJUSTMENT				-554,908.
				-34,895.
TOTAL TO FORM 990, PART I, LINE 20				-589,803.

FORM 990	OTHER EXPENSES			STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
BANK CHARGES	26,087.		26,087.		
OFFICE EXPENSES	12,442.		12,442.		
DUES & SUBSCRIPTIONS	6,169.		6,169.		
INSURANCE	18,074.		18,074.		
TAXES & LICENSES	3,004.		3,004.		
STATE UNEMPLOYMENT INSURANCE	4,132.		4,132.		
OTHER	8,389.		8,389.		
ADVERTISING & PROMO	136,709.	136,709.			
FUNDRAISING COSTS	38,961.			38,961.	
ARTISTIC DIRECTORS/CONDUCTORS	152,000.	152,000.			
GUEST ARTISTS/CONDUCTOR	87,165.	87,165.			
WORKER'S COMP/MUSICIANS	4,730.	4,730.			
OTHER PRODUCTION COSTS	97,094.	97,094.			
OTHER ARTISTIC EXPENSES	32,536.	32,536.			
DATA PROCESSING COSTS	10,595.	4,689.	5,906.		

RECRUITMENT COSTS	3,042.		3,042.	
TOTAL TO FM 990, LN 43	641,129.	514,923.	87,245.	38,961.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 4

DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
MARKETABLE SECURITIES	1,593,287.				1,593,287.
TO FM 990, LN 54 COL B	1,593,287.				1,593,287.

FORM 990 OTHER INVESTMENTS STATEMENT 5

DESCRIPTION	VALUATION METHOD	AMOUNT
DEPOSIT - LEASEHOLD INTEREST	COST	1,200,000.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		1,200,000.

FORM 990 OTHER LIABILITIES STATEMENT 6

DESCRIPTION	AMOUNT
OBLIGATION UNDER CAPITAL LEASE	14,447.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	14,447.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 7

DESCRIPTION	AMOUNT
CONTRIBUTIONS PASSED THROUGH TO SONOMA STATE UNIVERSITY	
TOTAL TO FORM 990, PART IV-A	

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JEANNE BUCKLEY	BD. OF DIR. AS REQUIRED	0.	0.	0.
ROBERT ANDREWS	BD. OF DIR. AS REQUIRED	0.	0.	0.
PAM CHANTNER	BD. OF DIR. AS REQUIRED	0.	0.	0.
PAT CLOTHIER	BD. OF DIR. AS REQUIRED	0.	0.	0.
JOHN BIPPART	BD. OF DIR. AS REQUIRED	0.	0.	0.
DIDI DE GOLIA	EMERITUS BOARD AS REQUIRED	0.	0.	0.
JOHN FRIEDEMAN	SECRETARY AS REQUIRED	0.	0.	0.
MAUREEN GREEN	BD. OF DIR. AS REQUIRED	0.	0.	0.
ROBERT HAYDEN	BD. OF DIR. AS REQUIRED	0.	0.	0.
HENRY HERSCH	BD. OF DIR. AS REQUIRED	0.	0.	0.
LOUIS F. KENDALL	BD. OF DIR. AS REQUIRED	0.	0.	0.

RUCGARD KOEHLER	BD. OF DIR. AS REQUIRED	0.	0.	0.
JEANETTE ISENBERG	BD. OF DIR. AS REQUIRED	0.	0.	0.
KAREN JOHNSON	BD. OF DIR. AS REQUIRED	0.	0.	0.
JACK MC CARLEY	BD. OF DIR. AS REQUIRED	0.	0.	0.
STEVE CARROLL	BD. OF DIR. AS REQUIRED	0.	0.	0.
DOUG MORTON	BD. OF DIR. AS REQUIRED	0.	0.	0.
MARNE OLSON	PRESIDENT AS REQUIRED	0.	0.	0.
DENNIS VERITY	VICE-PRESIDENT AS REQUIRED	0.	0.	0.
DAVID MARSTEN	BD. OF DIR. AS REQUIRED	0.	0.	0.
JACQUES SCHLUMBERGER	BD. OF DIR. AS REQUIRED	0.	0.	0.
JACK ATKINS	TREASURER AS REQUIRED	0.	0.	0.
RHOANN PONSETI	BD. OF DIR. AS REQUIRED	0.	0.	0.
SUSAN VICK	BD. OF DIR. AS REQUIRED	0.	0.	0.

TIM ZAINER	BD. OF DIR. AS REQUIRED	0.	0.	0.
KEVEN BROWN	BD. OF DIR. AS REQUIRED	0.	0.	0.
GRANT MILLER	BD. OF DIR. AS REQUIRED	0.	0.	0.
CREIGHTON WHITE	BD. OF DIR. AS REQUIRED	0.	0.	0.
LINDA EASTERBROOK	BD. OF DIR. AS REQUIRED	0.	0.	0.
KAREN FURUKAWA-SCHLERETH	BD. OF DIR. AS REQUIRED	0.	0.	0.
SHARON ROBISON	BD. OF DIR. AS REQUIRED	0.	0.	0.
DIXON BROWDER	BD. OF DIR. AS REQUIRED	0.	0.	0.
JANE DROLL	BD. OF DIR. AS REQUIRED	0.	0.	0.
JEFF LANGLEY	BD. OF DIR. AS REQUIRED	0.	0.	0.
RICHARD LEGER	BD. OF DIR. AS REQUIRED	0.	0.	0.
STEPHANIE LEONG	BD. OF DIR. AS REQUIRED	0.	0.	0.
JOAN LOUNSBERY 810 BRUSH CREEK ROAD SANTA ROSA, CA 95404	EXECUTIVE DIRECTOR AS REQUIRED	80,000.	0.	0.

GARY BAYLESS	EMERITUS BOARD AS REQUIRED	0.	0.	0.
CORRICK BROWN	CONDUCTOR LAUREATE AS REQUIRED	0.	0.	0.
C. CONVERS GODDARD	EMERITUS BOARD 0.	0.	0.	0.
F. TROMAN HARPER	EMERITUS BOARD AS NEEDED	0.	0.	0.
JUDITH HOWARD	EMERITUS BOARD AS NEEDED	0.	0.	0.
JOHN KILLEEN	EMERITUS BOARD AS NEEDED	0.	0.	0.
MILLIE LIBARLE	EMERITUS BOARD AS NEEDED	0.	0.	0.
MARTHA PROUTY	EMERITUS BOARD AS NEEDED	0.	0.	0.
LAURENCE SAWYER	EMERITUS BOARD AS NEEDED	0.	0.	0.
DAVID WATTELL	EMERITUS BOARD AS NEEDED	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		80,000.	0.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 9
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93-A	REVENUE FROM SYMPHONY PRODUCTIONS WHICH PROMOTE THE SYMPHONY ORCHESTRA
93-B	AND THE CULTURAL WELFARE OF THE COMMUNITY.
93-C	ADVERTISING REVENUES ARE USED FOR PRODUCTION OF CONCERT BROCHURES WHICH ARE SUBSTANTIALLY RELATED TO THEIR EXEMPT PURPOSE
93-D	REVENUE FROM MUSIC EDUCATION PROGRAMS.