Form **990**

Return of Organization Exempt From Income Tax

/ der section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 2017

		, , , \	Urider section 501(d		=		· =	tions)	<u> </u>
Depar	tment of th	ne Treasury	li .	•	numbers on this fo	=	· ' ' ' ' '	$\langle n \rangle$	Open to Public
Intern	al Revenu	e'Service	► Go to 1	www.irs.gov/Forms	990 for instructions	and the latest inf	ormation. / //	UU	Inspection
A I	or the		r year, or tax year begi		07-		nding '	06-3	
B (check if ap	phcable. C	Name of organization Sout	th Florida Yo	uth Symphony	Inc			Employer Identification no.
	voldress ch	ange	Doing business as				_ · ·	59	9-6212162
Ŭ,	lame char	nge	Number and street (or PO be	ox if mail is not delivered to	o street address)		Room/suite	E	Telephone number
	nitial retun	n	12645 SW 114 A	ve			<u></u>		305)238-2729
	inal returr	vterminated	City or town, state or province	o, country, and ZIP or fores	gn postal code			G	Gross receipts
	mended r	eturn	Miami, FL 3317	6					s 283,113
- 0 /	upplication	pending F	Name and address of principa	al officer Alix E	larper		H(a) is this a group	return for sub	oordinatas? 🗌 Yes 🔀 No
<u> </u>			Same as C abov	е			H(b) Are all subo	rdinates inc	atudied? Yes No
Ž	ах-өхөтр	nt status 🔀 50	01(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or	527 (2)	If "No," a	attach a list	. (see instructions)
السنه	Vebsite.	► www.	SFYS.net				H(c) Group exe	nption nun	nber ►
¥K F	orm of org	ganization X C	Corporation Trust Ass	sociation Other	1	L Year of formation: 1	1964 M State	of legal do	micile. FL
DSTMARK D	rt I	Summary	*						
AH	1	Briefly describe	e the organization's miss	sion or most significa	nt activities: The	Organizatio	n operates	a yout	h symphony
ãi.	}	for purpos	ses of teaching	the art and	performance of	f music. Ind	ividualized	instr	ruction and
当	1 '		ces in front of						
Control of Covernance	'								
ě	2	Check this box	► ☐ if the organization	n discontinued its on	erations or disposed	of more than 25%	of its net assets.	•	
ලී	1		ing members of the gove	•	•			3	5
න් උපන	1		ependent voting member	• • •	•			4	5
	1		of individuals employed in		• •			5	0
₹	1		of volunteers (estimate if					6	300
	1		d business revenue from	••	t) line 12			7a	0
-			business taxable income	•	•			7b	0
MAR	+ -	ret unrelateur	DUSINESS IEMEDIC INCOME	5 1101171 OHIT 330 1,1	11100		Prior Year		Current Year
Ž	8	Contributions a	and grants (Part VIII, fine	16)	· RECE	EIVED		,594	171,562
	1		ce revenue (Part VIII, lin	•	KEU			,755	110,429
HE STEE	1	•	ome (Part VIII, column (•	1 1	ra 2819. 10	01	,,,,,	110,429
Z			(Part VIII, column (A), li	• • • • • • • • • • • • • • • • • • • •	י וועו ועווי	0 9 2819 · (3)	14	,819	1,122
SCANNED			- add lines 8 through 11		", "TOP,	<u>`</u>	1		
<u>~</u>			nilar amounts paid (Part			FN UT	221	,168	283,113
(J)							-		
	1	•	o or for members (Part I	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	25	,512	24,583
88	1	=	compensation, employe	•	• • •	"	23	,312	24,363
Xense8	1		undraising fees (Part IX,			7.406			
Ä			ng expenses (Part IX, co			7,496	201	657	225 724
ш		•	s (Part IX, column (A), li		•			,657	235,734
		•	s. Add lines 13-17 (mus	-			421	,169	260,317
_	19	Revenue less e	expenses. Subtract line	18 from line 12				(1)	22,796
Net Assets or Fund Balances		T-4-1 4- (P	3			ŀ	Beginning of Current		End of Year
800 8 8	1	•	Part X, line 16)			• • • • • • • •		,353	128,089
4 P			(Part X, line 26)			•••••		,681	6,621
		_	fund balances. Subtract	line 21 nom line 20	• • • • • • • • •	•••••	98	,672	121,468
Par		Signature	re that I have examined this retu	im including accompanie	va schodulos and statoment	e and to the best of my	knowledne and helief it	ж	····
true,	correct, ar	nd complete Declar	ration of preparer (other than of	ficer) is based on all inform	nation of which preparer has	any knowledge.	Nicowedge and beller, in		
			Mariaik	DAMall.	,			1	12/18
Sigi	, II	Signature of	of the street	GHUMAN	<u> </u>			Date	-p//0
_		, -	\mathcal{O}					Calo	,
Her	<u>ا</u> ا		rie J Hahn, Exec	cutive Direct	or		 		
		1	nt name and title	Т.		Date		<u>. T</u>	
		Print/Type prepa		Preparer's signature	. 701. +		Check U	# PTII	
Paid		Lawrence			ce Master	11-28-2018	sett-employe	xd	P00696725
	parer			Tax Services			Firm's EIN ▶		
Use	Only	Firm's address		ange Drive St			Phone no		
		1		iderdale FL 3					I-1117
May	the IRS	discuss this re	turn with the preparer st	nown above? (see ir	nstructions)			• • • •	Yes 🔀 No

Enr Danament Dadication Aut Mation can the consents instructions

Form	n 990 (2017) South Florida Youth Symphony Inc	59-6212162	Page 2
_	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	. .	
1	Briefly describe the organization's mission:		
	The Organization operates a youth symphony for purposes of teaching the art	and performa	nce
	of music. Individualized instruction and performances in front of audiences	are essentia	l to
	the teaching/learning process.		
		<u> </u>	
2	Did the organization undertake any significant program services during the year which were not listed on the		_
	prior Form 990 or 990-EZ?	Yes 🛭	☑ No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		_
	services?	∐ Yes ∑	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure		
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers,	
	the total expenses, and revenue, if any, for each program service reported		
	(O. d		420)
4a	(Code:) (Expenses \$33,784 including grants of \$) (Revenue		<u>,429</u>)
	Successfully educated over 150 students in music theory and performance in fi		
	audiences. Continued the suzuki method inaugurated in prior years. Program so		
	accomplishments include corporate/foundation in kind donations of over \$70k	and voluntee:	<u> </u>
	hours of over \$50k.		
4b	(Code.) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
			<u> </u>
			-
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses ► 233,784		
EEA		Form	990 (2017)

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Part IV **Checklist of Required Schedules** No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted X 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х 18 Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a?

X

19

Part IV **Checklist of Required Schedules** (continued) Nο Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ď 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 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? 25b X Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 X 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Х 36 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, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38

Part V Statements Regarding Other IRS Filings and Tax Compliance 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 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and 1c 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? **3a** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 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 If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter. 10 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against 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. 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Ра	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction.	s.		_
	Check if Schedule O contains a response or note to any line in this Part VI	• • •	<u>• • •</u>	<u>. X</u>
Sec	ction 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		ĺ	
	If there are material differences in voting rights among members of the governing body, or		Į	
	if the governing body delegated broad authority to an executive committee or similar		ĺ	
	committee, explain in Schedule O.		ĺ	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5		į i	l
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	'	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or 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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	i	х
ь				<u> </u>
	stockholders, or persons other than the governing body?	7b	<u>.</u>	х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
0	the year by the following:			
_		8a	X	
a h	The governing body?	8b	X	\vdash
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	a		\vdash
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
360	This Section B requests information about policies not required by the internal rievenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			<u> </u>
_	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		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	7.00		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	-	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
ŭ	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			 ^
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			i
_		15a	х	
a	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	130		<u> </u>
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			ĺ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			v
	with a taxable entity during the year?	16a		X
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		t	l
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website M Another's website M Upon request Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Ofelia Arlotta (305)238-2729, 12645 SW 114 Ave, Miami, FL 33176			

Part VII!	Compensation of Officers, Direc Independent Contractors	tors, Trus	tees	, Ke	ey E	Em	ploye	es	, Highest Com	pensated Em	ployees, and
	Check if Schedule O contains a response or	note to any	line ın	this	Part	VII	•			<u> </u>	<u></u>
Section A.	Officers, Directors, Trustees, Key Employ										
1a Complete to organization's	his table for all persons required to be listed. F tax year	Report compe	ensatio	n fo	r the	cal	endar	year	ending with or with	hin the	
	f the organization's current officers, directors, Enter -0- in columns (D), (E), and (F) if no co	•			ıdua	ls oı	orgar	rizat	ions), regardless o	f amount of	
List all o	f the organization's current key employees, if	any. See ins	truction	ns fo	r def	ıniti	on of "i	key	employee."		
who received i	organization's five current highest compensate reportable compensation (Box 5 of Form W-2 and any related organizations		•								•
	f the organization's former officers, key emplo portable compensation from the organization	•	_	•			empk	oyee	s who received mo	ore than	
	f the organization's former directors or trust nore than \$10,000 of reportable compensation						-			tee of the	
•	the following order: individual trustees or direct employees; and former such persons.	ctors, instituti	onal tr	uste	es, o	office	ers, ke	у ег	nployees, highest		
Check this	box if neither the organization nor any related	d organization	n com	pens	ated	any	curre	nt of	ficer, director, or tr	ustee.	
					•	C)					
	(A) Name and Title	(B) Average hours per week (list any	box.	unle:	eck m ss per	son :	han one s both ar /frustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		hours for refated organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Marjori	e J Hahn				Х				33,220	0	0
	a Lefebvre				x				33,223	0	0
(3) Susy La	rsh				X				0		
Secreta (4) Alix Ha					X					0	0
(5) Ofelia	Arlotta										
(6) Veronic	a Fuchs				X				U	0	0
	esident 				X				Q	0	0
<u>(8)</u>											
<u>(9)</u>									.,		
(1 <u>0</u>)											
(11)											
(12)				-		-					
(13)											
(14)									-		-
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59-6212162

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Form 990 (2017) South Florida Youth Symphony Inc

Part	VII. Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	hes	t Con	nper	sated Employee:	s (continued)			
	•		Į.		(C						ļ		
	(A)	(B)	(40.0	nt cho	Posi		nan one		(D)	(E)		(F)	
	Name and title	Average	1 .				both an		Reportable	Reportable		itimat ed	
		hours per week (list any			a dire	ctor/	trustee)		compensation from	compensation from related	ar	nount of other	
		hours for	Individual trustee or director	lns	g	6	9,7	5		organizations	com	pensatio	חכ
		related	direc	nstitutional trustee	Officer	Key employee	Hignesi compensated employee	ormer	organization	(W-2/1099-MISC)	1	rom the	
		organizations	Q 9	onal		ploy	8 8		(W-2/1099-MISC)			anzabo d related	
		below dotted line)	usto	trus		8	T Per					anızatıon	
			۰	66			18816				Ì		
							ă	1					
(15)				-				-					
7.5.													
(4.0)		-		-			<u> </u>				 		
(16)													
(17)											!		
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(23)							1						
	O. I. A. A. I.	L	1		ш								
1b	Sub-total							-			-		
C	Total from continuation sheets to Part VII, Sectio		• • •					•			 		
d	Total (add lines 1b and 1c)								33,220		<u> </u>		0
2	Total number of individuals (including but not limited	to those list	ed abo	ve)	who	rec	eived	more	e than \$100,000 of				
	reportable compensation from the organization	 								0			
												Yes	No
3	Did the organization list any former officer, director		•	•	•		-		•	_	. "	٠ ' ا	
	employee on line 1a? If "Yes," complete Schedule									• • • • • • •	3		X
4	For any individual listed on line 1a, is the sum of rep	ortable comp	ensati	on a	nd o	ther	comb	ensa	tuon from the				
	organization and related organizations greater than	า \$150,000?	If "Yes	s," a	отр	lete	Sche	dule	J for such				
	individual										4		X
5	Did any person listed on line 1a receive or accrue co	ompensation	from a	ny u	nrela	ated	i orgar	nizati	on or individual				
	for services rendered to the organization? If "Yes,"	complete Se	chedul	e J f	or s	uch	perso	n .	<u></u>		5		X
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensate	d independer	nt cont	racto	ors ti	hat r	eceive	ed m	ore than \$100,000	of			
	compensation from the organization. Report comper	nsation for the	e caler	ndar	yea	en	ding w	ith o	r within the organiz	ation's tax			
	year.				•		-		_				
	(A)								(B)			(C)	
	Name and business address								Description of	services		ensation	1
									-				
													
													
	Tatal number of independent and the Park Park	hud net limit.	d to 4º		-عما	d - F							
2	Total number of independent contractors (including	out 110t limite	iu iu ili	use	IISE	u alc	we) (W1 10					

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (B) (D) Related or exempt function Revenue excluded from tax Total revenue Unrelated under sections 512-514 Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1b Membership dues Fundraising events 1c d Related organizations 1d e Government grants (contributions) . . 1e 72,167 f All other contributions, gifts, grants, and similar amounts not included above 99,395 Noncash contributions included in lines 1a-1f: \$ 21,130 Total. Add lines 1a-1f 171,562 Business Code Program Service Revenue 64,240 2a Touring Fees 561500 64,240 **b** Concert Admissions 711130 9,892 9,892 6,000 711130 6,000 c Symphonettes d Camp & Season Tuition 711130 30,297 30,297 f All other program service revenue 110,429 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, Income from investment of tax-exempt bond proceeds (ii) Personal (ii) Real 6a Gross rents b Less: rental expenses c Rental income or (loss) . . . (i) Secunties 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 8a Gross income from fundraising Other Revenue events (not including \$ of contributions reported on line 1c) See Part IV, line 18 **b** Less. direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances a **b** Less' cost of goods sold **b** c Net income or (loss) from sales of inventory . . . Miscellaneous Revenue **Business Code** 11a ь d All other revenue 900099 1,122 1,122 e Total. Add lines 11a-11d 1,122 12 Total revenue. See instructions 111,551 283,113

Part IX Statement of Functional Expenses

Do:	Check if Schedule O contains a response or note to not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	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		0.,000	gono	-
-	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				1
5	Compensation of current officers, directors,				
	trustees, and key employees	24,583	24,583	İ	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	¨			
C	Accounting	2,630		2,630	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	64,738	64,738		
12	Advertising and promotion	12,497	12,497		·
13	Office expenses	7,451		7,451	
14	Information technology	2,703		2,703	
15	Royalties				
16	Occupancy	24,332	24,332		
17	Travel	98,730	98,730		
18	Payments of travel or entertainment expenses			1	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,496			7,496
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,846	2,346	500	
23	Insurance				
24	Other expenses. Itemize expenses not covered				i
	above (List miscellaneous expenses in line 24e. If	ł	,		
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Supplies	8,989	6,558	2,431	-
þ	Bank Service Charges	3,322		3,322	
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	260,317	233,784	19,037	7,496
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	1			
	from a combined educational campaign and				
	fundraising solicitation Check here ► ☐ if				
	following SOP 98-2 (ASC 958-720)		ī	ŀ	

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	<u> </u>	• • • •	<u> </u>
	,		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	39,423	1	40,794
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	10,918	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	•	7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
-	10a	Land, buildings, and equipment: cost or			
		other basis Complete Part VI of Schedule D 10a 104,909			
	b	Less: accumulated depreciation 10b 17,614	69,012	10c	87,295
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	119,353	16	128,089
	17	Accounts payable and accrued expenses	14,051	17	2,200
	18	Grants payable		18	
	19	Deferred revenue	6,630	19	4,421
	20	Tax-exempt bond liabilities		20	•
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
æ	22	Loans and other payables to current and former officers, directors,			
뜵		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	·	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	20,681	26	6,621
		Organizations that follow SFAS 117 (ASC 958), check here X and	•		<u> </u>
9		complete lines 27 through 29, and lines 33 and 34.		ll	
JCe	27	Unrestricted net assets	98,672	27	121,468
ataı	28	Temporarily restricted net assets		28	
D D	29	Permanently restricted net assets		29	
Ë		Organizations that do not follow SFAS 117 (ASC 958), check here			
orF		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
188	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	98,672	33	121,468
	34	Total liabilities and net assets/fund balances	119,353	34	128,089

Form	1990 (2017) South Florida Youth Symphony Inc	<u>59-621</u>	12162	<u> </u>	P	age 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1			283,	113
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			260,	317
3	Revenue less expenses Subtract line 2 from line 1	. 3			22,	796
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4			98,	672
5	Net unrealized gains (losses) on investments	. 5				
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 in Schedule O)	. 9		•		0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	. 10		1	121,	468
Pa	rt XII Financial Statements and Reporting	-				
	Check if Schedule O contains a response or note to any line in this Part XII		• • • •			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.		į			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[2a		X
	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		1			1
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
c	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		1			li
	Schedule O					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		[3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Ì			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u> l</u>	3b		
EEA				Form	990 (2017)

SCHEDULE A

(Form 990 or 990-EZ)

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.

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

2017 Open to Public

OMB No 1545-0047

Employer identification number Name of the organization South Florida Youth Symphony Inc 59-6212162 Reason for Public Charity Status (All organizations must complete this part.) See instructions 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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.) П A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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 An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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). 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 in 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. 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. d 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. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (iv) is the organization (i) Name of supported organization (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 support (see other support (see d in your governing above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D)

(E) Total Part II Support Schedule 1

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.)

Sec	tion A. Public Support									
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	51,674	82,284	223,523	150,914	171,562	679,957			
2	Tax revenues levied for the organization'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				70,430	66,450	136,880			
4	Total. Add lines 1 through 3	51,674	82,284	223,523	221,344	238,012	816,837			
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)						12,638			
6	Public support. Subtract line 5 from line 4						804,199			
Sec	tion B. Total Support									
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
7	Amounts from line 4	51,674	82,284	223,523	221,344	238,012	816,837			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
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)	51,674	86,443		76,574	111,551	326,242			
11	Total support. Add lines 7 through 10	•					1,143,079			
12	Gross receipts from related activities, etc. (s	see instructions)				12				
13	First five years. If the Form 990 is for the organization, check this box and stop here			rth, or fifth tax year	as a section 501(c)(3)	▶□			
	tion C. Computation of Public Su						30.35. %			
14	Public support percentage for 2017 (line 6, o						70.35 % 77.87 %			
15	Public support percentage from 2016 Sched				· ·		11.81 %			
16a	33 1/3% support test - 2017. If the organization guald			•	-		▶ 🕱			
	box and stop here. The organization quality 33 1/3% support test - 2016. If the organization	• •	• •			ro abook	<u>M</u>			
b	this box and stop here. The organization of					· · · · · · · · · · · · · · · · · · ·	▶ □			
170	10%-facts-and-circumstances test - 201	•								
174							,			
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported									
	organization		-				▶ □			
	10%-facts-and-circumstances test - 201									
b	15 is 10% or more, and if the organization	~				ПВС				
	Explain in Part VI how the organization mee					:lv				
	supported organization						▶ □			
18	Private foundation. If the organization did									
	instructions						▶ □			

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

Section A.	Public Support		
	If the organization fails to qualify under the tests listed below, please complete Part II.)	/	
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to	qualify under Par	πŧ II.

<u> </u>	caon A. Public Support						<i></i>
Cal	endar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017/	(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					<u> </u>	
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513 .						
_							
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf					-	
				/	<u> </u>		
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
-							
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons			/			
b	Amounts included on lines 2 and 3		/	1			
	received from other than disqualified						ŀ
	persons that exceed the greater of \$5,000						į
	or 1% of the amount on line 13 for the year		 		<u> </u>		
¢	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from					ļ	
	line 6.)		L./		l	<u> </u>	
	ction B. Total Support	4-1.0040	(h) 0014	(-) 0015	(4) 0016	(=) 0017	/0 Tatal
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,					ļ	
	payments received on securities loans, rents,						
	royalties and income from similar sources						
ь	Unrelated business taxable income (less				İ	ĺ	
	section 511 taxes) from businesses						1
	acquired after June 30, 1975	/					
C	Add lines 10a and 10b						
11	Net income from unrelated business					•	
	activities not included in line 10b, whether					ł	
	or not the business is regularly carried on						
12	Other income Do not include gain, or						
	loss from the sale of capital assets				ļ	}	
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)				l	<u> </u>	
14	First five years. If the Form 990 is for the or						_
_	organization check this box and stop here					• • • • • • •	• • • • • • •
	ction C. Computation of Public Su					r r	
	Public support percentage for 2017 (line 8, co))	• • • • • • • •	15	<u>%</u>
	Public support percentage from 2016 Schedu			• • • • • • • • •	• • • • • • • •	16	%
	ction D. Computation of Investmen						
17	Investment income percentage for 2017 (line		•	column (f))	• • • • • • • •	17	<u>%</u>
18	Investment income percentage from 2016 S		-	• • • • • • • •	• • • • • • • •	18	
19a	33 1/3% support tests - 2017. If the organiz						_
	17 is not more than 33 1/3%, check this box	and stop here. T	he organization qu	alifies as a publict	y supported organi	zation	▶ ∐
ь	33 1/3% support tests - 2016. If the organiz	zation did not chec	k a box on line 14	or line 19a, and lii	ne 16 is more than	33 1/3%, and	r r
	line 18 is not more than 33 1/3%, check this						▶ ∐ ′
<u> 20</u>	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	9b, check this box	and see instruction	ns	<u> ▶ ∐</u>

Part IV Supp

Supporting Organizations

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

Section .	A. All	Supporting	Organiz	ations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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?
- 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 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
į			- 1
	2	,	
	2_		1
	3a		1
	3b		
	3c		
	4a	-	
	70		
	4b		- 1
	 4c	+	- 1
	5a	-	
	5b		!
	5c		
	6		
	7		
	 8		
	9a	1	-
	 9b	. –	
	9c		
	10a		
	10b		

	ule A (Form 990 or 990-EZ) 2017 South Florida Youth Symphony Inc 59-62121	162	F	- age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	[•
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		-	
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			Ì
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			i
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			į
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove 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		
				į
2	Did the organization operate for the benefit of any supported organization other than the supported			l
	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		
Sec	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			. 1
	the supported organization(s).	1		
Sec	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 ta	ax l		
	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		
•	Pursuance of the relationship described in (2), did the ergonization's supported ergonizations have a			!
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			}
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		-	
<u></u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations	- !	4 :	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	e instruct	uons	٠.
a	The organization satisfied the Activities Test. Complete line 2 below.			
Ь			_	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	ity (see in		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
•	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	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		_	i
	activities but for the organization's involvement.	2b	-	
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			f
-	trustees of each of the supported organizations? Provide details in Part VI .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of ite cumorted organizations? If "Vac " describe in Part VI the role placed by the organization in this report	3h	i '	

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Sched	ule A (Form 990 or 990-EZ) 2017 South Florida Youth Symphony Inc		59-62	12162	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (expla	in in Part V	l). See
	instructions. All other Type III non-functionally integrated supporting organization	zation	ns must complete Section	ns A throug	jh E.
Sec	tion A - Adjusted Net Income		(A) Prior Year	1	rent Year tional)
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				
co	llection of gross income or for management, conservation, or				
m	aintenance 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			
Sec	tion B - Minimum Asset Amount		(A) Prior Year	1 ' '	rent Year tional)
1	Aggregate fair market value of all non-exempt-use assets (see				
ins	structions for short tax year or assets held for part of year):				
а	Average monthly value of secunties	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				ļ
fa	actors (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 1-1/2% of line 3 (for greater amount,			į	
se	e instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C - Distributable Amount			Сигге	nt Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			·
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
	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	\Box			
en	nergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally-	Integ	rated Type III supportin	g organizat	on (see

instructions).

Schedu	ule A (Form 990 or 990-EZ) 2017 South Florida Youth Symph		59-621	2162 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organia	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	of supported organizati	ons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (pnor IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	ive	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	•		
s	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI). See			!
	instructions			
3	Excess distributions carryover, if any, to 2017			
а	1			· · · · · · · · · · · · · · · · · · ·
b	From 2013			····
C	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i_	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			<u> </u>
4	Distributions for 2017 from			1
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			•
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			, ,
_ b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule A (For	m 990 or 990-EZ) 2017 South Florida Youth Symphony Inc	59-6212162 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, lin	ne 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11	a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3;	
•	3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines	
	lines 2, 5, and 6. Also complete this part for any additional information. (See	instructions.)
1 AL	ham income (Bamb II line 10 am Bomb III line	12)
יזי. טלו	her income (Part II, line 10 or Part III, line	12)
Admission	ns, Tuition and other Program Income	
	aby rerords dad obacr respective rassaud	
·		•
·		
 		

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2017

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Go to www.lrs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Name	of the organization	Employer identification number
Soi	uth Florida Youth Symphony Inc	59-6212162_
	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advi	sed
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purp	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
L	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		storically important land area
		ertified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a)	I I
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	
	tax year ▶	3
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	
	•	•
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserva	ation easements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(II)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expens	se statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement	ents that describes the
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures,	or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state	ement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or resea	rch in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes the	nese items.
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stateme	nt and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or resea	rch in furtherance of
	public service, provide the following amounts relating to these items.	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for finance	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	
ь	Assets included in Form 990 Part X	

Pa	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)						
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its						
	collection items (check all that apply):						
а	Public exhibition	d Loan or	exchange progra	ams			
ь	Scholarly research						
С	Preservation for future generations						
4	Provide a description of the organization's collections	and explain how th	ev further the ord	anization's e	exempt n	umose in Part	
•	XIII.		,	,			
5	During the year, did the organization solicit or receive	donations of art his	storical treasures	or other sim	nitar		
	assets to be sold to raise funds rather than to be mai			•			Yes No
Pa	t IV Escrow and Custodial Arrangem		c organizations	CONCOUNT.		• • • • • • • •	100 _ 100
<u> </u>	Complete if the organization answer		orm 000 Part	IV line Q	or rar	orted an amou	nt on Form
	990, Part X, line 21.	ned les ont	Jill 990, r all	17, 1116 3	, or rep	onted an amou	ant on round
1a	Is the organization an agent, trustee, custodian or oth	or intermedians for a	ontributions or of	thar accate n			
Id		· · · · · · · · · · · ·					Yes No
L				• • • • • •	• • • •	• • • • • • • •	U res U No
D	If "Yes," explain the arrangement in Part XIII and con	piete the following t	able			1	
_	Danisaina kalana				-	_	ount
c	Beginning balance				_		
d	Additions during the year						
е	Distributions during the year					+	
T	Ending balance					<u></u>	<u> </u>
2a	Did the organization include an amount on Form 990,				-		Yes No
	If "Yes," explain the arrangement in Part XIII. Check I	nere if the explanation	on has been prov	ided on Part	XIII		· · · · · · · · · · · · · · · · · · ·
Pa	t V Endowment Funds.				_		
	Complete if the organization answer		orm 990, Part	IV, line 1	U.		
	 	Current year	(b) Prior year	(c) Two year	s back	(d) Three years back	(e) Four years back
1a	Beginning of year balance						
ь	Contributions						
C	Net investment earnings, gains, and						
	losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the current year	end balance (line 1g	g, column (a)) hel	ld as:			
а	Board designated or quasi-endowment	%					
b	Permanent endowment ▶ %						
C	Temporarily restricted endowment ▶	%					
	The percentages on lines 2a, 2b, and 2c should equal	100%.					
3a	Are there endowment funds not in the possession of	the organization that	t are held and ad	ministered fo	or the		
	organization by:						Yes No
	(i) unrelated organizations						. 3a(i)
	(ii) related organizations						. 3a(ii)
b	If "Yes" on 3a(ii), are the related organizations listed a	as required on Sche	dule R?				. 3b
4	Describe in Part XIII the intended uses of the organiz	ation's endowment t	funds.				
Pai	t VI Land, Buildings, and Equipment.						
	Complete if the organization answe	red "Yes" on Fo	orm 990, Part	IV, line 1	1a. Se	e Form 990, Pa	rt X, line 10.
	Description of property	(a) Cost or other bas	is (b) Cost or	other basis	(c)	Accumutated	(d) Book value
		(investment)	(0	ther)	d	epreciation	
1a	Land						
b	Buildings						
C	Leasehold improvements						
d	Equipment		1	104,909		17,614	87,295
e	Other						
	. Add lines 1a through 1e (Column (d) must equal F	orm 990, Part X. co	tumn (B). line 10)c.)			87,295

Schedule D (Form 990) 2017 South Florida Youth Symphony Inc

59-6212162

Page 2

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIIL . . .

South Florida Youth Symphony Inc

59-6212162

Page 3

Schedule D (Form 990) 2017

Sched	ule D (Form 990) 2017 South Florida Youth Symphony Inc		9-6212162	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.	<u> </u>	
1	Total revenue, gains, and other support per audited financial statements		1	349,563
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•		
а	Net unrealized gains (losses) on investments 2a	<u> </u>	4	
b	Donated services and use of facilities	66,450	4	
C	Recoveries of prior year grants		4 1	
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d		2e	66,450
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		3	283,113
ъ a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		1 1	
b	Other (Describe in Part XIII.)		1 1	
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	283,113
	rt XII Reconciliation of Expenses per Audited Financial Statements			
	Complete if the organization answered "Yes" on Form 990, Part I			
1	Total expenses and losses per audited financial statements		1	326,767
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			<u> </u>
a	Donated services and use of facilities	66,450		
b	Prior year adjustments]	
C	Other losses] [
d	Other (Describe in Part XIII)			
е	Add lines 2a through 2d		2e	66,450
3	Subtract line 2e from line 1		3	260,317
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		4 1	
b	Other (Describe in Part XIII.)		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	260,317
_	t XIII Supplemental Information.		1 - 1	200,317
2; Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additio	nai Information.		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

Employer identification number Name of the organization 59-6212162 South Florida Youth Symphony Inc 01. Form 990 governing body review (Part VI, line 11) The Executive Director of the Organization reviews Form 990 before it is filed. However, all financial statements and results are reviewed with the board of directors monthly. Year end financials are reviewed as soon as possible. 02. CEO, executive director, top management comp (Part VI, line 15a) Board of Directors is an all volunteer group. No Trustees are compensated. Compensation of executive director and all independent contractors are compared to salary surveys annually. Last survey was undertaken July 2014. Board of Directors reviews and approves budget annually. 03. Governing documents, etc, available to public (Part VI, line 19) No documents available to the public. 04. List of other fees for services expenses (Part IX, line 11q) Coaches and Conductors for the Regular Season and Summer Camp