OMB No 1545-0047

Form	990	<b>)</b>		Retur	n of Organizat	tion Even	nnt Fra	am Inco	ma 1	Γαν		-	OMB No	1545-0047
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		•	Under se	ection 501(c	), 527, or 4947(a)(1)	of the Internal	Revenue	Code (exce	pt priv	ate fou	ndation	ıs) L		-
Denartm	nent of the	Treasury		► Do not er	iter social security n	umbers on thi	is form as	it may be r	nade p	ublic.	10	חלת	Open to	Public
	Revenue S	•			ww.irs.gov/Form99			-	•		191	<i>)\\\</i>	Inspec	tion
A Fo	or the 20	18 calend	lar year, or tax	x year begin	ining		07-01	, 2018, and e	ending	_	0	6-30	,2019	-
B Ch	eck if appli	cable	C Name of organ	nization.Sout	h Florida You	th Symphor			-	•		D Emi	oloyer ident	- Ification r
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		<del>ज</del>	501(c)(3)				П	-()	H"	b) Are all				es ∐ (
	x-exempt s			501(c) (	) ◀ (insert no )	4947(a)(1) or	527					,	e instruction	s)
	ebsite <b>&gt;</b>		.SFYS.net				<del></del>			c) Group				-
	rm of organ		Corporation	Trust Ass	ociation United Other	-	L Year	r of formation	1964	M :	State of le	gal domici	le <b>FL</b>	
Part		Summar					<u> </u>							
		•	•		ion or most significant			anizatio					-	
Ð	fe	or purp	oses of t	eaching	the art and po	erformance	of mu	sic. Ind	<u>livid</u>	<u>ualiz</u>	ed in	struc	tion a	ınd
JIC	pe	erforma	nces in f	ront of	audiences are	essential	l to th	e teachi	ng/l	earni	ng pr	ocess	i .	
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Activities & Governance	2 CI	heck this bo	ox 🕨 🗌 ıf the	organization	discontinued its oper	ations or dispo	sed of mo	re than 25%	of its n	net asse	ts			
<u>ت</u>	3 N	umber of v	oting members	s of the gove	rning body (Part VI, li	ne 1a)					3			
S	4 N	umber of in	ndependent vol	ting member	s of the governing boo	dy (Part VI, line	e 1b)				4			
itie					calendar year 2018						5			
둥			r of volunteers				[] F	RECEIV	ルビ		6			
⋖				•	Part VIII, column (C),	line 12					78	a		
					from Form 990-T, line			JUN.1 0	2020		71			
		<u> </u>			101111 01111 000 1, 1111		181	0011.20		PriDFY			Current Y	
	<b>8</b> Co	ontributions	e and grante (E	Part VIII Juno	1h)					71101-76		5.2		
يو ا			• .		•		. 1 (	OGDEN	1, U	ļ	71,56			40,2
Revenue					e 2g)		٠ ٠١٠٠٠				10,42	29		214,6
§					A), lines 3, 4, and 7d)									
-					nes 5, 6d, 8c, 9c, 10c,	-					1,12			3,3
					must equal Part VIII, o					2	83,11	1.3	3	58,2
					X, ∞lumn (A), lines 1			1						
		•			(, column (A), line 4)			• • • • •						
s	<b>15</b> Sa	alaries, oth	er compensation	on, employee	e benefits (Part IX, col	lumn (A), lines	5-10)				24,58	33		9,7
Expenses	<b>16a</b> Pr	ofessional	fundraising fe	es (Part IX,	column (A), line 11e)					_				
per	<b>b</b> To	otal fundra:	sing expenses	(Part IX, co	lumn (D), line 25) ▶		4	,773						
ŭ	<b>17</b> Ot	ther expens	ses (Part IX, co	olumn (A), lır	nes 11a-11d, 11f-24e)					2	35,73	34	3	55,2
	<b>18</b> To	otal expens	ses Add lines	13-17 (must	equal Part IX, column	n (A), line 25)		[		2	60,31	L7	3	64,9
				-	18 from line 12						22,79			(6,7
≻ &		•							Beginn	Ing of Cu			End of Ye	
Net Assets or Fund Balances	<b>20</b> To	otal assets	(Part X line 16	6)							28,08			24,1
Ass.			•	•							6,62			9,4
E E					line 21 from line 20					1	21,46			
Part			re Block	S SUUITACE	ine z i itori i ine zo .		• • • •				21,40	0 0		14,7
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true, co	prrect, and	complete Dec	daration of prepare	er (other than off	rn, including accompanying : cer) is based on all informati	ion of which prepar	er has any kn	o trie best of my lowledge	KIIOWIECIĘ	ge and bei	iei, ii is		,	_
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Here					utive Director	c								
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Paid	1	Erina M	laster		(12	ina Mas	<i>ites</i> 105-	26-2020		self-em	ployed	PO	146669	7
Prep		Firm's name		Broward	Tax Services				Firm's	EIN ►				
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		•			own above? (see inst	ruaioris) • •	• • • • •	· · · · · ·	• • • •	• • • •	• • •	<u> </u>		X No
-or Pa	perworl	k Reductio	on Act Notice	, see the se	parate instructions.								Form 9	90 (2

Forn	m 990 (2018) South Florida Youth Symphony Inc	59-6212162	Page 2
Pa	Int III Statement of Program Service Accomplishments		
	, Check if Schedule O contains a response or note to any line in this Part III	<u></u>	<u></u>
1	Briefly describe the organization's mission		
	The Organization operates a youth symphony for purposes of teaching the art		
	of music. Individualized instruction and performances in front of audiences	are essenti	al to
	the teaching/learning process.		
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	X 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	X 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 o	thers,	
	the total expenses, and revenue, if any, for each program service reported		
40	(Code ) (Expenses \$ 334.359 including grants of \$ ) (Revenue		
44	(Code) (Expenses \$334,359 including grants of \$) (Revenue Successfully educated over 250 students in music theory and performance in f		1,628)
	audiences during tax year. Program service accomplishments include corporate		
	kind donations of over \$60k and volunteer hours of over \$55k.	/ roundation	<u> 1n</u>
	Aim donations of over 555k.		
		·	
	<del></del>		
		·····	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$	<u> </u>
			/
4c	(Code) (Expenses \$ including grants of \$ ) (Revenue	\$	)
		·	
		·	
			<u> </u>
4d			
	(Expenses \$ including grants of \$ ) (Revenue \$		
<u>4e</u>	Total program service expenses ► 334,359		



Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 2 Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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, Part III. . . . . . . . Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Х 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ......... Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV •••••••••• X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 X 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 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . . . . . 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . . . X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . . 12b X 13 13 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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) ......... X 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 gaming activities on Part VIII, line 9a? 19 19 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X

M

Part IV

	, ,		Yes	No
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 <sup>o</sup> If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	Ì		
	employees? If "Yes," complete Schedule J	23		X
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			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		l ;	
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	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			
	disqualified persons? If "Yes," complete Schedule L, Part II	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			١,,
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
а	Part IV instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		Λ
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			. 21
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	_38_	Х	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	

Form	990 (2018) South Florida Youth Symphony Inc 59-62121	62	P	age 5
Pa				
	,		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a C			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		
d	required to file Form 8282?	7c		
e	If "Yes," indicate the number of Forms 8282 filed during the year	7e	···	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		-	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	!		
11	Section 501(c)(12) organizations. Enter		- 1	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			i
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			<u></u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		<u>X</u>
4.5	If "Yes," see instructions and file Form 4720, Schedule N		——-\	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		_X_
	If "Yes," complete Form 4720, Schedule O			

Ofelia Arlotta (305)238-2729, 12645 SW 114 Ave, Miami, FL 33176

	South Florida Youth Symphony Inc 53-62121			age o
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	S		
	Check if Schedule O contains a response or note to any line in this Part VI			<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			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
_	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		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	<u> </u>		
-	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			<u> </u>
_	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<u>x</u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u></u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
3	Did the organization have a written whistleblower policy?	13		X
4	Did the organization have a written document retention and destruction policy?	14		X
5	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
þ	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			- 1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ► Florida			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website			
9	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			
n	State the name address and telephone number of the person who possesses the organization's books and records			

Form 990 (2018) South Florida Yout	h Sympho	ny Inc		59-62121	. <b>62</b> Page 7
Part VII Compensation of Officers, Direct	tors, Trus	stees, Key Employees	, Highest Con	pensated Em	ployees, and
, Independent Contractors					
Check if Schedule O contains a response or			· · · · · · · · · · · · · · · · · · ·		<u></u>
Section A. Officers, Directors, Trustees, Key Employ					
<b>1a</b> Complete this table for all persons required to be listed forganization's tax year	Report comp	ensation for the calendar yea	r ending with or with	nin the	
<ul> <li>List all of the organization's current officers, directors compensation Enter -0- in columns (D), (E), and (F) if no columns</li> </ul>			tions), regardless o	f amount of	
<ul> <li>List all of the organization's current key employees, if</li> </ul>	any See ins	tructions for definition of "key	employee "		
<ul> <li>List the organization's five current highest compensate who received reportable compensation (Box 5 of Form W-2 organization and any related organizations</li> </ul>					
<ul> <li>List all of the organization's former officers, key emploss \$100,000 of reportable compensation from the organization</li> </ul>	oyees, and hi and any relat	ghest compensated employed ed organizations	es who received mo	ore than	
<ul> <li>List all of the organization's former directors or trust organization, more than \$10,000 of reportable compensation</li> </ul>	<b>tees</b> that rece of from the org	eived, in the capacity as a for ganization and any related or	mer director or trus ganizations	tee of the	
List persons in the following order individual trustees or direct	ctors, instituti	onal trustees, officers, key er	mployees, highest		<u> </u>
compensated employees, and former such persons					
Check this box if neither the organization nor any related	d organizatio	n compensated any current o	fficer, director, or tr	ustee	
		(C)			-
(A)	(B)	Position (do not check more than one	(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted	box, unless person is both an officer and a director/trustee)  Highest complete employee or director or director.	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related

Name and Title		box, unless person is both an officer and a director/trustee)						Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related 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) Marjorie J Hahn Executive Director				X				16,125	0	0
(2) Jake Monk President				x				10,123		0
(3) Christine Padron Secretary				х				0		0
(4) Alix Harper Vice President				х				o	0	0
(5) Ofelia Arlotta Treasurer				х				0	0	0
(6) Bobby Bush Vice President				X				0	0	0
(7)				4		_	_			
(9)										
(10)				+			-	<u> </u>		
(11)							-	-		
(12)				-			-			
(13)			_	-			-			
(14)										<del> </del>

<u>_ran</u>	Section A. Officers, Directors, Trustees	, Key Emplo	yees,	anu			K Com	pen	sated Employee:	s (continuea) 	$\overline{}$			
•	- (A)	(B)	(C) Position						(D)	(E)			(F)	
	Name and title	Average	(do not check more than one box, unless person is both a						Reportable	Reportable		Es	stimated	d
	Tamo and sile	hours per					both an trustee)	ĺ	compensation	compensation fro	m		nount of	
		week (list any hours for	오필	5	g	2	ह्य ९ म र		from the	related organizations	1		other pensati	ion
		related	Individual trustee or director	Institutional trus	Officer	key employee	Highest compensat employee	ormer	organization	(W-2/1099-MISC			rom the	
		organizations	otor tr	onal		g Q	/ee 20		(W-2/1099-MISC)			_	anızatıc d relate	
		below dotted line)	uster	trus		éé	npen						anizatio	
				ee			saled							
							٦							
<u>(15)</u> _														
(16)_														<del></del>
<u>(17)</u> _										S	-			
(18)				-							+			
										-	$\dashv$			
7.57														
(20)_														
(21)_											$\top$			
(22)_		<u> </u>					-		<u> </u>		$\dashv$			
									<del></del>		$\dashv$			
(24)_														
(25)_														
1b	Sub-total			• •	• • •									
С	Total from continuation sheets to Part VII, Sectio	nA					i							
d	Total (add lines 1b and 1c)	<u></u>					• • •	•	16,125		0			0
2	Total number of individuals (including but not limited													
	reportable compensation from the organization								<u> </u>		0			
	•										_		Yes	No
3	Did the organization list any <b>former</b> officer, director		-	•			_		•		-			ļ
	employee on line 1a? If "Yes," complete Schedule									• • • • • •	•	3		X
4	For any individual listed on line 1a, is the sum of rep													
	organization and related organizations greater than individual										-			v
5	Did any person listed on line 1a receive or accrue or									• • • • • •	.	4		_ X
•	for services rendered to the organization? If "Yes,"	•		•			_				[-	5		Х
Secti	on B. Independent Contractors	complete de	*10001	0 10	0, 30	ion j	<i>3013011</i>	•		• • • • • •	•			<u> </u>
1	Complete this table for your five highest compensate	d independer	nt contr	acto	ors th	nat re	eceive	d mo	ore than \$100,000	of				
	compensation from the organization. Report compen	-												
	year								-					
	(A)								(B)				C)	
Musia	Name and business address Contact International, 119 S Win	ooski Aw	- V	т О	546	<u> </u>			Description of s			Comp	ensation	<u>, 455</u>
	, doneder International, 119 5 Win	OOSKI MV	<u>e, v</u>	1 0	7746	<u>, r</u>			10uling/11	raver			121	,455
	· ·													
2	Total number of independent contractors (including the received more than \$100,000 of compensation from				listec	abo	ove) w	ho		,				

		<ul> <li>Check if Schedule O contains a response of</li> </ul>	r note to any li	ine in thi	s Part VIII			. <u></u>
					(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
10 10	1a	Federated campaigns	la			·		
an E	Ь	' "	lb					
جَ ق	c	·	lc					
a its			ld					
% <u>E</u>	ء ا		<del></del>	,328	-			
<u> </u>		All other contributions, gifts, grants,	69	,328				
ž ē	'	·	lf 70	000		}		
Contributions, Gifts, Grants and Other Similar Amounts	_ ا	Noncash contributions included in lines 1a-1f		,929				
လို့ ၕ	g		-		140 255		· · · · · · · · · · · · · · · · · · ·	·
	<del>  "</del>	Total. Add lines 1a-1f			140,257			
9	20	Manusian Basa	Business		156 510	156 510		
Service Revenue		Touring Fees	561500		156,519			
8.	1	Concert Admissions	711130		9,733		<del>.</del>	
Ş	I .	Camp & Season Tuition	711130	,	48,376	48,376	·· · · · ·	
8	d				<del> </del>		·	
Program	e	All sales as a second	_				<del></del> -	
9	1	All other program service revenue						
		Total. Add lines 2a-2f		· · •	214,628			
	3	Investment income (including dividends, interes						
	١.	and other similar amounts)		l l	<del></del>		<del></del> .	
	_	Income from investment of tax-exempt bond pr		• ▶	· · · · · · · · · · · · · · · · · · ·			
	5	Royalties	1				<u> </u>	
		(i) Real	(ii) Perso	onal				
		Gross rents						
	1	Less rental expenses						İ
		Rental income or (loss)						
	ď	Net rental income or (loss)	• • • • • •	>				
	7a	Gross amount from sales of (1) Securities	(II) Oth	er				
		assets other than inventory						
	Ь	Less cost or other basis						
		and sales expenses						
	l	Gain or (loss)	J		· · · · · · · · · · · · · · · · · · ·			
4.	l	Net gain or (loss)	• • • • • • •	>				
enua	8a	Gross income from fundraising						
e Ve	}	events (not including \$						
Other Rev	ĺ	of contributions reported on line 1c)		i				
Ē		See Part IV, line 18	**					
0		Less direct expenses	b	-				
			• • • • • •	. •			<del></del> _	
	9a	Gross income from gaming activities		ŀ				
		See Part IV, line 19		-				
	l	Less direct expenses						
	С	Net income or (loss) from gaming activities •	• • • • • •	. ▶				
		Gross sales of inventory, less	İ					:
		returns and allowances	<u> </u>					
		Less cost of goods sold						
	С	Net income or (loss) from sales of inventory .	• • • • • • •	. ▶				
		Miscellaneous Revenue	Business C	ode			<del></del>	
	11a		-					
	b							
	C							
		All other revenue			3,359			
		Total. Add lines 11a-11d		- L	3,359			
	12	Total revenue. See instructions	<u></u> .	. ▶	358,244	217,987		0

# Part IX Statement of Functional Expenses

000	Check if Schedule O contains a response or note to a			e column (A)	<b>x</b>
Do I	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	·			-
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	9,750	9,750	=.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	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)				
a	Management				
b	Legal				
C	Accounting	5,550		5,550	
d	Lobbying			<del></del>	
e	Professional fundraising services See Part IV, line 17 .		~		
f	Investment management fees	-			
9	Other (If line 11g amount exceeds 10% of line 25, column				
10	(A) amount, list line 11g expenses on Schedule O)	84,294	84,294		
12 13	Advertising and promotion	18,530	18,530	11	
14	Office expenses	11,571		11,571	
15	Information technology	2,087		2,087	
16	Royalties	25 010	25 010		
17	Travel	25,818	25,818		
18	Payments of travel or entertainment expenses	178,456	178,456	<del>-</del> · · · <del> </del>	
	for any federal, state, or local public officials		,		
19	Conferences, conventions, and meetings	3,521			3,521
20	Interest	3,321			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,846	2,346	500	<del>-</del>
23	Insurance				
24	Other expenses Itemize expenses not covered		-		<u> </u>
	above (List miscellaneous expenses in line 24e If				{
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Supplies	17,204	15,165	787	1,252
b	Bank Service Charges	5,362		5,362	
С					
d					
е	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e .	364,989	334,359	25,857	4,773
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here ▶ ☐ If				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** 

		Check if Schedule O contains a response or note to any line in this Part X	(A)		
			Beginning of year		End of year
	1	Cash - non-interest-bearing	40,794	1	39,695
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	·	3	<del></del> -
	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	
As	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 20,460	87,295	10c	84,449
	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)	128,089	16	124,144
	17	Accounts payable and accrued expenses	2,200	17	5,000
	18	Grants payable		18	
	19	Deferred revenue	4,421	19	4,421
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			**************************************
Lia		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			
	26	of Schedule D	6 621	25	0.421
	20	Total liabilities. Add lines 17 through 25	6,621	26	9,421
		complete lines 27 through 29, and lines 33 and 34.			
čě	27	Unrestricted net assets	121,468	27	114,723
ᆲ	28	Temporarily restricted net assets	121,400	28	111,723
Ä	29	Permanently restricted net assets		29	
Ĕ		Organizations that do not follow SFAS 117 (ASC 958), check here		-5	
Net Assets or Fund Balances		complete lines 30 through 34.			
sts (	30	Capital stock or trust principal, or current funds	······································	30	
)SS(	31	Paid-in or capital surplus, or land, building, or equipment fund	-	31	<del></del>
et /	32	Retained earnings, endowment, accumulated income, or other funds	<del>-</del>	32	
Z	33	Total net assets or fund balances	121,468	33	114,723
	34	Total liabilities and net assets/fund balances	128,089	34	124,144
EEA					Form <b>990</b> (2018)

Form	1990 (2018) South Florida Youth Symphony Inc	<u>59-62</u>	<u> 12162</u>	<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> .				$. \square$
1	Total revenue (must equal Part VIII, column (A), line 12)				358,	
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		:	364,	989
3	Revenue less expenses Subtract line 2 from line 1	. 3			(6,	745)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		:	121,	
5	Net unrealized gains (losses) on investments					
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			114,	723
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 🕱 Accrual 🔲 Other		ſ		٠,٠	,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				-1	
	Schedule O		Į			. 5
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		Ī	•		
	reviewed on a separate basis, consolidated basis, or both		[			
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		[	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		F			
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis		ł			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		1			٠.
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					
3a	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					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u> .		3b		
EEA		•		Form	990 (	2018)

### **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.

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

2018

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

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) Ш A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) ) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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 5 section 170(b)(1)(A)(iv). (Complete Part II ) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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 university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g a U 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. 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 functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations ..... Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10) listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	82,284	223,523	150,914	171,562	140,257	768,540
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	77,100	213,980
4	Total. Add lines 1 through 3	82,284	223,523	221,344	238,012	217,357	982,520
5	The portion of total contributions by					į	
	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)						90,575
6	Public support. Subtract line 5 from line 4						891,945
Sec	tion B. Total Support					·	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	82,284	223,523	221,344	238,012	217,357	982,520
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)	86,443		76,574	111,551	217,987	492,555
11	Total support. Add lines 7 through 10 .				·		1,475,075
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	·		th, or fifth tax year	as a section 501(	c)(3) • • • • • • • • • • • • • •	▶□
	tion C. Computation of Public Su					44	
14 15	Public support percentage for 2018 (line 6, c						60.47 %
15 16a	Public support percentage from 2017 Sched						70.35 %
104	33 1/3% support test - 2018. If the organization gualification have and step here. The organization gualification is a second step here.						▶ 🏻
h	box and <b>stop here.</b> The organization qualif <b>33 1/3% support test - 2017.</b> If the organization						· · · • 🔼
	this box and <b>stop here.</b> The organization q						<b>.</b> 🗆
17a	10%-facts-and-circumstances test - 2018						•••
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact						
	organization						▶ □
b	10%-facts-and-circumstances test - 2017						• • • •
•	15 is 10% or more, and if the organization is					ni iC	
	Explain in Part VI how the organization mee					dv.	
	supported organization						▶ □
18	Private foundation. If the organization did						<b>-</b>
_	instructions						▶ □

Sche	edule A (Form 990 or 990-EZ) 2018 Sout	h Florida Yo	uth Symphony	Inc		59-6212162	Page <b>3</b>
Pa	art III Support Schedule for Org				2)		
	. (Complete only if you check	ked the box on	line 10 of Part	I or if the orga	nization failed	to qualify under	Part II
	If the organization fails to q	ualify under the	e tests listed be	elow, please co	omplete Part II	)	
	ction A. Public Support	<u> </u>					
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	(e) 2018	(f) Fotal
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants")	···					/
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						_
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the					/	
	organization's benefit and either paid to or expended on its behalf				,		
_	The value of service of facilities						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			•			
	Amounts included on lines 1, 2, and 3						**
	received from disqualified persons						
b	Amounts included on lines 2 and 3				1		
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			/			
8	Public support. (Subtract line 7c from		-		,		
20	tion B. Total Support			_/			
	endar year (or fiscal year beginning in)	(0) 2014	(h) 2015	(=) 2010	(4) 0047	(-) 0040	(6) T-4-1
	Amounts from line 6	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
			/				
D	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business	/ /					
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or						
-	loss from the sale of capital assets (Explain in Part VI)	/					
13	Total support. (Add lines 9, 10c, 11, and 12)					:	
14	First five years. If the Form 990 is for the or organization, check this box and stop here.	ganızatıon's fırst, s	second, third, fourtl	n, or fifth tax year	as a section 501(c	:)(3)	
Sec	ction C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2018 (line 8, co	lumn (f), divided by	/ line 13, column (f)	)		15	<u> </u>
16	Public support percentage from 2017 Schedul	le A, Part III, line 1	5			16	%
Sec	ction D. Computation of Investmer	nt Income Per	centage				
7	Investment income percentage for 2018 (line					17	%
8	Investment income percentage from 2017 Sc	chedule A, Part III,	line 1.7	• • • • • • • •		18	%
19a	33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box	ation did not chec and <b>stop here.</b> Th	k the box on line 14 le organization qua	4, and line 15 is m difies as a publicly	ore than 33 1/3%, supported organi	and line zation	▶□
b	33 1/3% support tests - 2017. If the organiz line 18 is not more than 33 1/3%, check this	ation did not chec	k a box on line 14 o	or line 19a, and lin	e 16 is more than	33 1/3%, and	
0.	Private foundation. If the organization did n						

#### Part IV 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 Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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.
- 5a 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- B 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
1		
2		
3a		
<u> </u>		
3b		
3с		
4a		
4b		
4c		
		:
5a		
5b 5c		
6		
7		
8		
9a		
9b		
9c		<del></del>
10a		
10b		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

59-6212162

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the Integral Part Test as a qualify			
instructions. All other Type III non-functionally integrated supporting org	<u>janizatioņs</u>	must complete Section	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
Average monthly value of securities	1a	_	
<b>b</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		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amour	nt,		
see 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		
Section C - Distributable Amount			Current 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		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		J
7 Check here if the current year is the organization's first as a non-functions	ally integra	ted Type III supporting	a organization (see

instructions)

Par	t V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	<del></del>		
Sec	Section D - Distributions					
1_	Amounts paid to supported organizations to accomplish exer					
2	Amounts paid to perform activity that directly furthers exempt	t purposes of supported				
	organizations, in excess of income from activity					
	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ions			
	Amounts paid to acquire exempt-use assets					
	Qualified set-aside amounts (prior IRS approval required)					
	Other distributions (describe in <b>Part VI</b> ). See instructions		<del></del>			
7_	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which the	e organization is respons	sive			
	(provide details in Part VI) See instructions					
	Distributable amount for 2018 from Section C, line 6			<del></del>		
10	Line 8 amount divided by Line 9 amount	<u> </u>				
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018		
	Distributable amount for 2018 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2018					
	(reasonable cause required - explain in Part VI) See					
	Instructions					
	Excess distributions carryover, if any, to 2018					
	From 2013					
	From 2014					
	From 2015			<u> </u>		
	From 2016	-				
•	From 2017					
	Total of lines 3a through e					
	Applied to underdistributions of prior years	1				
	Applied to 2018 distributable amount	<u> </u>				
_	Carryover from 2013 not applied (see instructions)	<del>                                     </del>	<u>i</u>			
	Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from					
7	Section D, line 7 \$					
	Applied to underdistributions of prior years	1				
	Applied to 2018 distributable amount	<u> </u>				
	Remainder Subtract lines 4a and 4b from 4					
	Remaining underdistributions for years prior to 2018, if					
	any Subtract lines 3g and 4a from line 2 For result			i		
	greater than zero, explain in <b>Part VI</b> See instructions					
6	Remaining underdistributions for 2018 Subtract lines 3h					
	and 4b from line 1 For result greater than zero, explain in					
	Part VI See instructions					
7	Excess distributions carryover to 2019 Add lines 3	Ta				
	and 4c.					
	Breakdown of line 7					
	Excess from 2014					
	Excess from 2015					
С	Excess from 2016					
d	Excess from 2017					
	Excess from 2018					

## **SCHEDULE D** (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

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OMB No 1545-0047

2018

Inspection Internal Revenue Service Name of the organization Employer identification number South Florida Youth Symphony Inc 59-6212162 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 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► 4 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶ \$ R Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 

Assets included in Form 990, Part X

Pa	rt III Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, or Oth	ner Similar Asse	ets (continued)
3	"Using the organization's acquisition, accession, a	and other records, c	heck any of the follow	ving that are a signifi	cant use of its	
	collection items (check all that apply)					
а	Public exhibition	<b>d</b> 🗌 Loa	in or exchange progra	ams		
ь	Scholarly research		er			
C	Preservation for future generations					
4	Provide a description of the organization's collect	tions and explain ho	ow they further the or	ganızatıon's exempt	purpose in Part	
	XIII					
5	During the year, did the organization solicit or rec	ceive donations of a	rt, historical treasures	s, or other similar		
	assets to be sold to raise funds rather than to be	maintained as part	of the organization's	collection?	<u></u>	. 🗌 Yes 🗌 No
Pa	t IV Escrow and Custodial Arrang	ements.				
	Complete if the organization and 990, Part X, line 21	swered "Yes" o	n Form 990, Par	t IV, line 9, or re	ported an amour	nt on Form
1a	Is the organization an agent, trustee, custodian or	other intermediary	for contributions or o	ther assets not		
		-				. 🗌 Yes 🖺 No
b	If "Yes," explain the arrangement in Part XIII and					
	· · · · · ·	•			Amo	ount
С	Beginning balance			1	С	
d	Additions during the year			1	d	
е	Distributions during the year			1	е	_
f	Ending balance			1	f	
2a	Did the organization include an amount on Form 9	990, Part X, line 21,	, for escrow or custoc	dial account liability?		Yes No
b	If "Yes," explain the arrangement in Part XIII Che	eck here if the expla	anation has been prov	vided on Part XIII		
Pa	t V Endowment Funds.					<u> </u>
	Complete if the organization ans	swered "Yes" or	n Form 990, Part	t IV, line 10		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	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 y	rear end balance (lii	ne 1g, column (a)) he	eld as	-	
а	Board designated or quasi-endowment	%				
b	Permanent endowment ▶ %					
C	Temporarily restricted endowment ▶	%				
	The percentages on lines 2a, 2b, and 2c should e	qual 100%				
3a	Are there endowment funds not in the possessio	n of the organization	n that are held and ac	dministered for the		
	organization by					Yes No
	(i) unrelated organizations	• • • • • • • •				3a(i)
	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • •			3a(ii)
b	If "Yes" on line 3a(ii), are the related organization					3b
4	Describe in Part XIII the intended uses of the org		nent funds			
Pai	t VI Land, Buildings, and Equipme					
	Complete if the organization ans	swered "Yes" or	<u>n Form 990, Part</u>	IV, line 11a Se	e Form 990, Par	t X, line 10
	Description of property	(a) Cost or other	' '	r other basis (c)	Accumulated	(d) Book value
		(investme	ent) (d	other) (	depreciation	
1a	Land	••				
b	Buildings	••				
C	Leasehold improvements	••				
d	Equipment	••	:	104,909	20,460	84,449
<u>е</u>	Other	· - ·				
Total	. Add lines 1a through 1e (Column (d) must eau	ial Form 990. Part X	K. column (B), line 10	Oc.)		84 449

Schedule D (Form 990) 2018 South Florida Youth Symphony Inc

59-6212162

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_	_	K J	-	

Part VII	<ul><li>Investments - Other Securities.</li><li>Complete if the organization answer</li></ul>	ed "Yes" on Form 990 Pa	art IV line 11h See Form 990	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation  Cost or end-of-year market	on
(1) Financial	derivatives	,		
(2) Closely-h	eld equity interests			
(3) Other		<u> </u>		
(A)				
(B)	<del></del>	<u></u>		
(C)				
(D)				
(E)				
<u>(F)</u>				
_(G)		<u>-</u>		
<u>(H)</u>		·		<del> </del>
	must equal Form 990, Part X, col (B) line 12			
Part VIII	Investments - Program Related. Complete if the organization answer	ed "Yes" on Form 990, Pa	art IV, line 11c See Form 990	Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation  Cost or end-of-year market	
(1) (2)				
(3)			-	
(4)	-			
(5)	, <u>, , , , , , , , , , , , , , , , , , </u>			
_(6)				
(7)				
(8)				
(9)				
Total. (Column (b	) must equal Form 990, Part X, col (B) line 13 )			
Part IX	Other Assets.			
	Complete if the organization answer	ed "Yes" on Form 990, Pa	art IV, line 11d See Form 990	, Part X, line 15
	(a)	Description	· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		····	· · · · · · -	
<u>(7)</u>				
(8)				
(9)	on (h) must soud Form 200. Root V and (R) line	-		
Part X	on (b) must equal Form 990, Part X, col (B) line Other Liabilities.	15)		
<u>rail A</u>	Complete if the organization answer line 25	ed "Yes" on Form 990, Pa	urt IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes		_	
(2)			`	
(3)			•	•
(4)				
(5)		•	,	
(6)		_		
_(7)				
(8)			7	
(9)				
	must equal Form 990, Part X. col (B) line 25)			
2. Liability for	uncertain tax positions. In Part XIII, provide the ti	ext of the footnote to the organiz	ation's financial statements that report	s the
	liability for uncertain tax positions under FIN 48 (			

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

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

South Florida Youth Symphony Inc	59-6212162
01. Form 990 governing body review (Part VI, line 11)	
The Executive Director of the Organization reviews Form 990 before it is f	iled. However,
all financial statements and results are reviewed with the board of direct	ors monthly.
Year end financials are reviewed as soon as possible.	
02. CEO, executive director, top management comp (Part VI, line 15a)	<u>-</u> -
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 11g)	
Coaches and Conductors for the Regular Season and Summer Camp	